

GCH (West Drayton) Ltd

Drayton Village Care Centre

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?

Requires Improvement 

Summary of findings

Overall summary

We undertook an unannounced inspection of Drayton Village Care Centre on 6, 7, 8 and 13 December 2016.

Drayton Village Care Centre is a nursing home and is part of Gold Care Homes. It provides accommodation for up to 59 older people in single rooms. The home is situated within a residential area of the London Borough of Hillingdon. At the time of our visit there were 45 people using the service.

The registered manager at the time of the April 2016 inspection had left the service and an interim manager had been responsible for the service for six months. At the time of the December 2016 inspection a new manager had been in post for seven weeks. The new manager was about to start the registration process with the Care Quality Commission. A registered manager is a person who has registered with the CQC to manage the service and has the legal responsibility for meeting the requirements of the law, as does the provider.

At our last comprehensive inspection of this service on 25, 26, 27, 28 and 29 April 2016, we found breaches relating to person-centred care, dignity and respect, safe care and treatment, receiving and acting on complaints, good governance, staffing and fit and proper persons employed. As a result of these, our concerns were sufficiently serious for us to impose a positive condition in relation to the provider providing us with regular updates on their progress in addressing the breaches we found with Regulations 9 (person-centred care), Regulation 12 (safe care and treatment), Regulation 17 (good governance), Regulation 18 (staffing) and Regulation 19 (fit and proper persons employed). At this inspection, we found there had been some improvement in relation to the breaches of Regulations 12 and 19 but sustained improvements had not been demonstrated and improvements had not been identified in relation to Regulations 9, 17 and 18 so we therefore decided to continue with the positive condition.

Staff had not received the necessary induction, training and support they required to deliver care safely and to an appropriate standard as identified by the provider.

Activities were organised at the home but some of these were not meaningful for people and when the activities coordinator was unavailable there were limited activities organised.

The records relating to care of people using the service did not provide an accurate and complete picture of their support needs.

The provider had a range of audits in place and we saw there had been some improvement in the information provided by these audits but we identified there were still issues in relation to the medicines audit as well as checks on records relating to care.

The provider had an administration of medicines policy and procedure in place but this sometimes was not followed by staff. We made a recommendation for the provider to review guidance on administration of

medicines in a care home setting.

The provider had a recruitment process in place which was now being followed in relation to obtaining references which provided appropriate information on the applicant's skills and experience.

Chemicals used for hairdressing and cleaning were now being stored securely and there was a reduced risk of cross contamination as equipment used to move people was no longer stored in two bathrooms and gloves were available for staff.

The provider had a process in place for the recording and investigation of accidents and incidents and this was now being followed.

Risk assessments now provided up to date information in relation to individual's risks when receiving care.

Care workers now had more time which enabled them to appropriately support people's emotional and social needs as the number of people requiring support had reduced and care workers were no longer focused on tasks.

Care plans were now written in a way that identified each person's wishes as to how they wanted their care provided. Daily records were focused on the person receiving the support and not the tasks completed.

Due to the reduction in the number of people requiring support there were now enough care workers and nurses available to provide care.

The provider had policies, procedures and training in relation to the Mental Capacity Act 2005 and care workers were aware of the importance of supporting people to make choices.

People we spoke with felt the care workers were caring and treated them with dignity and respect while providing care. Care plans identified the person's cultural and religious needs.

The provider had a complaints procedure in place and had responded to any complaints in line with their procedure.

Records relating to staff training, supervision and appraisal were now up to date.

People using the service had been sent a questionnaire asking for feedback on the quality of the service and the comments received had been positive.

Following our last inspection, we placed the service in special measures. For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. As the provider has demonstrated improvements and the service is no longer rated as inadequate for any of the five questions, it is no longer in special measures.

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.

The provider had a medicines administration procedure in place but some aspects of this were not followed by staff.

The provider had a recruitment process in place and was now following this process in relation to obtaining references.

Due to the reduction in the number of people requiring support there were now enough care workers and nurses available to provide care.

Chemicals used for hairdressing and cleaning were now stored securely and there was a reduced risk of cross contamination as equipment used to move people was no longer stored in two bathrooms.

Risk assessments were in place and provided up to date information in relation to individual's risks when receiving care.

The provider had a process in place for the recording of incidents and accidents which was now being followed.

Requires Improvement ●

Is the service effective?

Some aspects of the service were not effective.

Staff had not received the necessary induction, training and support they required to deliver care safely and to an appropriate standard.

The provider had a policy in relation to the Mental Capacity Act 2005. We found the service had made appropriate applications to meet the requirements of the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA).

There was a good working relationship with health professionals who also provided support for people using the service.

Requires Improvement ●

Is the service caring?

Good ●

The service was caring.

Care workers and nurses were able to spend more time with people using the service to appropriately support people's emotional and social needs.

People we spoke with felt the care workers were caring and treated them with dignity and respect while providing care.

Care workers and nurses demonstrated a good understanding of the importance of supporting people to maintain their independence.

Care workers and nurses explained how they helped people maintain their privacy and dignity when they provided care.

Is the service responsive?

Some aspects of the service were not responsive.

Activities were organised at the home but some of these were not meaningful for people and when the activities coordinator was unavailable there were limited activities organised.

Care plans were now written in a way that identified each person's wishes as to how they wanted their care provided. Daily records were now focused on the person receiving the support and not the tasks completed.

The provider had a complaints procedure in place and these had been responded to in line with their procedure.

Requires Improvement ●

Is the service well-led?

Some aspects of the service were not well-led.

Records relating to care and people using the service were not completed accurately to provide a current picture of the person's needs and support provided.

The provider had improved some of the systems in place to assess the quality of the service provided but we saw there were still issues in relation to the medicines audit as well as checks on records relating to care.

The manager was in the process of being registered with the Care Quality Commission.

Care workers felt they were supported by the management team.

Requires Improvement ●

Drayton Village Care Centre

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 the 6, 7, 8 and 13 December 2016. The first day of the inspection was unannounced with the following days being announced. One inspector visited the home over the first three days and an expert-by-experience visited on the first day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience at this inspection had personal experience of caring for people who had dementia. On the fourth day of the inspection three inspectors and a pharmacy inspector visited the home.

Before the inspection, the provider 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 reviewed the notifications we had received from the service, records of safeguarding alerts and previous inspection reports.

During the inspection we spoke with 16 people using the service, four relatives, eight care workers, one nurse and the activities coordinator. We also spoke with the manager, unit manager and two care quality officers. We reviewed the care plans and daily records for seven people using the service, the global patient care folders for nine people, the employment folders for one nurse and five care workers, the training records for 46 staff and the support records for 53 staff as well as records relating to the management of the service.

Is the service safe?

Our findings

Medicine Administration Records (MAR) charts were clear and administrations were clearly recorded. Medicines received from the pharmacy were recorded in the MAR charts and the remaining quantity on the blister packs could be reconciled with the administration record. We saw evidence that unwanted medicines disposed of by the service were appropriately documented and accounted for, and that medicines were stored safely and securely including Controlled Drugs (CDs).

There were records of daily fridge and room temperature monitoring. However we noted that the minimum and maximum fridge temperatures were not appropriately monitored. We saw evidence that people receiving medicines that needed regular blood monitoring and dose changes were appropriately managed.

Some medicines taken as needed or as required are known as 'PRN' medicines. We saw that PRN protocols were in place for staff to follow for medicines administered only when needed. We also saw evidence that staff carried out a regular pain assessment, using appropriate pain assessment tools before administering pain relief medicines, especially for people with dementia.

Staff told us that a medicines audit was carried out on a weekly basis. We looked at audit results for the previous two months and noticed that when staff had identified MAR charts that had not been completed accurately they corrected the information on the chart at a later date based on the recollections of the nurse or care worker who had originally completed the record. This could result in inaccurate documentation of records.

We checked training records and noted that not all nurses and care workers who administered medicines had received appropriate training. The provider has already identified this and booked staff to attend the required training.

Residents at the service were looked after by four different GP surgeries. GPs would visit residents only when needed, we did not see any evidence that peoples' medicines were reviewed on a regular basis.

We recommend the provider reviews guidance on the administration of medicines in a care home setting.

During the comprehensive inspection on the 25, 26, 27, 28 and 29 April 2016 we saw the provider had a recruitment process in place but we found this was not always followed.

At the inspection on 6, 7 8 and 13 December 2016 we saw some improvements had been made in relation to the recruitment process. Following the last inspection the provider checked the references for all staff employed at the home at the time of the inspection. During the inspection we looked at the employment records for one nurse and five care workers. We saw applicants were asked to provide the contact details for two referees and underwent an interview process. Other records showed a Disclosure and Barring Service (DBS) check in relation to criminal records as well as checking their eligibility to work and proof of identity had been completed. The nurse had been asked to provide evidence they were registered with the Nursing and Midwifery Council and a copy of their registration information was included in the file.

During the comprehensive inspection on the 25, 26, 27, 28 and 29 April 2016 we saw the provider had a process in place for recording and investigating accidents and incidents but this was not always followed.

At the inspection on 6, 7 8 and 13 December 2016 we saw some improvements had been made in relation to the recording of incidents and accidents. The manager confirmed that if an incident or accident occurred, the care worker or nurse would complete a record form. During the inspection we looked at 15 incident and accident records that had been completed since the previous inspection. We saw that some forms relating to events before the new manager joined the home had not been completed in full and had not been reviewed. The forms we looked at that had been completed since the new manager had started included more detail regarding the incident and accident and had been reviewed with any actions or outcomes recorded.

During the comprehensive inspection on the 25, 26, 27, 28 and 29 April 2016 we found equipment used for moving people was stored in two bathrooms on the first floor unit and glove dispensers located around the home were often empty.

At the inspection on 6, 7 8 and 13 December 2016 we saw some improvements had been made in relation to how equipment was stored and the availability of Personal Protective Equipment (PPE). When we arrived at the home we checked the bathrooms to see if they were still being used to store equipment. We saw the bathrooms were no longer used to store equipment such as wheelchairs and hoists. We also saw the glove dispensers which were located around the home were regularly refilled to enable care workers and nurses to access the correct size gloves when required.

During the comprehensive inspection on the 25, 26, 27, 28 and 29 April 2016 we saw the risks to people's safety and wellbeing had been assessed, but these assessments were not always reviewed and therefore information did not accurately reflect people's needs.

At the inspection on 6, 7 8 and 13 December 2016 we saw some improvements had been made in relation to reviewing the risk assessments. A range of risk assessments had been carried out in relation to people's safety and wellbeing. Risk assessments in relation of pressure ulcers, falls and malnutrition were now in place and the manager confirmed these should be reviewed monthly. The manager explained when a person moved into the home a Waterlow assessment in relation to skin integrity would be completed within six hours and all other risk assessments within for first 24 hours. During the inspection we looked at the risk assessments that had been completed for six people. The majority of the risk assessments had only been in place for a short time before the inspection as the provider had introduced a range of new paperwork since the previous inspection. We saw that since the risk assessments had been in place they had been reviewed monthly and updated if any changes had been identified.

During the comprehensive inspection on the 25, 26, 27, 28 and 29 April 2016 we found chemicals were not stored safely around the home and could be easily accessed by people living at the home.

At the inspection on 6, 7 8 and 13 December 2016 we found that a range of chemicals and cleaning equipment were stored in an appropriate and safe manner. We saw the products used in the hairdressing salon which included hair setting lotion and other hair styling products as well as equipment used for nail care sessions were now kept in a secure area on a floor only accessible by staff. We checked the two dining rooms and saw the cleaning equipment used which included surface cleaning spray were kept in locked cupboards and were not left unattended.

During the comprehensive inspection on the 25, 26, 27, 28 and 29 April 2016 we saw that there were

insufficient staff to provide appropriate care at the home. At the inspection on 6, 7 8 and 13 December 2016 we saw some improvements had been made in relation to the levels and availability of care workers.

Some of the people we spoke with told us they felt there were enough care workers and nurses. Relatives were asked if they felt there were enough staff to provide support. They told us "In the past a number of times there were no care workers in the lounge. As there are fewer residents, care workers only leave the lounge unattended for a few minutes at most. I am fearful when there are many more residents" and "The agency nurse and care worker use has reduced. Some of them did not speak English and they did not care about people."

We asked care workers and nurses if they felt the staffing levels had improved since the previous inspection and we received mixed feedback. They told us "It's very rare for agency staff to be used", "There is now, we haven't had agency staff for a long time. This has made a difference to staff and residents, people who work with them know them," "No, not all the time, one more person on the ground floor and two more on the dementia floor. But fewer agency staff."

At the time of the inspection there were 25 people located on the residential care unit located on the ground floor and 20 people receiving care on the nursing unit based on the first floor. We looked at the rotas in place and the manager confirmed during the day the ground floor had one senior care worker and three care workers in place with one nurse and five care workers providing support on the first floor unit. At night the ground floor had one senior care worker and two care workers with the first floor having one nurse and two care workers on duty. The manager confirmed that at the time of the inspection three people required two care workers to assist with personal care and 14 people required support from two care workers on the first floor.

During the inspection we saw that care workers and nurses on the first floor had more time to spend with people at mealtimes and interact with them. We also observed care workers on the ground floor were able to sit with people while they ate. The atmosphere of the home felt more relaxed and happier than during the previous inspection and staff were busy but not so much that they could not spend time with people.

At the time of the inspection the home still had regular support from members of the provider's care quality improvement team and there had been no new admissions as the provider had imposed a voluntary suspension of new admissions following the previous inspection. The number of staff at the home had not increased since the previous inspection but the number of people needing care had reduced therefore so had the demands on the care workers and nurses time. If the number of people living at Drayton Village Care Centre increased the number of care workers and nurses would need to reflect the increased numbers and the level of support each person would require to ensure people received care in a timely and appropriate manner.

People we spoke with said that they felt safe when they received support from the care workers and they had no concerns about their safety. One person told us they felt safe at the home because they were 'well looked after medically' and they received the correct tablets every day.

Relatives told us "I feel comfortable when I leave the home. I feel confident that my family member receives safe care" and "The home is now safe and I feel happy with the care."

We saw the service had effective policies and procedures in place so any concerns regarding the care being provided were responded to appropriately. We looked at records of three safeguarding concerns raised since the previous inspection and we saw information relating to the concern, notes of the investigation, any actions taken and the outcome recorded.

We saw each person had a Personal Emergency Evacuation Plan (PEEP) in place in case of an emergency which provided care workers with guidance on what action should be taken to support the person appropriately. A copy of each person's PEEP was included in their care folder and a copy was kept securely in the reception area of the home. Each PEEP identified issues which might impact on the evacuation of the person from the home including mobility and health conditions.

Is the service effective?

Our findings

During the comprehensive inspection on the 25, 26, 27, 28 and 29 April 2016 we found that people were being cared for by care workers who were not supported to deliver care and treatment safely and to an appropriate standard as they did not receive the necessary training, supervision and annual appraisals.

At the inspection on 6, 7 8 and 13 December 2016 we saw improvements had not been made in relation to the training, supervision and appraisal process. We reviewed the training records for 46 staff who had been employed at the home for more than three months at the time of the inspection. The manager confirmed there was a range of training identified as mandatory by the provider and new staff only completed moving and handling training as part of their induction. The new staff member would then be booked onto the mandatory training courses when they became available. This meant that some care workers who may not have previous experience of providing care may not complete mandatory training for up to a year.

In relation to mandatory training which was identified as requiring to be completed annually which included moving and handling, fire awareness and safeguarding vulnerable adults we saw a number of nurses, care workers and support staff had either not completed the initial training or the annual refresher course. This was also noted for mandatory training courses which should be completed every two years including infection control, health and safety, Mental Capacity Act and Deprivation of Liberty Safeguards, Control of Substances Hazardous to Health (COSHH), first aid and food hygiene.

We also reviewed the clinical training records for six nurses working at the home five of which had been working at the home for more than one year. The records indicated that the nurses had not completed any clinical training courses since they started working at the home. This meant that the nurses were not up to date with clinical practice in relation to these identified areas.

The manager explained an external training consultant had been brought into the home to identify and implement a range of training for both care workers and nurses. An initial training schedule had been developed which was due to be implemented during 2017.

We reviewed the supervision and appraisal records for 53 staff including nurses, care workers, housekeeping and kitchen support staff. We saw 29 staff had been in post for more than one year but only seven people had completed an appraisal. The manager explained all staff should have five supervision sessions with their line manager per year in addition to the annual appraisal. The records indicated that the majority of staff had not received regular supervision but this had improved since the new manager had joined the service.

The manager explained the Care Certificate had not yet been introduced at the home for new care workers. The Care Certificate identifies specific learning outcomes, competencies and standards in relation to care. The manager confirmed that senior staff would be receiving training on how to implement and assess the Care Certificate during January 2017.

The manager also advised that new care workers and nurses should complete an induction booklet which records their progress with reviewing the policies, moving and handling training and assessments of their competency with care activities. During the inspection we looked at the induction record booklets for one nurse and five care workers and we saw that these documents had not been completed in full as sections relating to the new staff member being observed and assessed on their competency were incomplete. The induction booklets had not been reviewed by the manager or a senior member of staff to ensure the induction had been completed appropriately. This meant the provider could not ensure the new care worker or nurse had completed the induction process and could provide safe and appropriate care for people.

The above paragraphs demonstrate a repeated breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 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).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The manager showed us a record of all the DoLS applications that had been made, when they were approved and when they needed to be renewed. When we checked the records we saw four applications had been made in August 2016 but there was no information to indicate if they had been authorised. The manager confirmed they had identified that these applications had not been received by the local authority and they were resubmitted before the end of the inspection.

We saw there was a good working relationship between the service and health professionals who also supported the individual. The care plan folders we looked at provided the contact details for the person's General Practitioner (GP). There was a record of professional visitors in each person's care folder which included visits by the GP, district nurse and chiropodist.

We asked people using the service and relatives for their views on the food provided. People told us "I have no complaints about the food. I have developed a friendship with the chef who makes sure I get what I want. The chef can discuss dishes from a knowledgeable point of view."

Menus using pictures to identify the various meal options were on the tables in each dining room. We noted that the menu options shown were not always the options available for people to choose from. During the inspection we observed lunch in both dining rooms and we saw food arrived in a hot trolley, everything was covered with lids or cling film and the temperature of the food was checked throughout the meal.

Is the service caring?

Our findings

During the comprehensive inspection on the 25, 26, 27, 28 and 29 April 2016 we found there were times during the inspection when the care workers and nurses were unable to support a person's emotional and social, in addition to their physical needs, as they were busy completing other tasks or they had not identified an occasion when people may feel isolated and bored

At the inspection on 6, 7, 8 and 13 December 2016 we found that care workers and nurses had more time to spend with people using the service. We saw people were able to have their breakfast when they wanted to and did not have to wait in the lounge until personal care on the unit had been completed. We saw care workers and nurses provided people with the support they needed during meal times. During meals we saw clear organisation in relation to which care workers would be supporting which person and this was discussed quietly and not across the dining room as observed during the previous inspection. Care workers and nurses gave people choice about where they wanted to eat their meals but we did see that one person was asked by three different care workers and they clearly identified they wished to stay in the lounge. Then another member of staff said to the person they would be more comfortable in the dining room and helped them to move which was opposite to the wishes they had previously expressed.

We also observed care workers discussing a person's support required for toileting in front of people in the lounge. This was discussed with the manager during the inspection who confirmed he would speak to the care workers and nurses on the unit. On the ground floor unit we saw that care workers were engaging with residents individually and collectively when they were gathered in the sitting rooms. In the other unit care workers tried to spend time with people whenever possible.

People using the service were asked if they felt the care workers were kind, caring and treated them with dignity and respect when they provided support. They told us "I have very good relations with the staff here. There have been improvements in the standard of care. [For instance] When I was sick [recently] the staff were flexible and anticipated my requirements", "I've got no complaints. They certainly look after me. They're a nice crowd of girls", "All these carers are so nice. They help me in so many ways. [For example] I have trouble with my bowels, and you can't expect immediate attention all of the time, but they really do try" and "They look after me well here. I don't have to ask for anything. They wash me, feed me, dress me."

Relatives we spoke with told us they were very pleased with the care their family members received but noted it was a pity there was not more continuity of staff. They commented that in the previous six weeks things had improved; there seemed to be more staff. Previously one person's relatives told us they would arrive at 11am and their family member might still be in bed. They had met with the new manager and things had improved which included appropriate equipment being put in place. Other relatives told us "All the care workers are very nice and caring which is what they should be", "I am really happy and my family member is really happy" and "Little things make the difference, if there are any problems I am not afraid to raise them and they get things done."

During the inspection we saw the care workers and nurses treated people in a caring manner and respected

each person's privacy and dignity. We asked care workers and nurses how they maintained people's privacy and dignity when providing care. They commented "I knock at someone's door and greet them as you open the door. When you enter the room you tell the person before you do something and pull the curtains during personal care", "Help people to feel safe with me. Ask people before you do things like washing and dressing", "I think in this place you work from your heart. Treating people like they are your parents" and "With any personal care, close the door and curtains. Speak to people about what they want and respect their choice."

We saw care workers and nurses provided support when required but encouraged the person to do as much as they could. We asked care workers how they helped people maintain their independence and make decisions. They told us "Listen to them. You need patience. If they can do something and they want to do it let them do it and help them to do so. Respect their decisions to do something even if it takes longer", "Offer for people to eat or wash by themselves first, to see if they want to" and "Encourage them to walk/drink/eat themselves if they can and want to." Other comments included "It's different for everyone because everyone is different. Knowing what people are able to do and helping them do this", "Allow them to try, do not just do things for someone. If they need support, offer it to them" and "If people are able to go to the toilet on their own and want to, support them to do it. Let people do what they can do. Not stopping them doing what they want to do as long as it is safe for them."

The care plans identified the person's cultural and religious needs. We saw care workers and nurses were provided with information about the personal history of the person they were supporting. The information included which members of their family and friends knew them best, the person's interests and hobbies as well as their work and family history.

Is the service responsive?

Our findings

During the comprehensive inspection on the 25, 26, 27, 28 and 29 April 2016 we saw that activities were organised but some of them were not meaningful for the people using the service. At the inspection on 6, 7, 8 and 13 December 2016 we saw improvements had not been made in relation to the range of meaningful activities provided.

We spoke with one person who told us the home provided storage of a mobility scooter which enabled them to travel further outside the home to pursue their wider interests. The person confirmed they used a laptop but they found it difficult to access the internet in their room so had to relocate to the lounge if they wanted to go online. We saw one person was sitting in their room on their own and we asked them if they liked to sit on their own. They told us "Well, I have to." Another person was in their own room and she told us "I'm quite comfortable on my own." We asked if there is enough for them to do and they said "Not really."

We asked people their views on the activities provided at the home. They commented "I'm quite comfortable on my own." We asked if the person felt there was enough to do which they told us "Not really."

People also told us "I've got no complaints at the moment. Sometimes it gets a bit boring", "We have a sing-song [in the main sitting room sometimes], eight or ten of us. They're all nice here, [the staff and other people]. We have a laugh and a joke. You can't beat being here. It's out of this world" and "There is not really enough to keep me occupied."

Relatives we spoke with commented "I would like to see a bit more in the way of entertainment for [the people who live here]. They had an American politics programme on the TV in the day room [recently]. No one will be interested in that. [My relative] has said to me: "What is the point in getting up?" There's no one for my family member to talk to. I'm glad they've got my relative out to Bell Farm today." Relatives also told us the home makes an effort to celebrate people's birthdays and a cake was provided. Another relative commented "My family member can't do anything that involves thinking but loves throwing things and football. They take people to Bell Farm Day Centre but my family member can't go. They have friends and family visiting on the activity board for the weekends but what if you don't have any friends and family that can visit. What do people do to keep occupied then?" The relatives said they felt welcomed when they visited.

During the inspection we saw the range of activities provided at the home had not changed greatly since the previous inspection. The activity programme was displayed on notice boards on both units which included visits to the day centre, hairdressing, exercises and morning hymns on a Sunday. We observed people seated in one lounge had limited interaction with care workers during the morning with the television left on one channel with the subtitles showing. People were not given a choice of which programmes were selected. One day per week a small number of people were able to attend a local day centre due to limits on the transportation used. The activities coordinator would also attend the day centre and this resulted in limited alternative activities being in place around the home. On other days when an activity which only involved limited people for example visiting the hairdresser was scheduled alternative activities were not

usually in place for the remaining people using the home. Some activities we observed were not always suitable for the people involved. We saw activities that included catching a ball and answering question were sometimes carried out in a lounge with people that were unable to catch a ball or answer a quiz question. This meant some people became confused about what was happening or frustrated and upset that they could not take part.

We did see some examples of where interaction between care workers and people as well as unplanned activities during the inspection showed some improvement. In addition a football based exercise activity from an external provider was organised on one morning per week and we saw people really enjoyed this positive interaction with suitable exercises but we then observed that as soon as the activity was completed and staff left the lounge people refrained from interacting with other people and many went to sleep.

The above paragraphs demonstrate a repeated breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the comprehensive inspection on the 25, 26, 27, 28 and 29 April 2016 we found care plans we looked at had been reviewed monthly but were not written in a way that identified each person's wishes as to how they wanted their care and support to be provided.

At the inspection on 6, 7, 8 and 13 December 2016 we found improvements had been made in relation to the way each person's wishes were identified in their care plan. During the inspection we reviewed the care plans and daily records of care for seven people. We saw the way the care plans were written had been improved and instead of the care activities being listed care workers were provided with information more focused on how people wished their care to be provided.

A summary document was completed for each person that included general information from each care plan to provide care workers with an overview of the person's care needs. The range of care plans included personal care, pressure ulcer management, medicines and nutrition.

We saw all the new care plans we looked at had only been introduced recently so they had only been reviewed a few times. The manager explained care plans would be reviewed monthly and they were planning to involve people using the service and if they agreed, contacting relatives to be involved when appropriate.

People's needs were assessed prior to them using the service. We saw detailed assessments were carried out before a person moved into the home to identify if the appropriate care and support could be provided. These assessments reviewed their individual support needs including mobility, social and health issues and were kept in the person's care folder. This information was used in the development of the care plans.

During the comprehensive inspection on the 25, 26, 27, 28 and 29 April 2016 we found the provider had a procedure in place to respond to complaints but we found this was not being followed.

At the inspection on 6, 7, 8 and 13 December 2016 we found improvements had been made in relation to how complaints were recorded and responded to. When a complaint was received it was recorded on a tracking sheet indicating when it was received, who it related to, the issues and the action taken. During the inspection we looked at the records for nine complaints that had been received since the previous inspection. We saw some of the complaints records did not include copies of correspondence sent to the person who raised the complaint detailing the outcome of the investigation. We noted that the responses to complaints received since the new manager joined the home included copies of all the correspondence and

the outcome of the investigation.

People using the service and relatives we spoke with confirmed they knew how to raise any complaints regarding their care. One person told us they had raised a complaint regarding some care workers and they told us they were happy with the outcome. Information on how to make a complaint was displayed in communal areas around the home.

People using the service and their relatives could provide feedback on the quality of the care provided. The manager confirmed a questionnaire had been sent to people using the service and relatives four weeks before the inspection. People were asked to feedback on a range of issues including if staff treated them with dignity and respect, if their religious and cultural beliefs were supported, if they received the support with personal care they needed and if the environment was clean and well maintained. We looked at the analysis of the results that had been recently completed. The majority of the feedback received was positive with people happy or satisfied with the care they received.

Is the service well-led?

Our findings

During the comprehensive inspection on the 25, 26, 27, 28 and 29 April 2016 we found records relating to care and people did not provide an accurate, complete and contemporaneous record for each person using the service. Following the inspection on 6, 7, 8 and 13 December 2016 we found this was still the case.

We looked at the global patient chart folders for nine people. We looked at the records for one person at 6.15pm and saw the global patient chart had been completed showing the fluid intake and turning record for 7pm. The global patient chart indicated the person had received support to wash but there was no record of oral care being completed. The record of repositioning stated the person should be turned every three hours when in bed. The records for one day showed the person was repositioned at 1am and then not turned until 6am that morning. This meant the person was not repositioned for five hours which increased the risk of pressure ulcers developing.

The air mattress checks for another person had only been recorded on four days during the previous four weeks. We looked at the creams application records for this person and saw there were two prescribed creams that both should be applied twice a day. The records for one of the prescribed creams for November 2016 indicated that the cream had been applied once on 15 days and on four days no application of the cream was recorded.

We found one person's global patient folder in a different person's room. We checked the folder at 6.15pm and found the folder only contained the global chart which had been completed until 12 noon that day and no other records to record the care provided. The records stated that a prescribed cream should be applied but there were no cream application records on file.

The issues with the global patient charts were raised with the manager and a new format for the records was developed during the inspection.

We looked at the care plan folder for one person and saw a DoLS authorisation included a condition for specific activities to be supported. This information was not recorded in the care plans in relation to DoLS and activities and interests. This meant that the care plans did not provide up to date information in relation to how the person should be supported to maintain their interests.

We saw one person lived with seizures but we noted when these occurred they were only recorded in the record of daily care and no information was specifically noted in relation to frequency and length of the seizures so they could be monitored. We raised this with the provider's care quality support worker and a monitoring sheet was developed and put in place by the end of the inspection.

Audit records indicated that if nurses or care workers did not record the administration of a person's medicines the MAR charts were amended up to six days after the event based on the memory of the staff member who administered the medicines on that day. This meant that the amended MAR charts may not provide an accurate record of the administration of medicines.

Regular reviews of people's prescribed medicines had not been carried out by the General Practitioner to ensure people were prescribed and administered appropriate medicines to meet their needs.

The issue with the accuracy of the records meant the provider could not ensure people received the appropriate care they required.

The above paragraphs demonstrate a repeated breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the comprehensive inspection on the 25, 26, 27, 28 and 29 April 2016 we identified the provider's quality monitoring systems were not effective in identifying issues.

At the inspection on 6, 7, 8 and 13 December 2016 we saw there had been some improvement in the information provided by the audits that were completed but we saw there were still issues in relation to the medicines audit as well as checks on records relating to care.

We reviewed the medicines audit and we saw the MAR charts were checked once a week and if it was identified that the chart had not been completed in full and an amendment was made this was recorded on the audit form. There was no record of what actions were taken to reduce the risk of this occurring again.

The checks carried out on the documents kept in the global patient folder did not identify that information had not been recorded accurately and regularly. The forms in relation to air mattress pressure monitoring and the application of prescribed creams clearly stated the frequency of recording required but these forms had not been completed appropriately and the regular checks carried out had not identified this. Therefore, people were put at increased risk of developing pressure ulcers and other issues with their skin.

The above paragraphs demonstrate a repeated breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the comprehensive inspection on the 25, 26, 27, 28 and 29 April 2016 we found the records relating to the training, supervision and appraisal for all staff were not accurate and did not enable the provider to ensure that staff providing care had received the appropriate training and support. At the inspection on 6, 7, 8 and 13 December 2016 we found improvements had been made in relation to the recording appropriate training and support received by all staff. The spreadsheet provided by the manager provided up to date information in relation to the training completed as well as the dates for supervision sessions and when an appraisal had been completed.

The registered manager at the time of the April 2016 inspection had left the service and an interim manager had been responsible for the service for six months. At the time of the December 2016 inspection a new manager had been in post for seven weeks. The new manager was about to start the registration process with the Care Quality Commission. A registered manager is a person who has registered with the CQC to manage the service and has the legal responsibility for meeting the requirements of the law, as does the provider.

A range of other audits had been regularly completed by the manager since they joined the home. The manager completed a daily audit which included walking around the home to check the environment for any health and safety issues. A weekly maintenance audit was also completed with a more detailed health and safety audit completed monthly.

People using the service and relatives were asked if they felt the service was well-led. Their comments included "There aren't regular meetings for residents. I suggest there should be every three months. There are meetings for families, which I attend in my own right", "I have a good relationship with the new manager. We communicate. He's approachable and makes a favourable impression. He comes to the dining room and says hello, individually and generally" and "It is so much better here now, everyone is happier."

We asked care workers and nurses if they felt the home was well led. We received the following comments. "Yes, I am happy with the leadership", "Yes the service is well-led. The new manager is always smiling, he speaks with us. I have a good feeling about him", "When the new manager started he held a meeting with everybody about his job and learning about the team", "The unit manager works hard like the care assistants and very visible." Other comments included "Is the service well-led, I would say so here. But the wider company has issues but the care home is brilliant."

The manager explained he had spoken to one person using the service to see if they were interested in continuing to be part of interview panels for new staff and this was confirmed by the person when we spoke with them.

The manager told us they were looking to take part in projects run by the Clinical Commissioning Group and the local authority to improve care within local adult social care services which included reviewing falls, risks and medicines management.

We asked care workers and nurses if they felt they were supported in their role. They commented "Yes of course", "I feel able to talk to the manager about anything", "I feel supported by the company. Very professional team. I want to stay here for a long time", "Staff support each other" and "Yes, problems will get resolved when raised with the unit manager."

Care workers and nurses were also asked their view of the culture of the service and if it was fair and open. They told us "I love working here. Yes definitely a good culture", "To me, I think if you need support they give it to you", "We work as a team here", "Everyone is treated fairly", "Some staff are not happy because of the company itself but I am happy and I get on with all the managers" and "I am not worried about the culture. Staff are fairly treated. Everyone gets on in here really well."

We also asked care workers and nurses for general comments on the service. These included "I enjoy working with my heart to help people. I have noticed improvements, they used to be short staffed and used agency staff but now much better", "People who work here are lovely, residents are lovely. I want to stay working here", "Overall the atmosphere is brilliant, there is no tension in the building" and "The staff team are brilliant."

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 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	The care and treatment of service users did not meet their needs or reflect their preferences. Regulation 9
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	The provider did not ensure that persons employed by the service provider in the provision of a regulated activity had received such appropriate training and appraisal as is necessary to enable them to carry out the duties they are employed to perform. Regulation 18 (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	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The registered person did not have a system in place to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those service)</p> <p>Regulation 17 (2) (a)</p> <p>The registered person did not have a system in place to maintain an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.</p> <p>Regulation 17 (2) (c)</p>

The enforcement action we took:

Warning notice