

Althea HealthCare Limited

Thorp House

Inspection report

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Date of inspection visit:
09 January 2019
10 January 2019
11 January 2019

Date of publication:
15 April 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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected Thorp house on 9 and 10 January 2019. We returned on 11 January 2019 to give the registered manager feedback and to clarify some of the findings. The first day of the inspection was unannounced. We arrived at 6am on the second day of the inspection so we could talk to night staff and see how people were supported in the early hours of the morning as they were getting up.

Thorp House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home can accommodate up to 41 people. The home supports people with nursing and residential care needs and supports people living with dementia. At the time of the inspection there were 39 people in the home as two were in hospital at that time. The home was full and requests were being received for beds when they became available.

The home was a large extended building set over two floors. There were a number of communal areas on each floor and one corridor from the ground floor led to five self-contained apartments. The main kitchen and laundry facilities were on the ground floor.

The home had a registered manager in place who at the time of the inspection had been registered with the Care Quality Commissions for just over two years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The last inspection in January 2018 found the provider in breach of four regulations. The home was found to require improvement overall and in all key questions of safe, effective, caring, responsive and well led. Breaches were found in how the provider managed safeguarding concerns and whistleblowing, how the provider upheld the dignity and respect of people living in the home, how risks were managed and how the provider audited and managed systems to identify concerns and continuously drive improvement.

At this inspection we found action been taken to meet the requirements of the regulations and two of the previously breached regulations were now fully met. We found the provider and all staff at the home were very conscious of upholding people's dignity and ensured people were respected at all times. We also found all staff had received training in safeguarding and when we spoke with them they displayed a good understanding and knowledge of when and where to report concerns. We found action had been taken to improve how risks were managed but some further action was required. People's needs were not assessed at point of change and action from the changes was not always evident or easy to find. This regulation remained in breach.

We found the same with the systems and processes in place for auditing and monitoring provision of the service that still required improvement. We found some issues were found in the systems used by the provider and there was still a settling in period for new technology. This included a lack of shared understanding by everyone as to how to use the systems and gather the right information from them. This information was crucial to effectively monitor and audit how they were improving the service received by people living in the home. This regulation remained in breach.

Additional concerns were also found that led to a further three breaches of the regulations. There was a lack of formal consent being gathered from people in the home and the lack of decision specific capacity assessments and best interest decisions. This was specifically the case for restrictive practice such as bed rails and when medicines were given covertly. This means when they were given to people in their food or mixed into drinks to ensure people took the medicines they needed to stay healthy. People are not supported to have maximum choice and control of their lives and whilst staff do support them in the least restrictive way possible; the policies and systems in the service do not support this practice to be completed in line with the requirements of the regulation.

The second breach noted on this inspection was that there were not enough staff on through the night and the allocation and role of staff during the day required more thought. Senior carers were undertaking roles of kitchen assistant at breakfast time and carers were delivering food to people. This was at a time when people needed most support to get ready for the day.

We also found people were not involved in reviews of their care plan. This meant they were not offered opportunities to tell staff when they required more support, and some people told us they were now needing more support but were not receiving it. We saw some care plans identified risks and showed how people should be supported to minimise them. We saw occasions when this did not happen. This included someone being offered biscuits as snacks when they were diabetic and additional support not being offered to another when their blood sugar went higher than acceptable levels. People were not always receiving person centred care because they had not been involved in determining what support they needed.

We have made three recommendations following this inspection, which include; ensuring a suitable audit tool is used to assess the suitability of the environment for the people living in the home. Any action identified should be completed in a timely manner to ensure the building and environment is supporting people living there. We have recommended the provider ensures actions are taken around medicines including the completion of topical medicines administration records, availability of protocols for as required medicines and immediate action to ensure medicines are kept at the correct temperature when stored. Lastly, we have recommended work is completed to assess and meet the preferred preferences of people including their diet, where they would like to spend their time, the decoration and use of the premises and the support and care they receive.

Comprehensive care plans ensured people received the support they identified they required. More staff would enable the care plans to be completely up to date. Information required to assess changing needs prior to additions to the care plan was missing. Once included there would be a better measure if changes in support provided reduced risks and met associated needs.

People told us they liked the staff and they were given choices throughout their day. There was a programme of activities which was well developed and delivered. There would be scope for an additional coordinator to deliver more of the programme in place to a greater number of people in the home.

Staff and people in the home had developed positive relationships and the keyworker system due to be

launched would better embed this.

We found staff were sufficiently trained to meet people's needs and had been safely recruited. Once in post staff sought advice and support as required to deliver care and support safely.

The building was well maintained and professional testing of equipment was undertaken. Appropriate action had been identified on how to support people in the event of an emergency. The home had effective systems in place to manage and control the spread of infection.

Whilst the mealtime experience required more thought and preferences of what and how people ate were still to be acquired. In general, people were supported with good nutrition and hydration. Where risks were identified action was taken.

Professional support was acquired as needed to support people with long term conditions and their general health. This included visiting chiropodists, opticians and diabetic nurses.

You can see what action we told the provider to take at the back of the full version of the report.

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 consistently safe.

There were not enough staff to support people effectively through the night and the allocation and role of staff through the day needed more thought.

We found assessments of people's needs were not updated to identify any areas of risk that required additional support when people's circumstances changed.

Medicines were mostly managed well but we had some concerns for which we have given a recommendation.

We found the home had taken the findings of the last inspection and worked hard on addressing concerns. Issues were discussed in staff meetings and staff were motivated to learn from previous issues.

We found the home was clean and steps were taken to address any shortfalls identified.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Valid consent was not gathered from the people living in the home for the service they received and for specific reasons such as bedrails

The design of the premises required more thought to ensure it best met the needs of the people living there.

Holistic assessment was completed at the point of admission to the home

Staff had received good training since the last inspection and a supervision rota was in place.

People were supported to receive enough nutrition and hydration.

Requires Improvement ●

The provider had systems in place to support people upon admission to hospital and liaised well with other healthcare professionals to meet people's needs

Is the service caring?

The service was caring

We saw people were given choices about what they had to eat and their daily routine but the staffing concerns had an impact on how these were delivered.

People were shown respect from the staff in the home and their dignity and autonomy was upheld

People told us staff were caring and asked them their consent prior to care delivery.

Good 

Is the service responsive?

The service was not consistently responsive.

Care plans were written in a person-centred way but more was needed to ensure people were involved in developing and reviewing their care to ensure the care they received was person centred and met their needs.

The home's activity coordinator delivered activities which were welcomed by the people in the home but the layout of the home made it difficult for one activity coordinator to meet the needs of everyone in the home.

A complaints procedure was accessible to people in the home and we saw how they were managed. Systems were not yet developed for the registered manager to make best use of the information received and captured in the care planning system

There was basic end of life care planning in place but this was to be expanded upon

Requires Improvement 

Is the service well-led?

The service was not consistently well led

Audits and procedures for quality assurance were still in the process of development due to ongoing issues with the systems used.

The structure in the home did not always support staff to

Requires Improvement 

undertake their role in an empowering and accountable way.

Since the last inspection the registered manager had developed a shared understanding and vision for improvements.

The registered manager had developed relationships with local professionals to enable the service to be delivered.

Thorp House

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.

The inspection started on 9 January and concluded with feedback on the 11 January. The first day was unannounced.

Prior to the inspection we gathered feedback from local professionals and reviewed the information both held on our internal system and what was available in the public domain. We looked at the notifications received from the home and the information shared with us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. The information we gathered helped us form the plan for the inspection and was used to support its completion.

The inspection was completed by a team of four. On the first day, the lead inspector was joined on site by second inspector for the afternoon and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who is an older person living with dementia. On the second day the lead inspector was supported by a specialist nurse advisor and the lead inspector returned on the third day to deliver feedback.

Over the course of the inspection we spoke to 16 staff including the operations manager, registered manager and the deputy who was the home's clinical lead. We also spoke with staff who were employed by the home as nurses, senior carers, carers and domestic and catering staff. We spoke with 12 people living in the home and four visitors. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at 18 people's records including their care plans and assessments, extra care monitoring records, medication administration records and consent information. We also looked at maintenance and safety information, two personnel files and other information used to monitor and drive improvement at the

home.

We looked around the whole building and observed the dining experience on three occasions. We observed activities taking place and observed different areas of the home at different times of the day. We looked in people's bedrooms, all communal areas and the kitchen and laundry facilities.

Following the inspection, we asked the registered manager to forward on some further information for clarification and it was received when required.

Is the service safe?

Our findings

The inspection in January 2018 found the home required improvement to be safe. It was clear some work had been done to address the issues identified. However, by the time of this inspection other concerns had not been addressed which meant we found improvement was still required for the home to be safe.

Everyone except one person we spoke with about staffing shared concerns in this area. This included staff at all levels and people living in all areas of the home. One staff member told us, "It's really difficult through the night as there is only the nurse to support those people who need two staff. This means they have to split their time between floors and roles to get the job done." We found it also meant support was delivered at the time staff were available and not always when it was required. This was particularly evident in records used to show when people received positional changes to reduce the risk of pressure damage. We also saw records which showed us one staff member had delivered support when two were required.

People told us they would get better support if there was more staff. Five people told us similar scenarios of where more staff were needed. One person said, "I don't get to walk very far and I want to walk further but there isn't enough staff. If I get out of the room I have to go in a wheelchair because its quicker and staff are always so busy." It was noted no one spoke of staff in a negative way and all said they worked very hard.

We saw occasions when it took longer to answer call bells and we saw call bells turned off without support being provided. When we spoke with people about this we were told staff would come back as soon as they got a minute. People told us they would sometimes like to come out of their room but they did not like to ask as staff were so busy. The meal time service took a long time especially breakfast. Three senior carers served food that had been brought from the kitchen and gave it to staff on trays to take to people in their rooms. When we walked around the home we noted a lot of the food did not get eaten. When we discussed this with people we were told the toast was always cold by the time it had got to them. The building was large and over two floors, most of the people ate breakfast and indeed lunch in bed. There were not enough suitable staff to ensure food was served in a timely way and those that required support or prompting received it.

We found there were not enough staff of different roles and skills to meet the needs of people in the home. We found there was a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014

At the last inspection we found a breach to Regulation 12 around risk associated to the premises not being appropriately managed and risks relating to how staff used equipment. We also identified a lack of action taken to mitigate risks following falls and accidents.

At this inspection we reviewed what action had been taken. We found the premises was now suitably risk assessed and monitored to ensure it was safe and secure and professional testing of equipment took place. Fire equipment was regularly tested and everyone had a personal emergency evacuation plan. We did find some discrepancies from senior staff as to how they would undertake an evacuation, which we discussed

with the registered manager who assured us the item would be addressed with immediate effect.

We found work had been done to support staff in moving and handling and using equipment correctly. People all had dedicated slings and staff had received explicit training for everyone. There was one person we spoke with who was very anxious about using the hoist and this required specific and focused attention but the home had addressed all other areas of concern in respect to moving and handling.

We reviewed accidents and incidents including falls. We saw the process for recording, investigating and taking action was not succinct and at times it took up to a week for the information to be taken from different parts of the electronic care planning system to be reviewed. This in turn did not routinely result in a change to the person's assessment or care plan.

We reviewed assessments for people that should be updated following a change in need or risk and found this had not routinely happened. Some care plans had been updated following an accident or fall but it was not clearly identifiable as the assessment had not first been completed. This meant that where some care plans had changed staff did not have the information available to understand the risks or why the change had been made. We also found some changes or risks had simply not been addressed in the care file information. One person had refused their medicines on the two days of the inspection. We asked staff and were told it had happened before. We looked at their information to determine the risk of this and there was nothing recorded. We looked to find a medicines care plan or risk assessment and could not find one. We asked staff about this and they were not aware there was one. This left a risk of needs and risks not being addressed.

We looked in detail at four care records and did not find information related to a change in risk or need which had led to an updated assessment and then a change to how support was delivered which was recorded in the care plan.

Whilst some work had been done to address broader concerns with this regulation, more work was required to ensure people were supported following changes to their needs and increased risks to their health and wellbeing. We found there continued to be a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The inspection in January 2018 found a breach to Regulation 13 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Concerns were noted around how the provider managed safeguarding concerns and how staff understood what constituted abuse and what to do about it when they had concerns. Staff had all received additional training in this area by the time of this inspection. Staff we spoke with had a good understanding of safeguarding and we saw the home raised concerns with the Local Authority when required. We discussed with the registered manager how unwitnessed injuries should be reported to the Care Quality Commissions (CQC) and were assured these would be sent through on the appropriate notification moving forward. We found appropriate action had been taken to meet the requirements of this regulation.

We observed a nurse administer medications as part of a medication round which included administration of one person's medicines through their (percutaneous endoscopic gastrostomy) PEG tube directly inserted into the stomach. This allowed for food and liquids to be digested when they could not be swallowed. We found medicines were administered correctly, respectively and in line with people's prescriptions.

The home was using an electronic system for managing medicines, the system allowed nurses to order and record medicines administered, refused and destroyed. The system had audits and monitoring tools built in

which were regularly reviewed. Staff administering medicines were confident and their competence had been tested.

We noted some records identified potential issues which had not been addressed. This included the temperature of the fridge which was often out of the desired temperature range. Audits identified two missing as required medicines protocols which were still missing and the records in relation to the application of topical medicines including creams were not completed as required on the prescription. These concerns had been picked up previously by the registered manager but were ongoing. We recommend the provider ensures the identified issues with medicines management are addressed.

We spoke with the registered manager about how they ensured concerns were addressed, once they had been identified and how changes were made and lessons were learnt from the information. We were told staff meetings were held regularly and standard items on the agenda covered most key areas including safeguarding. We saw from meeting minutes that proactive work on the concerns noted from the last inspection had taken place. This included the activity coordinator identifying if people liked their door open or closed. Preferences had been shared with staff and written in their care plan to ensure people's doors were left as people preferred.

Recruitment records included details from application form through to delivery of contract. We saw interview notes were kept and appropriate checks had been made on the prospective employees suitability to the role. This included formal checks to the Disclosure and Barring Service (DBS) ensuring a criminal record did not discount them from the role and the collection of references from previous employees to ensure there were no concerns in relation to performance. We found suitable recruitment policies and procedures were in place at the time of the inspection.

The home was clean and tidy and smelt fresh. We saw domestics on duty who cleared and cleaned any spills or mess in a timely way. Records were kept of the cleanliness of the home and areas cleaned and when. There were cleaning schedules to be completed daily, weekly and monthly and other deep clean records to be completed when required and when rooms became vacant. We saw a number of smaller items on display in the activity room including toys and other activity equipment. We discussed with the registered manager around a record of when these items were last cleaned and were assured this would be completed in the current records moving forward.

Is the service effective?

Our findings

The inspection in January 2018 found the home required improvement to be effective. The home had a number of new admissions and new staff and it was clear there had been direct support from management to develop the staff team and address any shortfalls in training. However, we identified additional areas which required attention which impacted improvement in this key question. We found improvement was still required for the home to be effective.

People we spoke with told us they were asked for consent before care interventions and felt their views were respected. We saw the registered manager had recently written to everyone and their families asking for consent on photographs to be taken and how they could be used. Some had been received back. We looked in all care files on the ground floor for consent information and none was found. On the documents we reviewed on the system there were some spaces for consent to be recorded. However, signatures would have to be obtained and then scanned back onto the system. This had not been done.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

We looked at the capacity assessments completed by the home and the information in people's care plans for the assessment on their capacity and mental health. We found these were contradictory. For example, one would say the person could not make decisions about their care and other sections would say they could actively be involved with conversations important to them. This led to confusion.

We looked specifically at the information gained on people's capacity in relation to restrictive practice. We found the assessments required, when restrictions were in place, had not been completed. Best interest decisions were not formally made to ensure the use of restrictive practice such as bedrails and administering medicines covertly was done so lawfully and in line with the MCA. Best interest decisions are made to ensure the required support is provided in the least restrictive way and in the person's best interest. Decisions must be made with consent of the person involved or their legal representative (Power of Attorney).

We saw some capacity assessments but they included numerous decisions and could not be completed in an understandable format when decisions were diverse. For example, testing someone's capacity to

understand whether they could access the community safely alone is very different from assessing their capacity in relation to aspects of personal care, receiving medicines or understanding the use of a bed rails. Capacity assessments should be decision specific and this was not the case.

We looked the applications and approved DoLS at the home and saw one of the conditions on an authorisation had not been met. The condition stated the use of covert medicines should be reviewed every month and this had not happened. We discussed with the deputy manager who was under the impression the care plan for covert medicine should be reviewed by the GP but did not recognise this was their responsibility.

We found the provider had not gained formal consent for the delivery of care and support to people in the home. The principles of the MCA were not being followed. This is a breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The building layout and décor did not support the people living with dementia. The building was difficult to navigate and there was not enough thought given to how people could distinguish between different areas of the home. For example, corridors and walls were not painted different colours and there was not appropriate signage to direct people to different rooms and areas such as the dining room and lounge areas. We spoke to people in the home about the building and were mostly told people did not really venture out of their rooms other than some who were supported to the dining room. We asked one person why this was and were told, they did not think there was anywhere to go.

There was not any orientation information detailing the date, time, year and other aspects to help orientate people to time and place. People's own personal space was not distinguished to any other for example with the use of memory boxes.

There were plans in place to redecorate the building and we recommend the provider ensures they seek appropriate and professional advice on how to decorate the building to meet the needs of the people living in it. This is specifically relevant for those living with dementia.

People told us varied impressions on the food from, "The food isn't bad" to "The food is lovely." And "The food is terrible." But everyone told us the food was always cold. We spoke with the chef about this, who told us the plates were heated to keep food warm. We saw the food had a long way to travel to people who ate in their rooms and lunch service took approximately half an hour to be served.

The food was served in large portions and some would have preferred smaller portions but it was home cooked and looked nutritious. There was a choice of two options at each meal service. The chef was aware of people's dietary needs.

When we looked at people eating in their rooms we saw some could have benefited from additional support or prompting to eat more of their food.

There was not a record of people's food preferences and many people ate routinely in their room. We discussed this with the registered manager who told us a piece of work was to be completed to determine people's preferences. We were also told further thought was to be given to how people could receive the food at a warmer temperature.

People's dietary records predominantly showed people were maintaining or gaining weight. Where people had lost weight, records showed appropriate action was taken including contact with external healthcare

specialists if that was required.

Holistic assessments were completed with everyone at point of admission and staff were working within best practice guidelines and guidance which was available in the home.

Staff had received training since the last inspection and all told us how the training had improved in both quality and quantity. Staff received regular supervision and team meetings were held regularly. Newer staff told us they had a good induction including shadowing other staff and time to get to know the people they would be supporting.

The key worker system was about to be introduced and current management champion roles in specific areas were to be delegated to other staff. This would allow key staff supporting people in the home to become champions in different areas of support including nutrition, dignity and safeguarding.

The electronic care planning system could pull important and specific information around people needs and medicines which could be shared with other professionals if necessary including upon any admission to hospital.

Staff accompanied people to hospital appointments and visiting professionals came to home to meet people's specific needs. This included chiropodists, a nurse practitioner, diabetic nurse and optician. As noted within the safe domain further support was required to ensure effective support was given to those with complex diabetic conditions.

The home requested referral to professional teams such as the Speech and Language Team (SALT), falls team and mental health team if required.

Is the service caring?

Our findings

The inspection in January 2018 found the home required improvement to be caring. The additional support provided to the staff team attitude and culture had allowed positive and caring relationships to develop. People we spoke with, praised the staff and what they do for them. Shortfalls of not having enough staff are captured in other key questions and does impact on quality time with people to understand their changing needs. However, the caring nature of staff currently in post has enabled this key question to improve and now be rated as good.

In our observations around the home we saw positive interactions and good-humoured interactions between staff and people who lived in the home. People told us the staff team were all capable but very busy. Some people told us they would like a bit more help especially in the morning but staff were not available. One told us, "I have no help in the mornings because staff think I am capable but I am not. I am finding it more difficult now. I go to the dining room for lunch and would be happy to go for breakfast but am not up in time." The same person told us, "[staff] always tell me what they are doing, they will say, [name] am just going to take your jumper off now and things like that. I have no problem with any of the staff."

We asked how people were involved with updating and reviewing their care plan information and were told plans were updated after changes in care needs or when professionals were involved. Staff spoke to people about their care as it was being delivered and after professionals visited so people knew what was happening. However, evidence suggests people may want more support and we recommend staff are given the time to engage in meaningful conversation with people about their changing needs.

We asked people about their relationships with staff and we were told by everyone we spoke with that staff were kind and caring. One person told us, "I'm treated well, I don't feel rushed when I have a shower and they cover me with a towel to keep me warm and covered up. I have absolutely no complaints about the staff." Another person told us, "Can't fault them, the girls are all lovely and speak nicely to me. They are respectful."

One person told us, "staff are very very good to me, get me what I want, call me by my name, shut my door when supporting me, always put a towel around me. I don't mind a man or a woman helping me. If I don't understand what someone says to me, I just ask them to repeat it and they do so kindly and slower so I can understand, no one ever loses their temper with me. My family can visit me whenever they want and all get on with the staff. If we want to talk in private with someone they will shut my door. We spoke with a visitor meeting with someone else, who told us, "I can come and visit when I want and am always offered a drink, I can eat once a month with [family member] and have a free family meal which is really nice. I was involved with writing the care plan when [family member] first came in but have not been involved since."

People told us they had baths and showers when they wanted and we saw staff give people choices about involvement in activities and what they wanted to eat. We saw records in people's files about how they wanted their door to be kept, either open or closed.

We saw staff knocked on doors before entering rooms and spoke to people with respect. People's rooms were decorated to people's preferences and some had their own furniture bought from home. One person had brought their pet into their self-contained apartment. One visitor told us, "The home has been very accommodating and let her bring in pieces of her own furniture."

There was a weekly hairdresser who visited the home, some ladies had their nails done and we were told the staff had done them for them, which they liked.

Is the service responsive?

Our findings

The inspection in January 2018 found the home required improvement to be responsive. It was clear some work had been done to address the issues identified. However, by the time of this inspection other concerns predominantly around the use of the care planning system and the information it provided to staff had been identified. This meant we found improvement was still required for the home to be responsive.

People told us they had not been asked their views on the support provided for some time. People told us there were times they wanted more support but it had not been discussed. One person told us, "I can walk the corridor but would need help to go further, I've never been asked if I wanted to go further, with someone's help. I would like to walk more." Another told us, "I have difficulty dressing because of pain in my arm and can't wear some things I would like to, I would like some extra help so I could wear them." Two other people told us similar things as well as one visitor.

We looked at care records to ascertain if the concerns people noted above had been recorded and if there was a rationale why they were not being supported as they would like. We could not find anything in their care records to identify the concerns had been discussed with the individual.

The home used an electronic care planning system and the only way to evidence involvement on it was to scan signed documents and documents completed by people into the system. There were not any scanned documents in the system to evidence involvement by people in the home. However, we did see that some paper records were still held which included evidence of involvement. Comments were also made in records to say spoke with [person's name].

Not everyone in the home had detail of their personal histories or preferences recorded in their files. The summary section on the first loaded page of the electronic system did not have people's preferences recorded. People told us their preferences and feedback on the service they received had not been sought by the home.

For care and support to be delivered in a person-centred way, people need to influence how their care is delivered in line with their preferences. We saw some contradictory information with the care records we looked at. We also saw some missing information and some information relating to how people should be supported that was not followed. This included contradictions in how people liked to spend their day. One file said the person liked to stay in their room and the person told us they liked to be around people and were lonely. Information was missing about some people's immediate care needs including pain management, oral care, emotional support for fears around using the hoist and long-term conditions including COPD (Chronic Obstructive Pulmonary Disorder). We also saw support plans that were not followed including the frequency of positional changes, specific guidance of foods to be offered when someone had diabetes who was being offered biscuits.

When people's needs are not assessed regularly changes in support required can be missed. When identified support needs are contradictory there is risk people will not receive the support required and when

preferences are not acquired, people will not receive support in line with their preferences. This is breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014

Care plans were very comprehensive and included good detail of how to meet people's needs but they were at times overly long. This made it difficult to find the detail of the information needed to identify and meet people's needs. We discussed this with the registered manager who told us the system was still being introduced to some staff as there had been a number of staff changes since the last inspection. Staff were getting more training on the completion and use of the electronic care planning system.

There was a programme of activities each week and on the day of the inspection the local nursery was visiting with children to play with toys in the lounge area. People in the home interacted with the children and enjoyed the company and play.

The activity coordinator shared the work they had completed in the previous 12 months which included trips out and sponsored events. They had just begun a training programme dedicated to ensuring full benefit is gained from activities. As said the home was very large with three distinct areas to both floors. The home had one activity coordinator who was delivering activities but within feedback discussions they were also to be tasked with gathering personal information and people's views moving forward. We discussed our concerns with the registered manager at the time who assured us the activity coordinator would be asked for their views on their ability to fulfil the scope of the role in the hours dedicated to it.

Each care entry included the addition of a face with an unhappy, happy or indifferent expression. We saw a number of these showed an unhappy expression and asked staff what this meant. We were told that during the care intervention the person was unhappy about something or not in a good mood. We saw this information was not captured anywhere and no action was taken to resolve any concerns.

The provider had introduced a new complaints system which was still in the process of development. There had been two formal complaints in the last 12 months but there were others in the content of care records and daily records. We saw the formal complaints had been investigated and responded to appropriately but the concerns recorded in the electronic care record were not captured. We also saw that the system for recording complaints did not yet collate them and provide the information in a useable format for the registered manager to address any themes and trends. The registered manager told us the system was to be introduced in the following days after the inspection. They were also going to ensure the information from the electronic care records could be actioned using the same system moving forward. We saw the complaints received had been managed in line with the policy, which followed good practice guidelines.

End of life care planning was still in its infancy. There were people living in the home at the end of their life. We were told people were supported by external professionals at this time. We saw the home had gathered preferred priorities of care from some people and were due to collate more. We were told more work was to be done to develop advanced care planning.

Is the service well-led?

Our findings

The inspection in January 2018 found the home required improvement to be well led. Since that inspection the registered manager had worked hard with the procedures and processes they had to work with to drive improvement. Unfortunately, the available systems were not closely matched to the audit tools used so they were not an effective measure of the service delivered.

The action plan from the last inspection had been mostly met through in-house communications such as team meetings and supervisions. The quality assurance suite of audits and tools needed to develop to ensure they correlated with electronic care planning systems. The system also needed to be used in a smarter way to ensure it delivered what was required to meet the requirements of the regulations. All staff required training of the care planning system so a consistent understanding of how it worked was gained. All staff would then understand how use of the system would meet its aim of a comprehensive assessment and planning tool to meet the needs of individuals living in the home. We found ongoing areas of concern which meant we found improvement was still required for the home to be well led.

The electronic care system pulled together good information on the delivery of people's support. There was available pictorial information by way of graphs for people's weight, the frequently of positional changes and the monitoring of pressures areas. However, this information was not reviewed formally either at an individual level or at home level to monitor improvement and to assure the service delivered good quality care.

Whilst people at the home were favourable about staff, people told us they were too busy to spend quality time with them and feedback on this and a number of items including the food had not been gathered and used to drive improvement. We saw some questionnaires which had recently been collated by the manager. The quality of the questionnaires as a measure for quality was poor. The scoring system scored the home as outstanding for a person's perspective if they answered each question favourably. The same system of a facial expression was used for each question. Questions were limited and there was no scope for a person's perspective to be recorded outside of the facial scoring. One person commented at the end of the questionnaire at how poor a measure it was.

We were told by people in the home and relatives there had not been any meetings with residents or relatives to gather their views on a regular basis to inform improvement planning. The registered manager told us people did not attend. We noted from the previous inspection record that more emphasis would be made to ensure people knew when meetings were so they could attend if they so wished. This had not happened.

Audits were completed for key areas of service delivery but these were not effective in identifying the issues found by the inspection team. Most concerns identified from the previous inspection had been addressed but others remained and new concerns had been identified. Effective audits were key to allowing registered managers to identify concerns as they arose and address them at the time. The audits in use were not always reflective of systems used and more thought was required to ensure this was the case. This would

help ensure the registered manager could take action as and when required.

We found a lack of engagement with the people living in the home and their relatives meant there was not an active measure of if the service delivered was meeting the needs of the people supported. A lack of effective audits and a quantified monitoring system did not provide the registered manager with the information required to continually drive improvement this is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff needed to be better allocated to specific and focused roles in line with their recruited posts. This would allow them to be more accountable for tasks completed and the registered manager to understand where more support was required. This could be both where staff numbers needed to improve due to the layout of the building and where staff might need additional training.

Following the inspection, we were sent an action plan by the home showing how they intended to address the areas of concern identified from the inspection. We saw from the action plan that steps were to be taken to address some of the concerns identified.

During the inspection we discussed a development and improvement plan for the home and one was not in place. We were told how one was going to be developed moving forward. The plan would be used to include staff, people in the home and their relatives if required in how the home was managed, developed and improved to meet people's needs.

Staff had felt involved in the journey from the previous inspection and told us they felt supported to improve by both the registered manager and senior staff. We were also told that staff supported each other and were motivated to improve. They said they felt part of the team and management were approachable if they had any concerns.

We received notifications as required from the registered manager in line with the requirements of the registration.

At the time of the inspection the home was supported by a local GP practice. The home was very rural and shared information as required to ensure people received the support needed.

The registered manager worked with their organisation managers to share best practice and ensure policy and procedures were up to date.

During feedback the registered manager and quality manager told us what immediate steps they could take to help support improvements. This included the use of hot trolleys to deliver food across the home, looking at the dependency tool to ensure it reflected the needs of people in the home and more staff would be recruited as required. We were told the registered manager would complete a specific environmental audit tool to improve the home's facilities and allow it to better meet people's needs. Moving forward the registered manager was to include people in the home in how the environment could be improved including the lunchtime experience.

The activity coordinator worked well in developing focused and meaningful activity for people and they were to look at how the size and layout of the home could restrict access for people to activities and address this accordingly with people's input. The keyworker system was to be better developed to provide a more meaningful relationship between the keyworker and people in the home.

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 Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care People were not involved in reviews of their care needs this meant people's needs were not always met. Regulation 9 (1) (3) (a) (b) (c) (d)
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent Care and treatment was provided without required consent.
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not have effective systems to protect people from assessed risk. We found assessments were not routinely completed at point of change and were not always managed appropriately. Identified action to reduce risks was not always delivered. Regulation 12 (1) (2) (b)
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The service did not actively seek and act upon appropriate feedback. Regulation 17 (1) (2) (f)

The service did not have effective systems to monitor the service and assure its quality. Key documentation used to protect people from unnecessary risks was not monitored and quality assured. Systems were not audited and actioned to continually drive improvement.

Regulation 17 (1) (2) (a) (b) (c) (e) (f)

Regulated activity

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

There were not enough suitably qualified and trained staff to meet the needs of people living in the home.

Regulation 18 (1)