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Alexandria's Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

The inspection took place on 11 January 2018. The inspection was unannounced.

At the previous inspection on the 06 and 20 June 2017 the service was rated Inadequate. The provider had breached Regulations 9, 10, 12, 13, 15, 17, 18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. The provider had also breached Regulation 18 Registration Regulations 2009. They had not notified CQC about important events such as Deprivation of Liberty Safeguards (DoLS) authorisations and safeguarding events that had occurred. The service was placed into special measures.

After the inspection the provider submitted representations against proposed action on 15 August 2017 which detailed how they had started to improve the service and what further action they were taking to make improvements.

Alexandria's Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service was not registered to provide nursing care. Any nursing care was provided by community nurses.

At the time of our inspection 16 people lived at the service. There was a through floor lift fitted in the home to enable people to use the first floor. A small number of bedrooms were on the second floor which were accessible using a stair lift. The service accommodated up to 18 older people. Some people lived with dementia.

The service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider was in breach of their registration by not having a registered manager in post. There was a manager in post, they were about to start the process of applying to become a registered manager. However, shortly after the inspection they left the service.

Although people and their relatives gave us positive feedback about the service, we found that the provider had not made sufficient improvements.

The provider had not always followed effective recruitment procedures to check that potential staff employed were of good character and had the skills and experience needed to carry out their roles.

Although the service had undergone some redecoration and maintenance. Maintenance records evidenced that repairs and tasks were not always completed quickly. Food and cleaning chemicals had been stored together in an upstairs store room. There were a number of areas upstairs in the service which smelt of

urine. Other areas of the home were clean and tidy.

Medicines were administered safely. People received their prescribed medicines at the right times. Medicines were not always stored at the correct temperature. Records showed that the storage areas were consistently above the manufacturer's safe maximum temperature.

Effective systems were not in place to enable the provider to assess, monitor and improve the quality and safety of the service.

Staff had not always received training relevant to their roles. Some staff had received supervision and support from the manager; others had been in post for some time without supervision.

There were enough staff available to meet people's needs. However, there was no clear record of how staffing levels had been assessed and deployed. We made a recommendation about this.

People's care was person centred. Care plans detailed people's important information such as their life history and personal history and what people can do for themselves. People were supported to be as independent as possible. People's care records did not always detail that they had shaves as frequently as they had wanted. We made a recommendation about this.

The providers assessment process required amending and updating to ensure it captured people's needs in relation to equality, diversity and human rights. We made a recommendation about this.

People and their relatives knew who to talk to if they were unhappy about the service. No complaints had been received. The complaints information was not available to people in different formats or accessible versions to help them understand the information. We made a recommendation about this.

Risk assessments were in place to mitigate the risk of harm to people and staff.

Staff knew and understood how to protect people from abuse and harm and keep them safe.

People did not always have choices of food at each meal time. We made a recommendation about this. People had adequate fluids to keep themselves hydrated.

The provider had started to improve the home and had made a start on improving the signage to help people find their way around and find their own bedrooms. Further improvements were required; there were no signs in the communal lounge, or the dining area to help people find their way to other areas of the home such as the lift or bathrooms and toilets.

People were supported and helped to maintain their health and to access health services when they needed them.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. People were not deprived of their liberty, so no applications had been made.

Staff were cheerful, kind and patient in their approach and had a good rapport with people. The atmosphere in the service was calm and relaxed. Staff treated people with dignity and respect.

People were supported to maintain their relationships with people who mattered to them. Relatives and

visitors were welcomed at the service at any reasonable time.

People and their relatives did not have a formal means of providing feedback about the service they received. They had not been sent surveys and meetings had not taken place. Compliments had been received from relatives in the form of thank you cards.

Relatives and staff told us that the service was well run. Staff were positive about the support they received from the manager. They felt they could raise concerns and they would be listened to.

The manager demonstrated that they had a good understanding of their role and responsibilities in relation to notifying CQC about important events such as injuries, safeguarding concerns and deaths.

After the last inspection the service was placed into special measures. Although the overall rating for this service is 'Requires improvement'. We are leaving the service in special measures. We do this when services have been rated as 'Inadequate' in any key question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures.

We found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of section 33 of the Health and Social Care Act 2008. You can see what action we told the provider to take at the back of the full version of the report. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

The provider had not always followed safe recruitment practices.

Potential risks to people and staff were identified and action taken to minimise their impact.

Medicines were administered safely. People received their prescribed medicines at the right times. Medicines were not always stored at the correct temperature.

Staff knew how to recognise any potential abuse and so help keep people safe.

There were enough staff available to meet people's needs. However, there was no clear record of how staffing levels had been assessed and deployed.

Although the service had undergone some redecoration and maintenance. Maintenance records evidenced that repairs and tasks were not always completed quickly. Food and cleaning chemicals had been stored together in an upstairs store room. There were a number of areas upstairs in the service which smelt of urine. Other areas of the home were clean and tidy.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff had not always received training relevant to their roles. Some staff had received supervision and support from the manager, others had been in post for some time without supervision.

People did not always have choices of food at each meal time which met their likes, needs and expectations. Spacing the meals out to suit people's needs had not been considered.

Staff had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards. People were supported to make choices about all elements of their lives.

People received medical assistance from healthcare professionals when they needed it.

Improvements to signage had been started to help people orientate and move about the home. Further improvements were required to help people living with dementia.

Is the service caring?

Good ●

The service was caring.

People received care and support from staff they knew very well. Staff were aware of people's personal preferences and life histories.

People were supported by staff who were kind and caring. People's privacy and dignity were maintained whilst promoting people's independence.

People were supported to maintain relationships with their relatives and friends.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

People's care plans contained important information about them and what they needed help with. People's care records did not always detail that they had received support to shave as often as they liked. People's care had been reviewed regularly.

Activities were taking place to ensure people could keep active and stimulated when they wanted to be. The manager planned to improve activities further.

People and their relatives knew how to raise concerns and complaints. The complaints policy was prominently displayed in the home. The complaints information was not available to people in different formats or accessible versions to help them understand the information.

Is the service well-led?

Inadequate ●

The service was not well led.

Audits had not always been totally effective in identifying shortfalls in the service. Additional improvements to policies, procedures and practice were identified.

People and relatives had not had opportunities to feedback about the service through surveys and meetings.

The provider had not registered the manager with CQC.

The manager had reported incidents to CQC. The provider had displayed the rating from the last inspection in the service.

Staff were aware of the whistleblowing procedures and were confident that poor practice would be reported appropriately.

People and staff felt the manager was approachable and would listen to any concerns. Staff felt well supported by the manager.

Alexandria's Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 January 2018. The inspection was unannounced.

The inspection was carried out by one inspector, an assistant inspector and an expert by experience who had personal experience of caring for older people and people living with dementia. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We carried out the inspection because the provider was placed in special measures following their last inspection. We inspect services in special measures within six months of their report being published.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service including previous inspection reports. We looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We also reviewed information of concern that we had received.

We spent time speaking with four people who lived at Alexandria's Residential Care Home. We observed care and support in communal areas. We spoke with two relatives who visited their family members.

We contacted health and social care professionals including the local authority commissioners and

safeguarding coordinators and Healthwatch to obtain feedback about their experience of the service. There is a local Healthwatch in every area of England. They are independent organisations who listen to people's views and share them with those with the power to make local services better.

We spoke with eight staff; including care staff, senior care staff, the manager and one of the provider's.

We looked at five people's personal records, care plans and medicines charts, risk assessments, staff rotas, staff schedules, four staff recruitment records, meeting minutes, policies and procedures.

We asked the manager to send us additional information after the inspection. We asked for copies of the training matrix, staffing rotas and policies and procedures. These were received in a timely manner.

Is the service safe?

Our findings

At our last inspection on 06 and 20 June 2017, we identified breaches of Regulations 12,13,15,18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure that medicines were suitably stored, administered and recorded. The provider had failed to ensure care was delivered in a safe way. The provider had failed to establish and operate effective recruitment procedures. The provider had failed to deploy sufficient staff to meet people's needs. The provider had failed to clean, maintain premises and equipment. The provider had failed to establish systems and processes to safeguard people from abuse.

At this inspection we found, staff recruitment records had not improved sufficiently. We checked that the provider was following safe practice. The provider had not carried out sufficient checks to explore staff members' employment history to ensure they were suitable to work around people who needed safeguarding from harm. We checked the files of four staff members who had been employed since the last inspection. One staff member had an unexplained gap of employment from 2012 to 2014 which the provider had not explored. Another staff member had left college in 1967 but their employment history was only recorded and documented from 2001, which left 34 years that were not accounted for. There was also an unexplained gap between 2010 and 2017. There were no interview records for the staff members to evidence that these gaps in employment had been discussed and explored. We discussed this with the manager. During the inspection they carried out some checks and were able to identify the reason for the gap for one staff member for the period 2010 to 2017. References had been received by the provider for all new employees. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks in staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Photographs were in place for three out of four staff members.

The provider had failed to operate effective recruitment procedures. This was a continued breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Maintenance records evidenced that repairs and tasks were not always completed quickly. Some actions had arisen from contractor call outs regarding fire alarms and systems. A fire risk assessment contractor had detailed that the fused spur to the alarm panel needed to be replaced with one that conforms to current regulations. We were not able to evidence if the work had been completed as there was no record of the work having been undertaken and the maintenance records and plans did not detail these. We found a door which detailed that it should be kept locked shut. The door could not be locked as the lock was visibly broken. This broken lock was not listed in the maintenance records. Inside the door was a hot water tank. There was also a large number of quilts, sheets, duvets and bedding. These were placed in a dangerous manner covering an electrical fuse box which increased the risk of fire. Checks had been completed by qualified professionals in relation to legionella testing, moving and handling equipment, electrical appliances and supply, gas appliances, the lift and stair lift and fire equipment to ensure equipment and fittings were working as they should be. Records of these checks showed a number of recommendations which had not been dealt with by the provider. For example, the service records for the moving and handling

equipment detailed that an actuator needed replacement as it was over five years old. There was no evidence to show this had been added to the maintenance plan. The service records for the stair lift evidenced one part needed to be replaced and there was an advisory note on another five parts, which were worn. There was no evidence to show this had been added to the maintenance plan. An asbestos survey on the property in 2015 highlighted low levels of asbestos outside of the service under the roof. The survey detailed it should be checked annually for signs of deterioration. There were no records to evidence that this had happened.

Although risks to individuals had been assessed and actions to reduce risks had been taken. We found food and cleaning chemicals had been stored together in the upstairs store room. This posed a risk to people from cross contamination through ingesting foods which could become contaminated with chemicals. We reported this to the manager who said that immediate action would be taken to address this. We also reported to the manager that the kitchen was not clean in all areas. Cupboards and storage areas required cleaning. We found food stock in the cupboards which should have been stored in a fridge and dated when they were opened such as tomato ketchup, mayonnaise and brown sauce.

The service looked and smelt clean and mostly fresh. There were a number of areas upstairs in the service which smelt of urine. This had obviously been cleaned up in a timely manner but the flooring needed replacing to remove the smell completely.

The service had undergone some redecoration. The provider had planned further improvements. These were mostly to areas of the service that people did not have access to such as the laundry, the kitchen and the boiler room. The provider had detailed they would be replacing the remainder of the flooring on the ground floor and replacing fire door seals. Further redecoration and maintenance works were required as some areas of the service were looking tired and scruffy.

The provider needed to make further improvements to ensure the premises and equipment were suitably maintained, appropriately located and clean. This was a continued breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Weighing scales had not been calibrated to make sure they were working correctly to enable staff to monitor people's weight effectively. The manager had booked this work to be completed on 19 February 2018.

Housekeeping staff carried out cleaning tasks in people's rooms and communal areas. One person said, "My room is cleaned every day, when I put my clothes out for washing they come back fresh and hung up back in the wardrobe". Another person said, "Cleaner is always cleaning my room and does my washing for me". Another person told us, "My room is always kept clean, the cleaner is very particular about making sure everything is to my satisfaction". Eleven out of 17 staff had received infection control training. There were suitable supplies of personal protective equipment available and these were used appropriately by staff. There were clear procedures in place to deal with soiled laundry. Washing machines washed soiled clothing at the required temperature to ensure it was clean and hygienic. A relative told us, "Home always looks clean; [Person's] bed always looks fresh, clean and bedding is regularly changed. Her clothes are always clean".

At the last inspection we reported that temperatures of medicines storage areas were not effectively monitored. At this inspection we found this had not improved. Although staff were recording on a daily basis the temperatures of medicines storage areas. No action had been taken when the temperatures consistently exceeded the manufacturer's maximum temperature of 25 degrees Celsius. In December four dates were recorded at 27 degrees Celsius, five dates were recorded at 26 degrees Celsius and a number of dates were

at the maximum of 25 degrees Celsius. We checked the room thermometer during the inspection as the room felt hot. It was 27 degrees Celsius. There was no evidence that cooling aids such as air conditioning had been put in place to cool the room used for storing medicines. We spoke with staff about this. One staff member told us they opened the door to the medicines room when it was too hot to let air flow through. However this practice had not reduced the temperatures. Storing medicines outside of the manufacturers recommended range for a long period of time will affect the efficacy of that medicine and might mean they were not effective.

This failure to ensure that medicines were suitably stored according to the manufacturer's instructions was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines practice had improved within the service. Medicines were managed safely. Seven staff were suitably trained to ensure people received their prescribed medicines. Medicines were stored safely. People's records contained up to date information about their medical history and how, when and why they needed the medicines prescribed to them. People were protected from the risks associated with the management of medicines. The medicines were given at the appropriate times and people were fully aware of what they were taking and why they were taking their medicines. Photographs were in place on all MAR charts to assist staff to identify people when giving medicines. Most people were in receipt of as and when required (PRN) medicines. Most people had PRN protocols in place to detail how they communicated pain, why they needed the medicine and what the maximum dosages were. However, we found two records where people had PRN medicines prescribed without a protocol in place. Body maps were in place to detail where prescribed creams should be applied on the body. Some people had pain relief patches prescribed. There was a clear system in place to ensure that these were administered on to different areas of the body as recommended by the manufacturer to ensure risks of irritation were minimised. Medicines checks and stock counts were carried out frequently by the management team.

The management team had taken appropriate action when medicines errors had occurred. The dispensing pharmacy had carried out two audits of the medicines since the last inspection. One was carried out on 13 September 2017 and another had taken place 04 December 2017. The first audit highlighted a number of improvements that were required. The second audit evidenced that there was a marked improvement.

People told us they felt safe living at the service. Comments included, "Yes I feel safe here" and "Everybody is so kind. Just feel safe. Staff always come in and see me to make sure I am okay. Plenty of company". Relatives also said their family members were safe. One relative told us "He's safe here. Staff are always walking around will stop and check with him if he is okay". Another relative explained that "Staff look after my wife quite well. If she doesn't want to do something, they let her settle and then try again when she is a lot happier". We observed staff promoting people's independence as well as reminding them about their safety. One person frequently attempted to walk without their Zimmer frame. Staff reminded and encouraged the person to use it to keep them safe.

There were suitable numbers of staff on shift to meet people's needs. On the day of the inspection one staff member had gone off sick. The senior staff had been unable to find a replacement staff member so the manager stepped in to provide care and support. Staffing rotas showed that there were three staff on shift during the day and two staff at night. The manager was also present in the service Monday to Friday to support the staff. Staff told us that the manager supported them if they required this. There was no clear record of how staffing levels had been assessed and deployed.

We recommend that the provider review systems and processes to evidence that staffing levels meet

people's assessed needs.

Each person's care plan contained information about their support needs and the associated risks to their safety. This included the risk of a person falling, behaviour that others may find challenging, medicines administration, nutritional risks, developing pressure areas and of deterioration in their health or medical condition. Guidance was in place about any action staff needed to take to make sure people were protected from harm. For people who were at risk of falling, guidance was in place about any specialist moving and handling equipment they required when moving around the service, transferring and when moving in bed. All risk assessments were regularly reviewed to ensure actions to minimise risks were still effective and appropriate. Sixteen out of 17 staff had received training in fire safety and each person had a personal emergency evacuation plan (PEEP). PEEPs set out the specific requirements that each person had, such as staff support or specialist equipment, to ensure they could be evacuated safely in the event of a fire. The PEEP in each person's care records was clear and detailed. The PEEP contained in the emergency fire grab bag differed and was not as clear and detailed. We reported this to the manager. Visual checks and servicing was regularly undertaken of fire-fighting equipment to ensure it was fit for purpose. At this inspection we found that fire exits were clear of debris. Fire drills had been carried out monthly to ensure people and staff knew what to do in the event of a fire. Weekly fire alarm testing had also taken place.

Accidents and incidents that had taken place were appropriately reviewed by the manager. Actions had been taken such as contacting healthcare professionals for medical advice, relatives and notifications had been made to CQC. Where there had been an accident or incident additional monitoring had taken place by staff to check that people were not deteriorating. People that had repeatedly fallen had been referred to the falls clinic.

People were protected from abuse and mistreatment. Sixteen out of 17 staff had completed safeguarding adults training. Staff understood the various types of abuse to look out for to make sure people were protected from harm. They knew who to report any concerns to and had access to the whistleblowing policy. Staff all told us they were confident that any concerns would be dealt with appropriately. Staff had access to the providers safeguarding policy as well as the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. The manager knew how to report any safeguarding concerns.

Is the service effective?

Our findings

At our last inspection on 06 and 20 June 2017, we identified breaches of Regulations 12, 15 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to provide care and treatment in a safe way. The provider had failed to provide training and support for staff relating to people's needs. The provider had failed to ensure that the premises were suitable for the needs of people living with dementia.

At this inspection we found that staff training and support had improved, however further improvements were required. Training records evidenced that 10 staff had attended health and safety training, six staff had done first aid and 13 staff had completed dementia training. All 17 staff had completed moving and handling training, three staff had completed a palliative care course, 11 staff had completed training in relation to nutrition and eight staff had attended pressure area care training. No staff had completed epilepsy, Parkinson's disease or stroke training despite providing care for people who live with these conditions. Only four staff had completed training in relation to food safety. We observed staff cooking meals for people in the kitchen that had not undertaken the food safety training. The manager told us some staff had completed training in relation to monitoring people's blood glucose levels. However, this was not recorded.

Some staff had been in post for a number of months, they had not received supervision meetings to discuss their support requirements and their practice. We spoke with the manager about this who said that these staff members were overdue their supervisions and that they had been scheduled for the next few weeks. We checked the diary and saw these were diarised. One staff member said, "[manager] supervises all the time If I need help I discuss, I go in the office and discuss things. I am due for one [supervision]". Another staff member said, "I last had one [supervision] six months ago. We are due a group supervision. I have only had one [supervision] since I came here".

This failure to provide training and support for staff relating to people's needs was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Inductions for new staff had improved slightly. There was still room for improvement. Staff completed a short induction which included a tour of the service, finding out about health and safety, fire safety, first aid, and welfare facilities. Three out of four staff had completed this basic level induction. The manager told us that staff were working towards achieving their care certificate and had been completing workbooks. The Care Certificate is a course that gives staff the basic knowledge of how to care for people. The Care Certificate includes assessments of course work and observations to ensure staff meet the necessary standards to work safely unsupervised. The manager had been monitoring completed workbooks but had not yet observed practice to sign off staff as competent. Staff were supported to achieve additional work based qualifications such as diplomas. Seven staff had completed vocational qualifications.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA 2005, and whether any conditions on authorisations to deprive a person of their liberty were.

People's consent and ability to make specific decisions had been assessed and recorded in their records. Where people lacked capacity, their relatives or representatives and relevant healthcare professionals were involved to make sure decisions were made in their best interests. Training records showed that five out of 17 staff had received training in MCA 2005 and DoLS. We observed staff clearly providing people with choices and respecting their decisions. One staff member explained how they offered people options by showing them a small selection of clothes to help them choose. They explained they would listen to the person's choices and support them by prompting them. They explained they would "Never force" a person to make a decision. We asked staff about the MCA 2005. One staff member said, "I'm still learning about this". The manager understood the requirements of the Deprivation of Liberty safeguards (DoLS), and documents seen demonstrated that the appropriate procedures had been followed. A staff member told us that one person had an independent mental capacity advocate to support the person with their decision making.

People gave us positive feedback about the food. Comments included, "It is nice"; "Food okay. I like having potatoes with my lunch. Today I didn't want breakfast, tum felt dodgy, probably have lunch"; "If I have a lie in I still get offered a choice at breakfast generally have porridge or Weetabix when I get up"; "I don't know what I have had but I like it" and "Meals must be nice, I eat them. I don't go hungry always get plenty of drink".

Relatives told us, "He always eats what he wants, food is beautiful. Really likes the puddings, sometimes they will give him a yoghurt if he asks for it"; "Never rushed, if he is very tired they let him sleep in the chair and then give him his meal when he wakes up" and "Staff have kept my wife's lunch hot for her as she has got up late today. Lunch always looks very nice, feel like coming in myself for lunch. They often have roast dinners. Staff will cut up her meat for her so she can still feed herself. She says she enjoys her food".

People were given a choice of meals at lunchtime. However, the meal choices were not available in an accessible manner to help people make an informed choice. The menus were printed in text only. Photographs were not available to help people identify what was on offer and what they liked the look of. Meal times had not always been planned to meet people's needs. One person chose to have a lie in. They arrived in the dining room shortly before 11:00. They ate their breakfast of choice which was a bacon sandwich. They were then brought their lunch at 12:10 which they refused. Staff had not considered that they had only eaten their breakfast an hour before. Spacing the meals out to suit people's needs had not been considered. It was not clear that people had a choice of meal options for their tea. On the day of the inspection everyone (except one person who only ate a ham sandwich each day) had cheese on toast. People were offered plenty of drinks throughout the day. We observed staff encouraging people to drink a variety of drinks. The kitchen contained information about people's likes and dislikes, specialist diets and preferences.

People were able to choose to eat their lunch in the dining room, the lounge or their bedroom. Nobody was rushed, people sat and ate at their own pace. We observed one person who struggled to get their dinner onto their spoon as the food kept slipping off their plate. A staff member offered support by helping them to load their spoon. A plate guard was not in place to enable the person to manage their dinner independently.

Another person had their meal served in a bowl which was easier for them to manage.

We recommend that the provider reviews and amends practice at meals times to ensure that reasonable adjustments are made to meet people's nutritional needs and preferences taking into account people's communication preferences.

People received medical assistance from healthcare professionals when they needed it. Staff knew people well and recognised when people were not acting in their usual manner, which could evidence that they were in pain. Staff had sought medical advice from the GP when required. Records demonstrated that staff had contacted the GP, mental health team, district nurse, ambulance service, hospital and relatives when necessary. People had seen a chiropodist on a regular basis. Where people had lost weight, this had been quickly addressed with support, food supplements and referrals to GP's and dieticians as required. People's weight records were regularly maintained to enable staff to monitor people effectively. People and relatives told us that the staff were good at getting medical care for them or their family members. One person said, "If I need the doctor the staff gets them straight away. I had the doctor come in and check my leg recently, got some cream for it". A relative told us they had noticed a worrying sign in their family member's health. They said, "When [person] had the bad turn, staff phoned the ambulance and called me straight away. We met them at the hospital, doctors examined him and said he was okay, it was either a mini stroke or seizure and then sent us back to the home". Another relative said. "Recently my wife's feet and legs started swelling up, staff called the doctor straight away and then phoned me and I was present when the doctor came to examine her. He was able to prescribe some medication which helps. The chiropodist comes regularly to cut her toe and finger nails".

The provider had started to improve the home and had made a start on improving the signage to help people find their way around and find their own bedrooms. Memory boxes had been fitted outside of each person's door, with the aim to put photographs and items that the person would recognise and help them find their bedroom. These memory boxes were not yet in use. Doors had posters with names and items on as a temporary solution. Further improvements were required; there were no signs in the communal lounge, or the dining area to help people find their way to other areas of the home such as the lift or bathrooms and toilets.

Is the service caring?

Our findings

At our last inspection on 06 and 20 June 2017, we identified a breach of Regulations 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured that people were treated with dignity and respect.

At this inspection we found this had improved. People told us that staff were kind and caring towards them. One person said, "I like the staff, they are happy, they are kind to me always say good morning and afternoon". A relative told us, "Staff are very good, very caring, they take their time and try to interact with people, very patient with everyone". Another relative said, "Staff are very caring, very tolerant".

It was clear that staff knew people well and were sensitive to their needs. Staff initiated conversation with people in a friendly, social manner. Staff asked if they were okay and whether they needed anything. Whilst eating one person became upset, a staff member immediately hunched down beside them and chatted to give them comforting reassurance. They offered to bring their baby doll to be with them whilst they had lunch so they could look after the baby. A staff member noticed that a person was looking uncomfortable in their chair and asked them if they wanted to move to a more comfortable chair and offered to go and get their walking frame for them. This was accepted and the staff stood back whilst the person got themselves up using the arms of the chair and using the frame moved to another chair. The staff member walked behind them arm out to give support if needed. Once they were settled the staff member asked them if they were more comfortable and offered to fetch a drink for them. Another person sleeping in an armchair with their head on the arm of the chair was asked by a staff member if they were comfortable and a cushion was offered to help them become more comfortable.

We observed that staff respected people's privacy. Staff were seen to knock on doors before entering. We spoke with staff who said that they would ensure privacy by making sure that the door was closed when they gave personal care, closing curtains in bedrooms when assisting people to wash and dress. One person's hair was falling over their face a staff member asked permission to push their hair back before putting their hand up to push it back. People told us, "They always knock, I've told them they don't need to but they say they have to" and "When I am ready to go to bed the staff pull the curtains for me and I pull them back in the morning".

Staff explained how they supported people to be as independent as possible with their personal care. One staff member explained how they motivated people to wash their own face and hands when supporting them. One person told us, "Staff very nice. I don't need much help. They are very good I get on with all of them". Another person said, "Carers [staff] are fine, cannot complain about any of them. They [staff] know me pretty well by now and let me decide what help I need. They make me laugh".

Staff showed concern for people's wellbeing in a caring and meaningful way, by responding to their needs quickly. We observed one person struggling to remember a friend's name. They asked one of the staff to remind them. When they forgot it again, they went into the hall to speak to one of the staff and asked them this person's name. The staff member told them the name again and took time to have a conversation

about how long they had known the person, what they had done with them in the past and asking them if they were going out to play pool again with them this week. The staff member asked questions about the person's hobbies and past times which they knew they liked which distracted them away from being concerned about their own forgetfulness.

Staff communicated with people in their own preferred manner. One person said, "Staff know I cannot hear very well, they sit down beside me to talk to me". A relative explained, "His face lights up when he sees the staff and they usually have a joke with him. I have never heard anyone raise their voice. If he is in a mood and doesn't want to do anything, they'll say we will come back and see you later. They never tell him off".

Personal records were stored securely in the office to make sure they were accessible to staff. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them. Staff had a good understanding of the need to maintain confidentiality. Relatives said, "I have never heard them discuss any other resident's personal information whilst I have been here" and "I see the manager or staff privately when I discuss my wife's needs".

People told us their relatives were able to visit at any time. We observed relatives visiting throughout the day. We observed staff gave people and their relatives space to be together without intruding on their time together. Relatives told us "I am made very welcome when I visit. His daughter feels the same. She is away on holiday at the minute and they will be texting and emailing her letting her know how he has been doing" and "When we first were looking at care homes this was the only one that said "Come in at any time". Family are all made welcome. Staff know me well and take time to reassure me and tell me what she has been doing".

One person had a pet cat which they kept in their room. They explained to us that one of the staff made sure that they were adequately stocked up with cat food and the staff member helped to keep the cat litter tray clean. The person enjoyed the company of the cat and preferred to spend their time in their room which the staff respected.

Staff knew people's likes, dislikes and preferences. We observed one person had earrings on and a staff member told us that the person liked wearing earrings every day and staff would ask them which ones they wanted to wear. A relative told us "Staff understand him, he loves pigs something from his childhood. We were encouraged to bring in his pig pictures and ornaments. His room is now full of pigs, has got a giant pig which sits in his chair, pictures of pigs, dogs and birds. Staff will chat to him about the pigs".

Is the service responsive?

Our findings

At our last inspection on 06 and 20 June 2017, we identified breaches of Regulations 9 and 17 and of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure the care and treatment met people's assessed needs and preferences. The provider had failed to act on feedback given by people and their relatives. We also made a recommendation. We recommended that the provider updated the complaints policy and procedure to ensure people and their relatives had all the information they needed to make complaints in a format they understood.

At this inspection we found that people's care plans had improved, they were person centred and had been updated and reviewed regularly. Care plans were in place for each person which detailed how staff should meet people's care needs. Care plans gave information about people's preferences and wishes in relation to times they liked to get up and go to bed. One person's care plan detailed that they often became unsettled in the night. The care plan detailed that watching a particular film helped to settle the person. Care records evidenced that staff followed this care plan regularly to meet the person's needs. Moving and handling care plans clearly detailed what equipment people used. People's care plans detailed their life history and important information about them, which meant that staff had clear guidance about what people's care needs were. This was contained in a 'This is me' document. This had a photograph of each person, preferred name, important people, past interests, important routines and what may worry the person.

It was not always evident that people had received their care and support in the way they had agreed. One person's assessment detailed they liked to have a shave every other day. This had not been transferred into their care plan. The care plan detailed they liked to be shaved twice a week. We checked their care records for the period 19 December 2017 to 11 January 2018. There was only one entry recorded to evidence that the person had received a shave which was on the 19 December 2017. There were no entries to evidence that the person had been offered the support to shave and they had refused.

We recommend that the provider reviews practice to ensure that people receive the care and support according to their wishes and preferences.

Activities had improved for people. The provider had employed an activities coordinator. The activities coordinator worked three hours a day, four days per week. An activities chart on the wall set out the daily activities. In the lounge art work and pictures coloured by people were on display. Photographs of a cooking session were displayed on the notice board. During the inspection the activities that took place were gentle exercises/puzzles and games. The activities were held in the lounge and as people finished their breakfast they were offered the opportunity to leave the dining room and join in. People appeared very sleepy and initially only two people took part. As more people came into the lounge they joined in the activities. The television was on in silent mode whilst music hall songs were played in a stereo system. The activities coordinator played a throwing a balloon game with people and helped people to do jigsaws or colouring followed by a giant dice throwing game. People appeared more stimulated when playing the dice game. We observed that people were tapping their feet to the music and were joking and laughing with the activities coordinator. In the afternoon people were watching a video. People told us, "I like colouring"; "I sometimes

prefer to sit up here with my cat. Staff always pop in to see me and ask if I am okay and ask if I am coming down to join in. I have been out shopping in the past not interested in going out"; "I like throwing the balloon about. Didn't feel well this morning, so told the staff I was staying up here today"; "I used to play golf and pool. Nowadays [name of friends] comes and takes me out to play pool" and "They always have something going on if you want to join in".

Relatives told us, "[Person] loves his videos; staff will put them on for him when he asks. Depending on his mood he will join in the balloon game" and "They have quite a few activities here, also have had a Halloween and Christmas Party for the residents and their families. They were very good".

People who chose not to take part spent their time in their own rooms or in the dining room. Staff supported people to listen to a variety of music in the dining room. We observed people were enjoying this as they were singing, tapping and clapping to the music. People's care records detailed what activities they had been involved with. Activities included, watching movies, playing cards, baking cakes, making birthday cards, balloon games, music, puzzles, board games, bowling, armchair exercises and colouring. The manager planned to make further improvements to the activities programme. They told us they were, "Looking to develop more activities to support people living with dementia". We observed the activities programme didn't enable people to participate in activities in the local community. People with relatives and friends who visited were able to get into the community with their relatives.

Relatives told us that they were fully involved in helping to plan their family members care. They told us that staff would talk to them about their family members changing needs. One relative explained that their family member's assessment was done before they moved into the service and other family members were involved as well. They told us, "The manager asked us what he liked to do, how we managed his wandering about and restlessness. Staff will always ask for techniques I have used in the past to deal with his moods. The staff are quickly getting to know him well". Another relatives said they were, "Fully involved along with the social services. I have spoken with the manager this morning about having another assessment as her behaviour has been changing".

The provider's assessment forms which were completed by the manager prior to people being admitted to the home required updating to ensure key questions about equality, diversity and human rights (EDHR) were included. This would enable the person carrying out the assessment to ask key questions about people's age, gender, marriage and civil partnership, disability, race, religion, sex and sexual orientation. This would enable the service to meet the person's needs. We spoke with the manager about this and they agreed this was not included in the current assessments. The provider's admission policy only covered housekeeping arrangements for the day of admission such as airing the room, it did not detail how the service would find out about people's needs including any reasonable adjustments required and the food and support people may need to meet their religious and cultural needs and preferences.

We recommend that that provider seeks guidance from a reputable source to review and amend policies, procedures and documentation to ensure people's EDHR needs are met.

The provider's care planning records asked people about their end of life wishes and whether they had made any advanced decisions. Some people had consented to do not attempt resuscitation (DNAR) with their GP or consultants. The provider's policy detailed 'Prior to death, we will have carefully and sensitively agreed with the service user and any other relevant persons any particular wishes they have regarding their dying and any particular arrangements following their death'. The manager planned to do some further work surrounding people's end of life wishes to ensure that everyone's wishes were captured in case people's health suddenly changed. They recognised that this was a difficult subject to approach with people

and planned to do this in a sensitive manner.

The complaints policy was on display in the service, this provided people and their relatives with information about how to complain to the manager, provider and to external organisations such as the local authority should they want to take their complaints further. The complaints information did not include information about how to contact the local government ombudsman. We spoke with the manager about this and they amended the information. People and their relatives said they knew how to complain. The complaints information was not available to people in different formats or accessible versions to help them understand the information. There had not been any complaints since our last inspection.

We recommend that the provider reviews the complaints information to ensure that it is in an accessible format to meet the needs of people living in the service.

Is the service well-led?

Our findings

At our last inspection on 06 and 20 June 2017, we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and a breach of Regulation 18 of The Care Quality Commission (Registration) Regulations 2009. The provider had failed to establish and operate effective systems and processes to monitor the quality of the service and failed to maintain accurate and complete records. The provider had also failed to notify CQC of events and incidents.

Audits and checks were carried out by the manager. These included care plan audits, audits of the kitchen, medicines, infection control and room standards. The manager also carried out frequent monitoring of the building, health and safety as well as accidents and incidents (including falls). Weekly reviews were undertaken by the manager to check pressure area care, weight recording, health deterioration, accidents and incidents. Actions had been addressed in a timely manner. For example, one audit seen detailed concerns with medicines records. The manager investigated and took appropriate action. One of the providers visited the service three times a week. During these visits they carried out their own checks and observations as well as talking with people and relatives and carrying out maintenance work.

Despite the quality monitoring systems in place further improvements were still required to drive the service forward to ensure people were receiving safe, effective, responsive and well led care. Quality assurance processes had not been successful in recognising all of the issues we identified in this inspection; such as effective recruitment procedures, medicines, premises, equipment and cleanliness and training and support.

Policies and procedures were not always updated and reviewed regularly to meet local and national good practice guidance and regulations. The provider's adult abuse policy had not been updated for a number of years. The provider's emergency planning policy was in place, this detailed the types of emergencies that may happen such as fire, flood and adverse weather. However, the policy did not detail the specific arrangements in place for the service to detail what staff should do and what back up arrangements had been made to ensure people received their care and support.

The provider had not carried out any questionnaire or surveys since the last inspection. There had been no meetings to enable people and their relatives to meet with the management team to enable them to provide feedback about the care and support they received. This meant people did not have opportunities to express their views and help shape and improve the service.

The failure to operate effective quality monitoring systems was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service did not have a registered manager. The provider had failed to apply to register with CQC the manager they had employed. This was a breach of section 33 of the Health and Social Care Act 2008.

People told us they knew the manager and found them easy to talk to. People told us that the manager

would help out when the service was short staffed. One person said, "[Manager] is always about. She always looks in and stops for a chat. The home is well run. No complaint at all I like it here". Another person said, "[Manager] is very friendly".

Staff told us they had lots of support from the manager. One staff member said, "The current manager does provide good management and leadership". Another staff member told us, "[Manager] is brilliant, I am learning from her, I have learnt more in two months than in the previous four years. I feel she's approachable". Another staff member said, "I get good support, very good support at all times. There is good communication". The manager had some support from the provider. However, they were frustrated because the provider had not enabled them to manage the home effectively. The provider had not given them control over the budget which restricted their ability to make changes and purchase items needed in a timely manner. Shortly after the inspection the manager left the service.

Staff meetings took place to ensure staff had opportunities to provide feedback and the management team were able to pass on important messages. The last meeting had taken place on 23 December 2017; this had been led by a senior health care assistant. The provider and manager had not attended.

Staff were aware of the whistleblowing procedures and voiced confidence that poor practice would be reported. Staff told us that they had confidence in the registered manager taking appropriate action such as informing the local authority and CQC. Effective procedures were in place to keep people safe from abuse and mistreatment. The provider's whistleblowing procedure listed the details of who staff should call if they wanted to report poor practice.

Relatives told us, "Manager is very friendly and easy to talk to. Very nice and friendly. The last thing I wanted to do was have [person] in a care home, I just wasn't coping and family thought it was best for him and me if he was cared for in a home. I am very happy he is here, cannot fault anything they do for him" and "[manager] is easy to talk to. Just discussed having another social services assessment for my wife as the disease is progressing. The home seems well managed. The owner is really friendly comes in and sees us when I am here".

Registered persons are required to notify CQC about events and incidents such as abuse, serious injuries, Deprivation of Liberty Safeguards (DoLS) authorisations and deaths. The manager had notified CQC about important events such as deaths, safeguarding concerns and serious injuries that had occurred since the last inspection.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating in the reception area. We spoke with the manager about this and advised this would be more conspicuous if the information was printed in colour.

The service had received compliments and thank you messages from relatives. One read, 'I visit my mother twice a week and always find her clean and content, the staff are always attentive to her needs and nothing seems too much trouble. My thanks to you and your staff from all my family for looking after my mum'. Another read, 'We would like to thank you, your colleagues and support staff for taking care of my brother [name]. We are grateful to you for your kindness and compassionate care given to my brother'.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to operate effective recruitment procedures. Regulation 19 (1)(2)(3) |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to provide training and support for staff relating to people's needs. Regulation 18 (1)(2)(a) |

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | Section 33 HSCA Failure to comply with a condition The service did not have a registered manager. The provider had failed to apply to register with CQC the manager they had employed. This was a breach of section 33 of the Health and Social Care Act 2008. |

The enforcement action we took:

We served the provider a fixed penalty notice for failure to comply with a condition of their registration. The provider paid this fixed penalty notice.

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure that medicines were suitably stored according to the manufacturer's instructions. Regulation 12 (1)(2)(g) |

The enforcement action we took:

We served the provider a Warning Notice and told them to meet the Regulation by 20 March 2018

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider had failed to ensure the premises and equipment were suitably maintained, appropriately located and clean. Regulation 15 (1)(a)(c)(d)(e)(f)(2) |

The enforcement action we took:

We served the provider a Warning Notice and told them to meet the Regulation by 03 April 2018

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance The provider had continued to fail to operate effective quality monitoring systems. |

The enforcement action we took:

We added a condition to the provider's registration