

St Philips Care Limited

Welbourn Manor Care Centre

Inspection report

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Date of inspection visit:

19 November 2018

20 November 2018

Date of publication:

21 January 2019

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We inspected Welbourn Manor on the 19 November 2018, the visit was unannounced. Welbourn Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Welbourn Manor is registered for 31 people in one adapted building. On the day of our inspection, 23 people were living at the service.

There was a registered manager in post who was available throughout the inspection. 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.

Environmental risks had not always been assessed and measures put in place to reduce risk to protect people at the service. Although individual risks to people's safety had been assessed, there was a lack of information in people's care plans to provide guidance for staff to provide appropriate care to reduce ongoing risks to people's care. The information was not always up to date and although nationally recognised assessment tools were used to assess people's needs, the guidance in the tools was not always used to provide people with the level of care required.

Staffing levels, especially at night did not reach the established number identified to provide consistent safe care. People were not always protected from the risks of cross infection, as staff were not always provided with timely training and support to undertake their roles.

People were protected from potential abuse as staff were aware of their responsibilities to keep them safe and there were clear processes for managing safeguarding concerns. However the service did not always show learning from incidents and accidents to ensure a reduction in recurrence of incidents. People's medicines were managed safely.

People were supported to maintain a healthy diet, with staff showing good knowledge of people's nutritional and health needs. They received support to manage their health needs through well-developed links with local health professionals. The environment people lived in was not always well maintained to meet the needs of the people who lived there.

Staff sought consent from people before caring for them. However, the principles of the Mental Capacity Act, 2005 (MCA) were not always followed. There was a lack of clear assessment of people's mental capacity to show they were receiving the most appropriate support to have maximum choice and control of their lives, and be supported in the least restrictive way possible.

People at the service, and relatives were treated with kindness and care by staff who supported people with

respect and dignity. however there were times when people's views and opinions on their care was not considered in line with their choices, and care was delivered in a task orientated way.

People could maintain relationships with people who were important to them, and relatives felt their views and opinions about their loved one's care were listened to.

The care people received was not always person centred and their care plans lack sufficient detail to support staff to meet people's individual needs. People were supported to take part in a range of social activities to prevent isolation. Their wishes in relation to their end of life care were discussed with them so their wishes were known. There was a complaints procedure in place and people knew who to complain to should they have any issues.

The service was not always well led, the registered manager was visible and supportive towards people, their relatives and the staff who worked at the service. However, there was a lack of consistent support from the senior management team, and the quality assurance systems in place were not used effectively to monitor performance and quality of care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

There was a lack of guidance for staff to ensure risks to people's personal and environmental safety were reduced. The staffing levels did not always meet the established numbers of staff required to provide safe care. People were not always protected from the risk of cross infection as staff had not received appropriate training for their roles, and as a result undertook poor practices. The service did not have processes in place to learn from incidents and accidents. People were protected against the risk of abuse as there were clear processes in place to manage safeguarding incidents, and people's medicines were managed safely.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Although nationally recognised assessment tools were used to assess people's care their guidance was not always used to support appropriate care. Staff had not always been support with regular update training for their roles. People were not always supported in line with the principles of the Mental Capacity Act. The environment was not always well maintained. Peoples' nutritional and health needs were well managed.

Requires Improvement ●

Is the service caring?

The service was not always caring.

The concerns raised in relation to the staffing levels, impacted on the way people were supported and meant people did not always receive the time needed to fully support their needs.

People were supported by staff who were kind and caring. They were treated with respect, and their independence was encouraged. However people's views were and choices about their care were not always considered and care was delivered in a task orientated way.

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People did not always receive person centred care, as their care records did not contain sufficient up to date information to provide staff with clear guidance on their needs. There was a lack of accessible information for people about their care. People felt they could raise concerns or complaint to staff and these would be dealt with. People's wishes about their care at the end of their lives was considered.

Is the service well-led?

The service was not always well led.

There was a lack of consistent oversight from the senior management team and this had led to poor quality monitoring processes at the service. this resulted in concerns that effected a number of areas of care.

People and staff felt the registered manager was visible and supportive.

Requires Improvement 

Welbourn Manor 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 checked 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 comprehensive inspection took place on 19 November 2018 and was unannounced.

This inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has experience of using this type of service, or has a relative who has used this type of service.

Prior to our inspection we looked at information we held about the service. This included statutory notifications the registered manager sent us. These are notifications about significant events that happen in the service that affect the people who live there. The provider is required to send us this information as part of their registration. On this occasion we did not ask the provider to send their provider information return (PIR) prior to the inspection. 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 looked at the information from previous inspections we had undertaken and spoke with key stakeholders, such as the local authority who commission services at the home, to gain their views on the way the service is run.

During our inspection we spoke with 11 people, four relatives and a visiting health professional. We also spoke with a further visiting professional and with four members of care staff, a housekeeper, a laundry assistant and the cook. The activities co-ordinator, the deputy manager, the registered manager and the regional manager. We looked at all or part of the care records for seven people and a selection of medicine records. We also looked at a range of service records and quality audits to help us establish how the service was monitored. We also reviewed four staff files to review recruitment processes.

Is the service safe?

Our findings

Although the individual risks to people's safety had been assessed, the information in people's care plans was not always up to date and the assessment tools used were not always completed to give staff the guidance required to provide appropriate care. For example one person who was assessed as being at high risk of developing pressure ulcers had no information on the intervention they required to reduce these risks. Staff we spoke with told us they repositioned the person regularly but no one was aware of the exact regime required to support the person.

A further person's record showed they displayed challenging behaviour patterns due to their dementia. Their care plan did not give staff guidance on how to manage these behaviours. We saw there had been some recorded incidents but the descriptions were vague and did not give any guidance on how the incidents had been managed by staff. This meant staff were unable to learn from previous incidences to support the person appropriately.

Environmental risks had not always been assessed and measures put in place to reduce risk to protect people at the service. The service had a wide staircase in the main hallway and people could access the first floor from this staircase. We asked the registered manager if people used the staircase, they told us people were encouraged to use the service's lift to access the first floor. However on the day of our visit we saw one person climbing the stairs. The person was a little unsteady and did not use the hand rail to support them. We mentioned this to the registered manager who told us the person was new to the service and they had advised them on a number of occasions to use the lift. Throughout our visit we saw people were able to move around the service independently and unsupervised. The open staircase posed a falls risk to people at the service. We asked the registered manager to undertake a risk assessment and address this issue to reduce the risk.

People's views on the staffing levels at the service were mixed. They told us staff responded to call bells in a timely way the majority of time throughout the day. However people told us there was not always enough staff on duty at night. One person said, "They usually come quickly but they could be busy at night as there's usually only two (staff) on, but (there is) enough in the day time." Another person said, "There's not enough staff. Some nights they are down to two."

Staff we spoke with told us the service struggled to recruit night staff. One person felt that put a strain on them as the staff numbers at night did not always meet the established needs of the people at the service. The member of staff told us, "The company doesn't like us using agency staff." We discussed this with the regional manager following the inspection, who told us this was not the case, and they would be addressing the issue with the registered manager going forward.

However the records we view showed that in August 2018 there were only two members of staff on night duty for 22 of the nights on a four week rota. The company's dependency tool showed for the numbers of people living at the service during that period, the number of staff on night duty deemed as safe numbers was meant to be three. We also saw that the established numbers of staff on an early day duty should have

been four care staff, the duty rota's we viewed showed there were only three members of staff on duty for 11 days in a four week rota. This meant the provider was not fulfilling their commitment of providing safe staffing levels to support the people in their care.

People were not always protected from the risks of cross infection, as we saw some staff practices that could lead to the spread of infection. One member of staff told us they used one pair of gloves when they were cleaning bathrooms and toilets. They told us they did not change their gloves in between cleaning each room. We discussed the training the person had received to support them in their role, and we were told they had not completed their infection prevention and control e-learning module, but had followed the instructions from their colleague when they had started in their role. We also saw that the paper towel dispensers in people's rooms could not be used, and a member of staff told us they had been waiting a number of months for the company to replace the dispensers. As a result the paper towels were stored in a way that could lead to cross contamination. We discussed these issues with the registered manager and also asked to view cleaning schedules for the service. Although there were cleaning schedules in place for people's bedrooms and the kitchen area, there were no cleaning schedules in place for the rest of the service. During our visit we used the staff toilet and found the room to be below an acceptable standard of cleanliness. We raised this with the registered manager who told us they would address the issues.

The service did not always show learning from incidents and accidents. We saw following a safeguarding incident involving the use of specialist equipment, the registered manager had not made the necessary improvements to support staff and prevent a reoccurrence. The registered manager had ensured that both they and the deputy manager had some training to use the equipment, but they had not ensured other staff who may be in charge of the service had received training to use the equipment. They were also not able to tell us how often the equipment was checked to ensure it would work safely when required. If required the equipment would need to be used quickly, so ensuring all appropriate staff received training was necessary, as were documented checks on the status of the equipment. The lack of necessary training and monitoring of this equipment put people at continued risk of receiving inappropriate and unsafe care.

The provider's service records also showed a three yearly electrical safety check at the service which should have been completed in July 2018 had not been arranged or completed. We raised this with the registered manager and asked them to follow this up with the provider. This shows the provider had not always acted upon issues raised to them to maintain a safe environment for people.

The above issues show the provider is in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. As they have failed to provide safe care and treatment for the people in their care.

Most of the people we spoke with told us they felt safe living at the service. However some people told us there had been times when people had come into their bedrooms uninvited and they had witnessed some people displaying behaviour patterns that had caused some distress. All of the people we spoke with told us that staff addressed these issues with care and expertise. The registered manager told us there had been times when people who came to the service on a temporary basis had on occasion been distressed and this had affected their behaviour patterns. However they had undertaken the appropriate actions to support people and we saw any concerns of a safeguarding nature had been reported to the safeguarding teams.

Staff we spoke with showed an understanding of the different types of abuse people could be exposed to, and they told us they had received regular training in managing safeguarding concerns. All the staff told us

they would feel confident in reporting any concerns and felt the registered manager would address and investigate them appropriately. Staff were aware of the contact details of the local safeguarding team they could contact should they find this necessary.

People were protected against the risks of fire as there were regular fire safety checks on the environment and staff were aware of their roles in supporting people should there be a fire at the service. People had the necessary information on the support they required in personal evacuation profiles (PEEP) that were kept in a fire safety folder in the entrance and individually in their care plans.

The registered manager used safe recruitment processes to ensure people were supported by fit and proper staff. We saw staff records contained evidence of appropriate references with any gaps in employment explained. The registered manager used the Disclosure and Barring Service (DBS) checks for potential staff members. The DBS helps employers make safer employment decisions as any criminal convictions would be highlighted through this check.

People's medicines were managed safely. People told us they were happy with the way their medicines were managed by staff. One person said, "They bring me my medication, morning, after dinner and at night and I get it on time. I don't have to worry about that, they've never missed it." Staff were provided with training in the safe handling of medicines. One staff member told us of the training they had undertaken to keep up dated with different aspects of the safe handling of medicines.

Our observations of the administration of medicines showed staff practiced safely. People who needed medicines on an as required basis, such as medicines to relieve pain, had protocols in place to guide staff and ensure the medicines were given appropriately. We found one hand written prescription that had not been signed and witnessed as correct. We found there was a lack of audits that would highlight this and other possible medicines issues. We addressed this with the deputy manager who told us they would implement the appropriate audits going forward.

Is the service effective?

Our findings

Although people's needs were assessed using nationally recognised assessment tools. The tools were not always used appropriately. For example although the waterlow scoring system for assessing people's risk of skin damage was used to assess the risk, the guidance in the tool was not used to provide staff with information on the measures that should be in place so people received the correct level of support. As documented in the previous section people's repositioning regimes were not known by staff. Although they could show people were being repositioned regularly they were not always aware if this was in line with their assessment. We discussed this with the regional manager who told us they would address this.

People we spoke with told us they felt the staff had the knowledge and skills to provide them with adequate support. One person we spoke with said, "They seem trained well enough, they seem to get to know people and what they want and need so that they can help them. I've a problem with my right side and they help me." During our visit we saw a number of occasions when staff provided appropriate support for people. Such as supporting them with eating and drinking.

However, the training matrix we viewed showed there were some staff who had not completed their update training in areas such as Control of Substances Hazardous to Health (COSHH). We noted both of the Laundry assistants had not completed their update training in this area. There were seven members of staff who required practical update training in moving and handling, four members of staff should have received this update training in 2017. We also saw eight members of staff required practical update training in fire safety, again two members of staff should have undertaken the training in 2017. It is important for staff to receive regular update training in these essential areas of practice to ensure they are kept up to date with current practice and retain their skills. A lot of training was undertaken as e - learning, and while the training matrix showed the training was overdue, there was no indication of when staff would be receiving this training. This meant we could not be sure staff providing care for people were doing so using the most up to date best practices.

Staff induction to the service consisted of 16.5 hours of supra-numery time (time working in addition to the rota) when they were shown around the service and shown the company policies. They also undertook some on line training. Following this, the new member of staff was given a mentor to work with, however they were considered as part of the staff numbers. Staff told us their colleagues had been supportive when they first started at the service and they felt they could approach the registered manager if they had any concerns. However, during our visit we saw one new member of staff had not completed essential training to support them in their role, and this had impacted on their practices, and showed staff did not always receive the level of support they needed for their roles.

While staff told us they received regular supervision to support their practice, the matrix we were supplied with showed 13 members of staff had only received one supervision session during 2018. We were told staff should receive between three and four supervision sessions per year. The registered manager told us they were aware they had not been able to provide supervision as regularly as they wished, but they had been short of staff throughout the summer period, and this had an impact on the time they had to complete this

support. They told us they had numerous informal conversations with staff to ensure they were supported however these were not documented. We saw the registered manager had been working to address the short fall and in the three month prior to the inspection they had completed 11 staff supervisions out of a possible 23 members of staff. This showed the registered manager was working to offer regular support for their staff.

The environment was not always maintained to ensure it met the needs of the people who lived at the service. When we last visited the service we noted there were ongoing problems with the lift, which had been breaking down on a regular basis. At that inspection we discussed the problems with the provider who assured us they would address the ongoing issues. At this inspection while we saw the lift had been serviced regularly we had also received a notification to tell us the lift had broken down once during 2018. The lift had been regularly serviced by an external company, however the recommendations made by the company to address some defects had not been acted upon by the provider. These defects included suitable lighting, safety notices and a suitable safety barrier. We also highlighted at our last inspection that radiators should be fitted with covers to reduce the risk of burns to people. At this inspection we saw there were still a number of radiators at the service that were not fitted with covers.

We saw a small communal lounge that was used to undertake social activities was also used to store equipment such as standing aids and wheelchairs. This meant when people were using the lounge the activities co-ordinator needed to rearrange the furniture to allow activities to take place. It also meant when staff required equipment activities could be interrupted. The activities co-ordinator said, "It's not ideal, I'm constantly re-jigging the room." We spoke with the registered manager about this and they told us they would address the issue, but told us they were short of storage space.

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.

During our visit we found there was a lack of evidence to show how the service was working within the principles of the MCA.

Staff regularly asked people to consent to different aspects of care, and staff we spoke with had an understanding of people's right to make their own decisions where possible, showing some understanding of why the Mental Capacity Act (MCA) 2005 was brought in. However they did not have an understanding of the assessment process used to establish if people had capacity to make their own decisions.

We viewed a number of records that recorded that people did not have capacity to make certain decisions, but there was no supporting records to show how this had been assessed, who had been involved in the assessment, or evidence of best interest meetings to establish how decisions should be undertaken in the least restrictive way. For example, one person's care plan showed they were able to make decisions about their care, but in some areas they needed support to reduce risks. The person at times neglected themselves. We chatted to the person, who during our conversation was unable to give lucid answers to our simple questions and did not appear to show an understanding of the conversation. There was a lack of information in the person's record to show how an assessment of their mental capacity had been undertaken. There were no best interest meetings to establish what decisions the person needed support with. This showed the registered manager was not providing care within the principles of the MCA.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service were meeting the requirements in relation to the DoLS authorisation in place and where there were conditions set by the DoLS team these were being met by the provider.

People's nutritional needs were being met. People we spoke with told us they enjoyed the food provided at the service. One person said, "The food is very nice, you get enough, too much sometimes, two courses and two choices. At tea time we have sandwiches, about three different sorts, and cake at about 6pm. That suits me. When night staff come on at 8pm they'll always make you a drink. If you want a drink anytime you can ask at the hatch (in dining room) and they'll make you one, no problem." Another person said, "Sometimes there's something I don't like, I didn't today, but (the cook) said they would get me a salad which I wanted. Staff we spoke with were able to discuss the different dietary needs of the people they supported. The cook had information in the kitchen on the different diets, preferences and allergies of the people who lived at the service. People's weights were monitored regularly and any significant unplanned changes in their weights were acted upon. When necessary people were referred to the most appropriate health professional. For example if people lost weight the staff ensured they worked with the person's GP to provide them with a fortified diet. Where people had difficulty swallowing and could be at risk of choking, they were referred to the Speech and Language Therapy team who undertake assessments and provide staff with guidance on the most appropriate diet for the person.

During our inspection we observed mealtimes and saw staff provided people with the most appropriate level of support. People were offered choices and if they did not like what was on the menu alternatives were provided for them. We saw there was hot and cold drinks available for people throughout the day. This showed people's nutritional needs were met by the staff supporting them.

People told us their health needs were well managed by the service. One person told us "The doctor, dentist, optician etc. come in as you need them. When I needed a doctor they got them quickly." Another person told us although they knew an optician came to the service they preferred to go to their own optician and this was facilitated by the staff.

Staff we spoke with told us the senior care staff, deputy manager and registered manager were quick to get support if they raised concerns about people's health. On the day of the inspection we saw evidence of this when the senior staff on duty called the GP for advice after staff had raised some concerns to them about one person at the service.

We also saw examples of how staff had worked with people's GP's to ensure they received the best support. The deputy manager showed us the monthly weight monitoring sheet. One person who had experienced a bereavement had a reduced appetite and had been feeling generally unwell. The staff had worked with their GP to review their medicines, this had a positive effect on the person, whose appetite and general sense of well being improved.

People had a document in their care plans which had the necessary information required should people need to move between services. Such as a hospital admission. The document contained information about the people's medical history, care needs, allergies. Next of kin, GP and national health service (NHS) number. This would ensure health professionals supporting a person had the necessary basic information to provide effective care for them.

We spoke with one health professional during our visit, they told us they found the staff responsive to their guidance about people's health care needs. They said staff followed their instructions in relation to people's care needs. This showed staff managed people's health care needs appropriately.

Is the service caring?

Our findings

Whilst throughout the inspection we saw staff were caring towards the people they supported. The concerns raised in relation to the staffing levels, impacted on the way people were supported and meant people did not always receive the time needed to fully support their needs. Whilst interactions we saw between staff and people was positive care in that staff were kindly, patient and non-patronising. That interaction was in all cases task orientated. We saw very few examples of staff interacting socially and taking time to engage with people. For example we saw a carer go in to the main lounge and ask people individually if they were alright. However, they were only in the lounge for one minute and were collecting cups whilst they spoke with people. There were no other members of staff present and people were left for long periods of time in the main lounge without any interaction with, or oversight from, the care staff.

People told us that staff at the home were good. Visiting relatives told us that they felt their family members were happy at the home. One person told us, "The carers are good, they help you when you want." Another person said "The carers are very good, take time to get to know you." A further person said, "The carers are very good, kind. They don't lose their tempers with anybody and do try and do what you ask, I'm happy here, yes, it's alright. It's my home now, people can visit any time they want". A fourth person said the staff were "very good, they'll do anything for you. You can talk to them about anything."

Relatives we spoke with were happy with staff who supported their relations. One relative told us, "People have no fear of going up to staff and asking them questions, they are friendly. If [family member] was unhappy here they would tell me but you can see they are happy." Another relative said in regard to their family member, "I'd know if [name] was truly unhappy here. They get down of course, but [Name] has improved since they have been here, they are walking better and look better."

Staff we spoke with told us they enjoyed working at the service and there was a caring culture among staff. One member of staff told us they wouldn't hesitate to tell a colleague if they thought they weren't being caring towards the people at the service. Another member of staff told us they felt the home was less of a care home and more of a family. Staff told us they worked to build good relationships with people and their families so people felt comfortable at the service.

Throughout our inspection we saw the interactions between staff and the people they supported were positive. For example we saw a member of staff who had responded to a call bell from a person in their room. They knelt down by the person holding their hand and reassuring them. The member of staff did this in a kindly, gentle, non-patronising manner. The member of staff later told us the person was worried about a health issue and they had been reassuring the person that a district nurse had been called to address their concerns.

During our inspection we found people's views and preferences in regard to their care were not always recorded or considered. Where people had asked for a particular gender of staff this had sometimes not been passed on to staff. One person who had recently been admitted to the service told us their relative had told the registered manager they wanted a particular gender of staff to provide personal care. The person's care plan was in the process of being formulated, but when we spoke with the registered manager they confirmed they were aware of the expressed preference. However we saw on two occasions the person had been supported by a different gender of staff to that they had asked for. We raised this with the registered

manager who was unaware this had occurred, and told us they would address the issue for the person in the future.

However the majority of people told us their preferences on how they wished to receive care were considered. People's preferred routines were supported by staff and people we spoke with were able to give us examples of how their preferences were met. One person said, "I get up when I want and come down for my breakfast when I want. I have eggs on toast. They just check on you in a morning, if you didn't come down they'd check on you again. You can go to bed when you like. I go about 10pm and then sit in my room a bit." Another person told us "I just tell them when I'm going (to bed) and that's it. If I need a hand then they'll give me a hand. (in the mornings) They'll leave me 'til a certain time and then check on me, if I want I get up or I can stay. If I'm a bit late they don't mind and they've never refused me a breakfast." Staff we spoke with were aware of and listened to people's views on their care. We saw they gave people choices when supporting them, such as asking where people wanted to sit when escorting them to lunch, discussing preferences at mealtimes and ensuring people were provided with their choices.

The service provided information for people on the availability of advocacy services should they have required this support. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them. At the time of our visit no one at the service had required the support of an Advocate.

During our visit we were told a small number of people received support to ensure they could follow their chosen faith. The registered manager told us this had been arranged through the people's relatives. However we were also aware the activities co-ordinator had been working with people to establish if they required any further support and was contacting the relevant religious leaders to provide a regular service for people.

People told us they were supported by staff who were respectful and worked to maintain their privacy and dignity. Relatives we spoke with told us they felt staff worked to ensure people were dressed appropriately in clothes of their choice. One relative said, "They (staff) do keep [Name] clean and tidy, well turned out and they have their hair done regularly."

During our visit we saw that people were well presented and appeared clean. There were examples of staff dealing with aspects of people's care discreetly and respectfully. It was clear staff had an understanding of their responsibilities in relation to people's dignity and independence

People told us staff encouraged them to be independent. One person we spoke with said, "I couldn't do anything when I came, they (staff) helped me, encouraged me. They say I've come on in leaps and bounds, I can do most things for myself now." These examples show staff worked to support people's privacy, dignity and independence.

Is the service responsive?

Our findings

The provider had introduced an electronic care record system, which allowed staff to enter details of care as they completed different aspects of care. Although the system was working well in some areas of care, such as the recording of daily intervention by care staff. The lack of adequate training for the registered manager and deputy manager had led to a lack of knowledge of how to update care plans to clearly show the changes in people's needs. This had resulted in some inconsistencies in the information in people's care plans.

We saw information in some people's care plans that gave detailed individualised guidance for staff on their needs. However, when we checked the information against people's needs through observations and talking with staff we found people's care plans were not clearly updated to reflect people's current needs. For example we saw one person had been assessed as at risk of developing pressure ulcers. The information in the care plan noted they were being treated by the district nursing team for a pressure ulcer. There was no information on whether the person required specialist equipment or how often they needed support to move their position. The care plan only noted they required support to move their position. When we discussed this with the deputy manager, they told us the person's condition had improved since their admission and they were now able to change their position themselves. They told us the person was no longer under the care of the district nursing team as their pressure ulcer had healed. We went to chat to the person in their room and also saw they had a pressure relieving cushion in place on their chair and an air mattress in place on their bed. None of these measures had been recorded in their care plan. We also saw one person's care plan noted they required some oxygen equipment for a health condition, when we visited their room we found there was no equipment in place. The deputy manager told us the equipment was no longer required as the person's health had improved, however this was not recorded in the person's care plan.

There was also a lack of information in people's care plans when they had changes in their weights. Our discussions with the deputy manager showed they had been regularly monitoring people's weight, and addressing any issues of concern by making appropriate referrals for people who needed support. But they acknowledged the information on the measures in place to support people were not always recorded in their care records. This meant people could be exposed to inconsistent and inappropriate care.

The service did not always provide information for people to meet the accessible information standard. This standard expects providers to have assessed and met people's communication needs, relating to a person's disability, impairment or sensory loss. There was a lack of clear signage at the service and visual aids to support people orientate around the service. Some people would have benefited from the use of visual aids to help them make choices for things such as the meals they were offered. Some posters at the service, such as the complaints policy were in very small type and placed above eye level. This showed the provider was not meeting the accessible information standard.

People were supported to take part in a range of social activities. However the feedback we received from people and their relatives about the activities was mixed. People recognised there had been some

improvements in this area, but, when asked how they spent their day, one person said, "I watch telly in the telly room, not much else. There's a lady comes in every morning, five days a week and gets some people doing things, drawing or making cards, I don't like that. The telly's on a lot but they (staff) don't change it. (Activity Coordinator) will change it for me sometimes, put a film on." One relative said, "I don't think there's enough for them to do. I bring a tablet (hand held electronic device) for [relation] to play on while I'm here. [Name] enjoys that, gives them something to think about. I've never seen them play games or anything." However people told us they had singers come in to entertain them and the activities co-ordinator had been offering regular activities in a morning throughout the week. People told us they were able to choose if they wanted to join in or not.

We spoke with the activities co-ordinator who was new in post, and they were able to tell us what they had done since they started. They told us they had a regular programme of activities such as, board games, ball games, word searches, singing and dancing, and arts and crafts. They were currently making Christmas cards with people. They went on to say, they had contacted a local museum for memory boxes, contacted local schools to ask if pupils would come and sing carols.

The deputy manager also told us the activity co-ordinator had contacted local businesses to ask for support, and had been able to get some Christmas presents donated along with a Christmas tree.

The activities co-ordinator told us they had not had any specialist training for their role, but had undertaken their own research, such as trying to make contact with an activity coordinator in a nearby home and registering with the Alzheimer's Association to receive newsletters. We later spoke with the registered manager who told us the regional manager was planning to link up the activity co-ordinators from the company's other services in the area, to offer a network of support for all the activity co-ordinators in the area. This shows the provider was working towards improvements in providing social activities for people at the service.

None of the people and relatives we spoke with told us they had made any formal complaints nor felt the need to do so. All the people we spoke with said they felt they could approach staff if they had any problems or concerns.

One person said, "If I had a problem I'd see the lady in the office (registered manager) but you can always talk to the carers and they'd always help you if they could." Another person said "I'd go to the senior carer [name]. She's very nice, very kind. I've found them all very good though, you can talk to them all.

Staff we spoke with were aware of their responsibilities in relation to dealing with concerns and complaints. One member of staff said, "Record and report any concerns to the manager, but try to resolve straightaway if I can." Where complaints had been received the company's complaints procedures had been followed by the registered manager to ensure any issues were resolved.

People's end of life care was managed according to their wishes and staff worked with people at the appropriate time to support them make their wishes known. People's care plans contained information on their advanced wishes. The registered manager told us staff worked to support people and their families at the appropriate time. The registered manager told us they had a strong relationship with the community nurses and gained support from the Marie Curie nurses to support people and their families. They told us they worked together to ensure people had a dignified and pain free death.

Is the service well-led?

Our findings

When we last visited the service we found there had been a lack of support for the registered manager. There had been a number of regional managers in post over a period of time, and the oversight of the service was inconsistent, leading to some concerns over the quality monitoring of the service. After we completed that inspection visit, the registered manager and an area manager told us they had support in place and assured us actions would be taken to ensure all of the areas we had identified would be fully responded to and addressed.

However at this inspection we found there had been little improvement with the oversight of the service from the senior management team. As detailed elsewhere in this report outstanding actions from the last inspection had not been completely addressed. Whilst the registered manager was completing a monthly quality monitoring return sheet to the head office, this was in the form of a questionnaire that required a one word answer. We saw the registered manager had ticked to answer yes to a number of questions that were not presently applicable to the service. This included bed rail assessments and accompanying consent in place, was ticked as yes, however there was no person at the service using bed rails at present.

We also saw the registered manager had ticked to answer yes, to show mental capacity assessments had been undertaken, but, as detailed elsewhere in this report we found there was no supporting records to show how mental capacity had been assessed. Similarly they had ticked to show environmental audits were being undertaken, however we could find no evidence of robust environmental audits, and as documented elsewhere there was a lack of monitoring of the cleaning processes and maintenance jobs, such as the ongoing need for radiator covers had addressed. There had been a lack of auditing of the information provided to the company by senior managers, this lack of oversight had affected the quality of the service provided for people.

Whilst the numbers of falls were being recorded on a monthly basis there was a lack of analysis of the falls. This meant trends could not be identified or risks assessed to reduce the number of falls at the service.

This showed a lack of robust oversight from the senior management team and was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. Failing to provide robust governance processes to monitor and maintain the quality of the service for people in their care.

We discussed our concerns with the new regional manager who had been in post a month. They told us the company had employed them to manage a number of services in the Lincolnshire area, and as a result they had been coming to the service weekly to improve the support for the registered manager. This was confirmed by the registered manager and deputy manager who told us they had found the new regional manager accessible and supportive since they had been in post. Following our inspection the regional manager emailed an action plan based on our initial feedback to show how they had begun to address our concerns.

It is a legal requirement for the service to have a registered manager in post and on the day of our inspection

the registered manager was available. The service is also required by law to send us notifications about significant events at the service. A notification is information about important events, which the provider is required to send us by law, such as serious injuries and allegations of abuse. The registered manager had fulfilled their responsibilities in relation to this obligation.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their most recent rating on their website and at the service.

The registered manager and deputy manager were a visible presence at the service and people we spoke with were aware they could talk to them. The registered manager told us they had an open door policy so people, their relatives and staff could talk to them if they needed to.

Staff we spoke with told us the registered manager and deputy manager were supportive and they were able to discuss any concerns. One member of staff said, "Brilliant, never had a problem with them, kind and caring."

Staff told us they did attend staff meetings, however we saw there had been a lack of regular staff meetings during the last year. The last general staff meeting minutes were from January 2018. The minutes gave little indication of staff being encouraged to share their views or ideas on improvements to their roles or the service. The registered manager acknowledged this and told us they would be planning further meetings in the near future and also look at ways staff could share their feedback with them

People and their relatives had been given the opportunity to feedback their views on the service via a questionnaire and we saw there was positive feedback from professionals who attended the service, as well as relatives views. One professional had written "home from home." And a relative had fed back how the health of their family member had improved since coming to the service. A further relative had recorded how when they felt there had been teething problems when their relative had first come to the service, the registered manager addressed their concerns straightaway. This shows the registered manager worked to consider people's views on the service.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Lack of guidance for staff to ensure risks to people's personal and environmental safety were reduced. Staffing levels did not always meet the established numbers of staff required to provide safe care. People were not always protected from the risk of cross infection through lack of appropriate training for staff resulting in poor practices.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There was a lack of consistent oversight from the senior management team and this had led to poor quality monitoring processes, resulting in concerns that effected a number of areas of care</p>