

Keychange Charity

Keychange Charity Alexander House 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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We undertook this inspection on 2 March 2016. At our previous inspection on 26 August 2015 the service was in breach of five regulations, relating to; premises and equipment, safe care and treatment, safeguarding people from abuse, good governance and staffing. We had serious concerns regarding the provider's failure to meet legal requirements in relation to the safe care and treatment of people and in response to this we imposed a condition on the provider's registration that they were legally required to take into account when providing a service. The condition prevents the provider from admitting and providing personal care to any new people at the service from 5 January 2016. After the inspection, the provider wrote to us to say what they would do to meet the legal requirements. As part of this inspection we checked that they now met legal requirements.

Keychange Charity Alexander House provides accommodation for older people who require support with their personal care, some of whom also have dementia. The service can accommodate up to 20 people. At the time of our inspection 17 people were using the service. The majority of people using the service funded their own care.

At our previous inspection the service did not have a manager in post. A new manager was appointed in September 2015 and was in the process of becoming the service's 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.

Systems and processes in place to review, monitor and improve the quality of service provision were not sufficiently robust. Audits and reviews had been undertaken which had identified improvements were required to improve the quality of care provision. However, sufficient action had not been taken to address the concerns identified, particularly in regards to medicines management and care records.

Accurate care records were not maintained. Care records were missing some key documents, provided conflicting information about people's support needs and were not updated in response to incidents that occurred and changes in people's support needs.

The provider's system for reviewing training provision had identified that many staff had either not completed the required training that the provider considered mandatory for their role or had not completed refresher training. This meant there were risks that staff's skills and knowledge were not up to date and in-line with good practice. The provider's systems to formally support staff were not consistently implemented. There were inconsistencies in supervision arrangements and staff had not received an appraisal.

Safe medicines management processes had not been maintained. There were some discrepancies in stock balances, there were no protocols in place to instruct staff when to administer "when required" medicines,

and the homely remedies protocol had not been updated to include everyone at the service.

We saw that improvements had been made to ensure a safe and secure environment was provided. All windows had the appropriate restrictions in place, and fire exit doors had been linked to the fire safety system. Equipment had been maintained and serviced to ensure it was in safe working order. Processes were in place to review health and safety in relation to the environment and equipment used.

Staff were aware of their responsibilities to safeguard people from harm. All concerns were reported to the manager, who liaised with the local authority safeguarding team to ensure appropriate management and protection plans were in place to minimise the risk of harm to people.

People were involved in decisions about their care and consented to the support provided. Staff adhered to the principles of the Mental Capacity Act 2005. This included reviewing the restrictions in place at the service and applying for authorisation to deprive a person of their liberty where appropriate.

New systems were in place to review and monitor incidents that occurred at the service. The manager reviewed all incidents to ensure appropriate action was taken to support the person, and to identify any trends.

Risk assessments had been improved to ensure they were tailored to individuals and identified the specific needs people had. We saw that these were reviewed regularly and informed staff about the support people required to maintain their safety and welfare. We observed staff supporting people in line with their risk management plans.

Staff were aware of people's care and support needs, and provided them with the level of support they required. This included supporting them with any nutritional needs and liaising with healthcare professionals as necessary.

Staff had built caring and positive relationships with people and their relatives. Staff were aware of people's communication needs and we observed staff engaging people in conversations. A varied activities programme was available that was tailored to people's interests and hobbies. Volunteers were used to further enhance the range of activities on offer.

Staff were respectful of people's right to privacy and supported people to maintain their dignity. Staff were knowledgeable of people's preferences and individual needs, including in relation to their faith. Staff invited and supported people to practice their faith and made arrangements for religious leaders to visit them.

The service had met the previous breaches of legal requirements in regards to premises and equipment, and safeguarding people from abuse. However, they remained in breach of regulations relating to the safe care and treatment of people, good governance and staffing. Following our last inspection we imposed a condition on the registration of the provider which prevented them to lawfully admit and provide personal care to new people. This became active on 5 January 2016. This condition will continue as the provider continues to be in breach of the regulation in relation to the safe care and treatment of people.

We have issued warning notices against the provider in relation to breaches of regulations in relation to good governance and staffing and these should be complied with by 24 April 2016.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe. Medicines management processes were not robust. There were errors in stock balances, protocols were not in place to inform staff when to give people their "when required" medicines, and up to date information was not maintained in regards to homely remedies.

Improvements had been made to address previous concerns. A safe and secure environment was provided. This included ensuring people were not at risk of falling from height or leaving the service without staff knowing. Equipment had been serviced and maintained to ensure it was in safe working order.

New systems had been introduced to record, monitor and review incidents that occurred to ensure appropriate action was taken to ensure people's safety. Staff were aware of their responsibilities to safeguard people from harm, and any concerns were discussed with the manager and the local authority safeguarding team.

Staffing levels had been reviewed and there were sufficient staff on duty to meet people's needs. Safe recruitment practices were followed to ensure appropriate staff were employed.

Requires Improvement 

Is the service effective?

Some aspects of the service were not effective. The training programme in place did not ensure all staff were up to date with their training needs, meaning there was a risk they did not have the updated skills and knowledge to support people. Many staff had not received regular supervision and appraisals.

Improvements had been made in regards to staff's understanding of their responsibility under the Mental Capacity Act 2005. Staff were aware of the restrictions in place and knew when to apply for authorisation to legally deprive a person of their liberty. People, or relevant persons, were involved in decisions and consented to the care and support provided.

People were supported with their nutritional needs, and staff were aware of people's dietary requirements. Staff supported people to access healthcare professionals to ensure their health

Requires Improvement 

needs were met.

Is the service caring?

Good ●

The service was caring. Staff had developed friendly, caring and positive relationships with people. Staff were aware of people's communication needs and took time to engage them in conversations. People were supported to make decisions about the care and support they received.

People were supported to maintain relationships with friends and family. We observed many people having visitors throughout our inspection.

Staff respected people's privacy and maintained their dignity. People were supported with their individual preferences, including support to practice their faith.

Is the service responsive?

Good ●

The service was responsive. People received the support they required with their personal care. Staff were aware of the level of support people required, and provided this accordingly. Staff encouraged and supported people to undertake tasks independently where they were able to.

Staff engaged people in group and one to one activities. Activities were developed based on people's interests and hobbies. The service worked with volunteers to further develop their activities programme.

People and their relatives were aware of how to make a complaint. Complaints were dealt with and responded to promptly, and people were confident that any concerns raised would be addressed.

Is the service well-led?

Requires Improvement ●

Some aspects of the service were not well-led. The systems and processes in place to review the quality of service provision were not sufficiently robust. Whilst improvements had been identified as being required, in regards to medicines management and quality of care records, sufficient action had not been taken to address the concerns.

Care records were not kept up to date with detailed and accurate information about people's needs. Some care records were missing information and others contained conflicting information.

Staff felt well supported by their manager, and there were opportunities for staff, people and relatives to express their views and opinions about the service.

Keychange Charity Alexander House 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 2 March 2016 and was unannounced. Two inspectors undertook this inspection.

Prior to the inspection we reviewed the information we held about the service including the statutory notifications we received about key events that occurred at the service. The provider also completed 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 viewed the action plan the provider had sent us following our last inspection stating how they planned to meet the breaches identified at that inspection.

During the inspection we spoke with five people, three relatives, and five staff including the manager. We reviewed four people's care records and four staff records. We looked at medicines management processes and reviewed records relating to the management of the service.

After the inspection we spoke with one healthcare professional who worked closely with the service. We also viewed additional information we had requested from the manager and the operations manager in regards to staff training, supervision and quality assurance processes.

Is the service safe?

Our findings

People who used the service told us they felt safe. One person told us, "I have never felt unsafe here, the staff know how to make me feel safe." A relative told us, "We feel blessed we found this place. It is such a relief to know our [family member] is so safe here, rather than living on their own." Another relative said, "Mum's in safe hands here."

Nevertheless, safe medicines management was not consistently followed. We saw that medicines were delivered to the service and there were adequate stocks of medicines at the service. However, we saw there were some errors in the stock balance at the service. We found that for two medicines there were more in stock than expected. This meant we could not be sure whether people had received their medicines as prescribed. We saw that all medicines administered were recorded on a medicines administration record (MAR). The MARs we viewed were completed correctly and there were no gaps in staff signatures. We saw that some people were prescribed medicines to be taken 'when required' (PRN). However, there were no protocols in place to instruct staff when to administer these medicines and at what dose. Therefore there was a risk that people would not receive these medicines when needed. Homely remedies were stored at the home and records were kept when these were administered. Homely remedies are medicines that can be administered without a prescription. The GP had produced a record of what homely remedies were safe to give people and what the medicines should be used for. However, we saw that this had not been updated since July 2015 and therefore did not take into account the needs of people that had moved into the service since then.

The service was in breach of the part of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 related to safe management of medicines.

At our previous inspection we found that risks to people's health and safety were not adequately managed. We found that restrictors to windows were not secure and could be overridden meaning people were at risk of falling from height. Staff were unsure of how to respond to an alarm sounding indicating a fire door had been opened, meaning people were at risk of leaving the service unsupervised. Risk assessments had not been completed relating to the risks of people leaving the service unsupervised or access to the magnetic fobs which deactivated the fire door alarms. People had access to potentially harmful chemicals as access to the sluice rooms were not restricted and harmful chemicals were not stored securely. We found that risk assessments and action plans for people at risk of developing pressure ulcers or becoming malnourished were generalised and not specific to people's needs. We also identified that incidents were not recorded clearly and it was difficult to ascertain what action had been taken to support the person and minimise the risk of incidents recurring.

At this inspection windows were restricted and people were not able to override these protecting people from falling at height. Fire exit doors had been incorporated into the fire safety system. Each fire door was closed using a magnetic strip which people were unable to override. This meant people could not exit the fire door without staff support. The magnetic strips would automatically release if the fire alarm sounded meaning people could exit the building safely in the event of a fire. The fire escape had gates at each floor

level restricting access, so people were not able to go up the fire escape unsupervised. However, these doors could be released when coming down the fire escape so again people could exit the building safely in the event of a fire. Staff were aware of what to do should a fire door alarm sound, and we observed staff were quick to respond when the alarm was activated. Sluice rooms were kept locked and harmful chemicals were stored securely. Risk assessments were completed in regards to people leaving the service unsupervised, the restrictions in place, supporting people to leave the service if they did not have an authorisation to deprive them of their liberty in place and in regards to people accessing the magnetic fobs which turned off the fire exit door alarms. The landscaping of the garden and boundary fencing had been significantly improved enabling safe and meaningful walking in the gardens. A safe and secure environment was provided that met people's needs.

Risk assessments had been reviewed. We saw information regarding people at risk of developing pressure ulcers and becoming malnourished was shared with the staff team, and instructed staff to refer to people's care records if they had specific support needs in regards to these areas. Staff were aware of the risks to people's safety and supported them appropriately to manage those risks. This included identifying people at risk of falling and providing them with mobility aids. We observed staff reminding people to use their mobility aids. Staff, including the chef, were aware of who was at risk of becoming malnourished and supported them appropriately including fortifying their food and providing them with high calorie meals. We saw that one person did not have a big appetite. Staff recorded the amount of food the person ate and continued to monitor their weight to identify early any weight loss. People at risk of pressure ulcers were supported appropriately. Staff were able to describe the signs that a pressure ulcer was developing and how they checked people's skin integrity whilst supporting them with their personal care. Any concerns regarding a person's skin integrity were recorded on a body map and shared with the management team. Additional support was arranged for people including liaising with specialist healthcare professionals when required.

Since the new manager came into post they had introduced a system to review all incidents that occurred at the service. The manager reviewed all incidents to ensure appropriate action was taken at the time of the incident to support the person and maintain their safety. The manager also ensured any follow up action required was taken to continue to support the person with any changes in their behaviour, health or support needs. For example, liaising with challenging behaviour specialists and liaising with people's GPs. The manager summarised all incidents that occurred on a monthly basis so they could identify any themes and trends that occurred.

Whilst the provider had taken action to address the previous concerns raised they continued to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because of the risks associated with unsafe medicines management.

At our previous inspection we found that premises and equipment were not well maintained and appropriately serviced to ensure they were safe. Gas safety inspections did not address all gas supplied equipment at the service, previous electrical installation tests showed work was required to ensure the wiring system was satisfactory, and lifting equipment had not been maintained in line with Lifting Operations and Lifting Equipment Regulations (LOLER) 1998.

At this inspection we found that the provider had taken action and was meeting legal requirements in relation to safe premises and equipment. All equipment was being maintained and had been serviced. Additional work had been carried out to service gas supplied equipment, electrical wiring systems had been updated to ensure they were satisfactory and all lifting equipment had been serviced to ensure they were in safe working order.

There were regular processes in place to ensure safe water temperatures were maintained and people were protected from Legionella disease. Fire safety checks had been undertaken by the local fire officer. Personal evacuation plans were available for each person, and fire evacuation drills had been practised. Meetings had been had with staff to discuss the outcome of the fire evacuation drill and to inform staff where improvements were required in the future. This mainly focussed around improving communication with people about what the fire evacuation processes were so those able to evacuate the building independently were aware of how to do so. Fire and smoke alarms were tested weekly to ensure they were in working order, and emergency lighting and smoke detectors had recently been serviced.

At our previous inspection we found the provider was not meeting legal requirements in relation to staffing. There were not always enough staff to support people. People felt staff did not have enough time to spend with them and staff took a long time to respond to requests for help. We observed staff were not able to spend time dedicated to tasks and that at mealtimes staffing levels were stretched. The provider sent us an action plan stating they would review staffing levels, particularly at night, to ensure there were enough staff on duty to meet people's needs.

At this inspection we found that the provider was meeting legal requirements in relation to staffing. For the majority of times there were sufficient staff to meet people's needs. People told us they thought there were enough staff on duty. One person said there were "plenty" of staff on duty. One of the relatives we spoke with said, "The staff ratio seems to be consistent."

Staff responded promptly to people's requests and provided them with the support they required. Staff were able to dedicate time to the tasks they were completing without being interrupted. We observed mealtimes to be organised and people received their meals in a timely manner, with support from staff when needed. However, we did observe that as one person's needs increased during the day, staffing levels became stretched. We observed that one staff member needed to provide one person with more dedicated time in order to keep them safe. One person told us, "Staff are stretched when one person needs a lot of attention, such as is the case today." But they did not feel it impacted on their safety or the level of care they received. We spoke with the manager about this and they said that if the person's needs continued to increase they would consider additional staffing, and that usually the management team would further support staff in this instance.

We observed staffing levels were in line with the manager's assessed staffing levels required for the service. We checked the previous two weeks rotas and saw staffing levels were as planned. Since our previous inspection the staffing levels at night had increased for an interim period. The manager had continued to risk assess people's needs at night to ensure they had the required staffing levels to keep people safe and meet their needs. We observed that the risk assessments had identified that as the building had become more secure and people's night time needs had decreased, that the service had adjusted the staffing levels accordingly from three staff at night, back down to two staff.

At our previous inspection the provider was not meeting legal requirements in relation to protecting people from abuse and improper treatment. They had not reported to the local authority safeguarding team incidents of possible abuse, and comprehensive records were not kept in regards to these incidents. They sent us an action plan and told us they would make the necessary improvements by 12 February 2016.

At this inspection we found that the provider was meeting legal requirements in relation to protecting people from abuse and improper treatment. Staff we spoke with told us they had received training in safeguarding people. They were able to describe the process for identifying and reporting concerns and were able to give examples of types of abuse that may occur. Staff told us they would map any bruises they

noticed on a body map which is included in people's records. This information was shared with other members of the team so they could investigate the reason why the bruise occurred and monitor it to ensure no further harm or pain was incurred.

Staff were aware of their responsibility to report all incidents of possible abuse. They discussed any concerns with their manager. The manager liaised with the local authority safeguarding team about incidents that occurred at the service. Management plans were put in place in regards to incidents of possible abuse to ensure people were safeguarded from harm.

Staff were aware of whistleblowing procedures if they had concerns about people's safety. One staff member told us, "I would not hesitate to take my concerns further, right to the Care Quality Commission."

There were safe recruitment systems in place. We looked at four staff records and saw completed application forms which included references to their previous health and social care experience, their qualifications, their employment history and explanations for any breaks in employment. Staff records also included pre-employment health declarations, Disclosure and Barring Service (DBS) checks, two employment references and poof of identification. Records were also kept of agency staff that occasionally worked at the service which included details of recent DBS checks and evidence of training, qualifications and experience they had attained.

Is the service effective?

Our findings

People told us they believed staff had the knowledge and skills to enable them to support them effectively. One person said, "[The staff] always seem very competent in what they do."

However, the staff training records were not up to date on the day of our inspection and there were no training certificates to view on staff's records we looked at to confirm the training they had completed. After the inspection the manager sent us the updated training records. However, we found that many staff had either not received training or had not attended recent refresher training to ensure their knowledge and skills were up to date. For example, six staff in a caring role had not completed moving and handling training. In addition, seven staff had not received updated moving and handling training since 2013. Four staff had not received safeguarding adults training, and an additional seven staff had not received updated training since 2013. Fourteen staff had not received dementia awareness training, 15 staff had not received training in regards to pressure ulcers and tissue viability, 16 staff had not received training in regards to nutrition and hydration, 12 staff had not received training in regards to managing behaviour that challenges, and 11 staff had not received training in regards to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. There was a risk that staff would not have the knowledge and skills to undertake their role and support people.

We spoke with the manager who acknowledged that whilst the current supervision policy is for staff to be supervised every eight weeks that they had not adhered to this timescale. The manager confirmed that seven out of 15 care workers were overdue their supervision. One staff member told us they had received supervision and found it helpful. However, the manager was unable to evidence any supervision records for the eight care workers who had received supervision during our inspection. After the inspection the manager sent us copies of four care staff's supervisions. We saw that supervision enabled staff the opportunity to discuss their performance and put together an action plan in regards to additional support they required, for example, identification of training needs. The manager also confirmed that there was no appraisal system currently in use.

The service was in breach of the part of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to staff support systems.

At our previous inspection we found that the provider was not always meeting their requirements in relation to the Deprivation of Liberty Safeguards, and they had not considered whether the restrictions in place on some people could have amounted to a deprivation of liberty. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider sent us an action plan and told us they would make the necessary improvements by 12 February 2016.

At this inspection we found the provider was meeting legal requirements in relation to safeguarding people from abuse and improper treatment. The manager had reviewed the restrictive practices in place, and

where required had applied for authorisations under DoLS. The manager kept track of the DoLS authorisations in place and the associated conditions. This information was shared with the staff team. The manager also reviewed the need for DoLS as people's needs changed.

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.

Staff we spoke with were familiar with the MCA and the need to obtain consent from people who used the service. One staff member told us how, "I try really hard to support the person in whatever their decision is." Another staff member said, "Everyone has capacity in some area, so we must not take the decision making ability away from them." Where people's care records included information about a Lasting Power of Attorney's (Care and Welfare) granted by the Court of Protection, we noted how these named individuals had been part of care decisions, including care plan reviews.

People's nutritional needs were met. People enjoyed the food at the service, with one person describing it as "very good". A relative told us, "[Their family member] is eating better here than they have done for years." We discussed people's dietary needs with the chef. They told us that relevant information was shared with them outlining people's dietary requirements, including advice from dieticians. The chef was aware of any food allergies people had and provided alternative options to ensure all people's needs were catered for.

A choice was provided at each meal time. In addition, the chef told us people frequently asked for meals alternative to what was on the menu and, where possible, this was facilitated. One person told us, "I am a little fussy and often ask for other meals. Chef is so nice, he always prepares something else for me."

We observed lunch being served. People who needed encouragement to eat their food received this from staff. Staff ensured people were given time to eat their meals with as little distractions as possible.

People received the support they required with their health needs. Staff liaised with people's GP if they had concerns about their health and organised for regular health reviews and medicines reviews for people. There were also arrangements in place to support people's other health needs, including organising for dentists, opticians and chiropodists to come to the service. Staff liaised with specialist healthcare professionals when needed and supported people to attend hospital appointments.

Is the service caring?

Our findings

People told us that the staff were caring. One person said, "The staff are excellent. You get to know them personally and they are very helpful." Another person told us, "I have never found any member of staff to be disrespectful to me. Far from it, they are very pleasant." A third person said, "It is a super place, staff look after me so well. ...staff are very kind to me." A family member we spoke with said, "[The staff] speak of [their relative] with great affection and seem to take great pride in keeping them looking well. They always take time with their make-up and clothes."

We saw staff interacted with people in a kind and respectful way. We saw from these interactions that staff were thoughtful and promoted positive caring relationships between people, for example, encouraging co-operation and teamwork during a quiz. Throughout the inspection day, we noticed staff took time to engage with people and answered frequently repeated questions. We heard lots of conversations and laughter between staff and people. We saw how staff managed to diffuse potentially aggressive situations skilfully and with sensitivity, offering reassurance to all those involved in the situation.

People were supported and encouraged to maintain their relationships with friends and family. We observed many people having visitors throughout the day. Staff were welcoming and included visitors in activities, conversations and refreshments. One relative told us, "I feel so welcomed by staff whenever I visit. Since [my relative] came to live here, our relationship has become much better."

Staff gave us examples of how they respected people's dignity by making sure they were covered during personal care, and their privacy maintained by ensuring all doors and curtains were closed.

Information was included in people's care records about their communication needs and how their diagnosis of dementia, where they had one, affected their communication skills. Instructions were provided to staff about how to communicate with people including speaking slowly and in short sentences. It also included reminding staff of who could become confused during a conversation and needed a bit of prompting or reminding of certain words to help them with conversations, and feel engaged and informed about their care. One staff member told us, "I make sure I have eye contact and explain clearly what I would like to do. It is especially important to help those living with dementia to understand." Another staff member said, "I make sure I am not towering over them and get down to their height level for better communication."

People were involved in decisions about their care and the support they received. A person using the service told us, "I have never had anything enforced on me by staff, they always ask my permission." We observed staff offering choices to people on a variety of subjects throughout the day. They clearly explained the options on offer, for example, with regard to an activity, and gave the person time to process the information and come to a decision.

Staff supported people with their individual needs, including supporting people to practise their faith. A volunteer came to the service once a week to sing hymns with people, a vicar visited every two weeks and a nun came weekly to hold communion with those who wished to participate. Those who wished to were

invited to say 'grace' before meals.

Is the service responsive?

Our findings

The care and support people received was responsive to their needs. People told us, "I am very happy with the care I receive, it is just what I want." Another person said, "I have a particular routine during the night, and the staff always assist me." Another relative said arranging for their family member to stay at the service was the "best decision we made."

Staff were knowledgeable about people's support needs and provided them with the care they required. This included knowing the level of support people required and what aspects of their personal care they needed support with. If people needed support from two staff this was provided. Staff supported people with their continence care and in relation to any specific needs they had. People were encouraged to maintain their independence. We saw in people's care records it included what aspects of their care people were able to do for themselves, and staff supported and encourage them keep their independence. One relative told us, "The staff are forever encouraging [my relative] to be as independent as possible, no matter how small the task."

The manager had introduced new handover systems. This enabled staff to record any outstanding actions from the previous shift, to discuss any changes in people's health needs and to communicate any appointments taking place during the next shift. This process had improved structured communication amongst the team to ensure all staff were updated on any changes to people's needs.

People told us they engaged in a variety of activities. One person told us, "They run quizzes almost every day which I love. It can get very competitive." Another person said, "I particularly like the way they entertain us." A family member told us their relative engaged in many activities and they had photographs of some of these. They also said, "They devise activities which relate to her former interests like flower arranging and sewing." We saw there was an activities table in the lounge area which people utilised throughout the day and it included activities such as puzzles and art materials. A staff member told us, "We do different activities to appeal to different preferences. We are always trying to stimulate people and encourage their involvement."

The local NHS trust's occupational therapy team had been working with the service on a programme called Active Residents in Care Homes (ARCH). ARCH is a holistic programme to engage people with dementia in all aspects of life including engaging them in an individualised activity programme. As part of this programme a varied and full activities programme was developed, including involving volunteers to run groups such as yoga and gardening groups. As part of ARCH the occupational therapy team support staff to develop their communication skills and engage with people with more advanced dementia. The staff reviewed the environment to tailor it to individuals and ensure it was dementia friendly. This included reviewing materials and patterns used in people's rooms, and arranging furniture to enable smaller groups of people to sit together. During our inspection we saw the changes made as part of ARCH were implemented.

People told us they knew how to raise a complaint. One person said, "I have never had to make a formal complaint, although I raise lots of little irritations, which are always taken seriously and dealt with

immediately." Others told us they would speak with the manager or deputy manager and were confident their issue would be addressed. A relative told us, "We did not make a formal complaint, but we had to bring something up in relation to our relative's care. We were very impressed by the speed with which this was dealt with." Another family member told us how any potential issue was resolved, "because we have good communication. Any email I send is always responded to quickly, outlining what has been done to address my query." We reviewed the complaints process and saw that complaints were dealt with appropriately and promptly and where possible to the satisfaction of the complainant.

Is the service well-led?

Our findings

One person told us, "The managers are very pleasant. They come and chat to me quite a lot." We observed people approaching the management team and coming to the office if they needed any help or just wanted a chat. One person said, "I feel I can go into their office anytime." One person's relative told us, "The manager is very hot on good and open communication." Another relative said, "The managers are very human and approachable."

At our previous inspection we found the provider was not meeting the regulation in relation to good governance. We found that people were not protected from the risks of unsafe or inappropriate care because the provider had not made suitable arrangements to audit health and safety practices. Systems in place to audit health and safety practices and the support provided to people had not identified the concerns we found at the time of the inspection. We also found that some records related to the management of the service, including minutes from staff meetings and meetings with people using the service, could not be located. The provider sent us an action plan and told us they would make the necessary improvements to the quality assurance systems to make these more robust by 1 February 2016 and would be reviewed monthly.

Our findings during this inspection showed that the provider continued to have ineffective systems to assess, monitor and improve the quality of care provision.

A medicines audit had been completed by the pharmacist attached to the home and we also saw that internal medicines audits were carried out by the provider. The audit from the pharmacist on 2 February 2016 had identified that protocols were not in place for medicines to be given 'when required' (PRN), and that the homely remedies policy required updating. The internal medicines audit was completed monthly and whilst it had identified that a list of homely remedies had been provided by the GP. It had not identified that this was out of date and did not include people most recently admitted to the service. Whilst there were processes in place to audit medicines management they were not sufficiently robust to identify the concerns we identified at the inspection and sufficient action had not been taken to address areas that required improvements and which had been identified at previous audits.

The deputy manager together with a registered manager from a sister service had reviewed people's care records. The manager informed us this took place in February 2016 but no dates were included on the paperwork we viewed. A note was included in people's care records outlining what information was missing from the record. Whilst we saw that some of these actions had been completed, we also saw that many of them had not been completed, and care records did not provide a complete and accurate picture of people's care and support needs. The notes from the audit did not include dates or timescales that actions were to be completed by, and the manager informed us that some of the notes of actions required had been misplaced. This meant the manager was only able to provide evidence of care records audits for 10 people, and therefore we could not be assured that everyone's records had been reviewed. We could also not be assured as to the frequency of the care record audits or that timely action was taken to address the concerns raised as no dates were included on the audits or actions taken.

We saw that the management team had written to a number of staff to inform them of their responsibilities to ensure care records were maintained and contained detailed and accurate information about people's support needs. However, we saw that sufficient action had not been taken and the concerns still remained. People's records contained conflicting information and inconsistent instructions for staff. For example, one person's care records stated in one place the person had the capacity to make day to day decisions, and later on stated they did not have the capacity to make decisions. We saw that one person's care record audit had identified they had missing information in regards to mental capacity, deprivation of liberty safeguards and future wishes, and this information was still missing during our inspection. We saw that for one person their care plan in regards to pressure ulcers was not consistent with their risk assessment. We also saw that people's records did not include the level of detail required to provide person centred support, for example, in regards to people's preferred routines. We also saw that care records were not updated in regards to incidents that occurred. For example, one person had recently been increasingly behaving in a way that challenged staff but this was not reflected in their care records and neither was the management of the behaviour. One person's care records had not had their daily support records updated for four days prior to our inspection, meaning we could not evidence that they received the support they required.

The service continued to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The operations manager visited the service monthly to review the quality of service provision and to follow up on actions required to meet the breaches of regulations found at the previous CQC inspection. The operations manager also received data on key performance information, for example, safeguarding concerns, complaints, and incidents to ensure these were investigated and dealt with appropriately. The operations manager continued to work with the manager to review and improve service delivery, including strengthening the peer review systems amongst the provider's services.

The management team monitored staff response times to alarms and call bells, this included the amount of time staff took to respond to fire exit alarms sounding. We saw that the amount of time staff took to respond to alarms was improving, with very few occasions where staff took longer than 60 seconds to respond. This reviewed whether people would receive prompt attention in the event that they left the service without staff knowledge. There were also processes in place to review the environment and ensure all fixtures and fittings were working and in good order, and ensure they were safe for people to use.

The majority of staff felt supported by their manager. Comments included, "I really like the manager, she seems to deal with the pressures of her job well," and "I can approach the manager whenever I need to." A range of staff meetings were held to address performance concerns, discuss the care and support delivered to people and enable open communication amongst the staff team. Meetings including management team meetings, meetings with night staff, meetings with care workers and meetings with domestic and catering staff. The meetings enabled discussion about people's needs, reminders of service policies and procedures, and enable staff to voice their views and opinions.

Meetings were also held with people and their relatives to obtain their views about the service. We saw that the meeting in January 2016 discussed upcoming important dates including when dentists and opticians were visiting the service, asked for ideas about activity theme days and each person was asked if there was anything they wished to discuss or suggestions they wanted to make about improvements to the service.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Registered persons did not ensure care and treatment was consistently provided in a safe way because proper and safe management of medicines was not in place. Regulation 12 (1) (2) (g)

The enforcement action we took:

The condition issued at the previous inspection remains in place:

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Registered persons did not ensure sufficient systems were in place to assess, monitor and improve the quality and safety of service provision. Regulation 17 (1) (2) (a) Registered persons did not ensure accurate, complete and contemporaneous records were kept of each service user was maintained. Regulation 17 (1) (2) (c)

The enforcement action we took:

A warning notice was issued.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered persons did not ensure that persons employed received appropriate training, supervision or appraisal. (Regulation 18 (2) (a)).

The enforcement action we took:

A warning notice was issued.