

Bupa Care Homes (CFHCare) Limited

Manor Court Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The last inspection took place on 11 October 2016 when we found breaches of three regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to person centred care, dignity and respect and safe care and treatment. At this inspection we found improvements had been made in all these areas. However, shortfalls were identified with risk management and with recruitment records and the monitoring processes were not robust enough to have picked these up.

Manor Court Nursing Home is owned and managed by Bupa Care Homes (CFHCare) Limited (BUPA). The home is registered to provide accommodation, personal and nursing care to up to 111 people. The home is divided into four units, each unit catering for people with different needs. Larch unit is for older people who have dementia; Willow unit caters for older people, including those who require palliative care. Sycamore unit is for younger adults (people under 65 years) who have a physical disability. Beech unit is commissioned by the local Clinical Commissioning Group to provide care, support and rehabilitation to people who are recovering from an injury or illness and hoping to move back into their homes. People living there were able to stay at the home for up to six weeks. At the time of our inspection 84 people were living at the home.

The service is required a registered manager in post but did not have one at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run. The previous registered manager had left the service and a new manager had been in post since January 2017 and has applied to register with CQC.

Individual risks to people were assessed, however management plans to identify the action to be taken to minimise them were not always available. Risk assessments for equipment and safe working practices were not available in areas where equipment was being used. In many instances medicines were being managed safely but we identified a few instances where further attention to detail was needed to ensure they were always managed safely. The provider did not ensure that staff recruitment procedures were always followed to ensure only suitable staff were employed by the service. The processes for auditing and monitoring the quality and safety of services people received had not always been effective in identifying shortfalls within the service.

Systems and equipment were being serviced and maintained and incidents and accidents were recorded, investigated and monitored to minimise the risk of recurrence. Procedures were in place to safeguard people against the risk of abuse. Staff knew to keep people safe and to report any concerns.

Infection control procedures being followed to maintain a clean environment and protect people from the risk of infection.

There were enough staff on duty to meet people's needs. Staff received training to provide them with the

skills and knowledge to care for people effectively. The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA). Authorisations under DoLS were in place where required to ensure that people's freedom was not unduly restricted.

People's dietary needs and preferences were identified and met. People's healthcare needs were recorded and they received the input from healthcare professionals as they required.

People were asked about the care and support they wanted to receive and said this was respected. Staff treated people with respect and cared for them in a kind and gentle way.

Care records were comprehensive and identified people's needs and how to meet them. Daily records did not always reflect if people were being given the personal care choices they had made. At times their social and recreational needs were also not being fully met, because of a lack of staff allocated to support people with activities.

A complaints procedure was in place and people and relatives felt able to raise any concerns so they could be addressed.

People and relatives felt the management team were approachable and responded to any issues raised.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to safe care and treatment, fit and proper persons employed and good governance. 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?

Requires Improvement 

Some aspects of the service were not safe.

Individual risks to people were assessed, however care plans to identify the action to be taken to minimise them were not always available. Risk assessments for equipment and safe working practices were not available in areas where equipment was being used.

Staff recruitment procedures but were not being followed to ensure only suitable staff were employed by the service.

Medicines were being managed and further attention to detail was needed to ensure they were always managed safely.

There were enough staff on duty to meet people's needs

Infection control procedures being followed to maintain a clean environment and protect people from the risk of infection.

Is the service effective?

Good 

The service was effective.

Staff received training to provide them with the skills and knowledge to care for people effectively.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA).

People's dietary needs and preferences were identified and met.

People's healthcare needs were recorded and they received the input from healthcare professionals, according to their needs.

Is the service caring?

Good 

The service was caring.

People were asked about the care and support they wanted to receive and said this was respected. Staff treated people with respect and cared for them in a kind and gentle way.

Is the service responsive?

Some aspects of the service were not responsive.

Overall, people needs were being met, except for some people where their social and recreational needs were not being fully met. Care records were comprehensive and identified people's needs and how to meet them. Daily records did not always reflect if people were being given the personal care choices they had made.

A complaints procedure was in place and people and relatives felt able to raise any concerns so they could be addressed.

Requires Improvement ●

Is the service well-led?

Some aspects of the service were not well-led.

The processes for auditing and monitoring the quality and safety of the service provision had not always been effective in identifying shortfalls within the service.

People and relatives felt the management team were approachable and responded to any issues raised.

Requires Improvement ●

Manor Court Care Home

Detailed findings

Background to this inspection

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

This inspection was unannounced and took place on 18, 19 and 24 July 2017.

The inspection was carried out by two inspectors, a specialist advisor pharmacist, a specialist advisor palliative care nurse and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service and in this case they had experience of relatives using care services. Before the inspection we looked at the information we held about the service including notifications and information received from the local authority. Notifications are for certain changes, events and incidents affecting their service or the people who use it that providers are required to notify us about.

We spoke with a regional support manager and two regional directors on behalf of the provider. We spoke with the manager, the deputy manager and the two senior unit managers, referred to as the management team in this report. We also spoke with two unit managers, 5 registered nurses, three senior care assistants, five care assistants, two activity coordinators and an assistant chef. We also spoke with the occupational therapist and the physiotherapist on Beech unit. We spoke with 26 people using the service, six relatives and one visiting healthcare professional. We carried out a Short Observational Framework Inspection (SOFI) during lunch in Sycamore unit. SOFI is a specific way of observing care to help us understand the experiences of people who could not speak with us. We also carried out observations on all of the units during the inspection. Following the inspection we sought feedback from two healthcare professionals, one of whom responded.

We looked at the care records for eleven people in detail and additional records for specific areas such as records of personal care and activities. We viewed medicine administration records for 47 people and carried out stock checks of 15 people's boxed medicines. We looked at the staff recruitment files for five members of staff and records of staff training and supervision. We also viewed other records including

servicing and maintenance records, quality monitoring checks, policies and procedures, records of complaints and safeguarding and meeting minutes.

Is the service safe?

Our findings

People confirmed they felt safe living at the service. Comments included, "I have felt safe from the moment I got here and I do not have to worry about anything", "I feel very safe and well cared for. The staff are lovely here" and "I always feel safe and well looked after." A relative told us, "I have never doubted his safety and his things are well cared for. Laundry is clean and folded or hung up, his photos are dusted and well cared for and his books and magazines are neat where he can get to them" Another said, "It is a calming and safe environment to live in."

At the inspection on 11 October 2016 we found breaches of regulation 12 and regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, with shortfalls in the carrying out of repairs to broken glass in two doors and with the cleanliness, both on Sycamore unit. At the inspection in July 2017 we saw that action had been taken to address these findings. We asked people if they were happy and if the home was kept clean and they told us, "I have been quite happy here and it has been very clean at all times" and "It has a happy feel to the place and they keep it clean and tidy." Windows and external doors had been replaced, as had the flooring in corridors and communal areas in three units, plus the corridors and communal rooms had been redecorated. Each unit was clean and smelled fresh and action was taken to manage any odours as they occurred. Staff told us they received regular training on infection control and hand hygiene. We saw domestic staff using colour coded cleaning equipment. Bathrooms and toilets were well equipped with hand washing liquids and paper towels.

Whilst checking staff records we found that the provider had not always followed their recruitment procedures to ensure only suitable staff were employed by the service. Application forms had been completed, however in one viewed there were gaps between dates of employment and there was no explanation for these. One file did not contain a health questionnaire. Two references were available on each file, however for one member of staff they had not given their last employer where they worked in care as a referee and no reason for this was recorded. Checks had not been carried out to verify the source of references, for example, where these were received via email and did not have anything to identify the company the referee represented. The manager said the recruitment files would be audited to ensure all required documentation was contained therein.

The above paragraph shows the provider was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Notwithstanding the above, staff records we looked contained other checks including proof of identity, right to work in the UK and criminal record checks such as Disclosure and Barring Service (DBS) checks. Checks of nursing qualifications had also been completed. Photographic identification was available in the form of passport or other identity documents and in two files there were separate photographs.

Staff carried out risks assessments to identify risks to individuals, however plans were not always available with an action plan to mitigate and minimise risks. For example, where someone was at risk because they were disorientated to time and place and of putting items into their mouth there were no care plans seen for

these. For another person for whom self-harm was an identified risk there was no care plan available. We also looked for records to show how people were being monitored to evidence the need for constant supervision by staff and this was not available. A senior unit manager explained that for one person these had been completed, then removed by an assessor, however monitoring records had not been continued. Staff were able to tell us about the individual risks to people and we observed staff were providing supervision. Risk assessments for equipment and safe working practices were not available to view and were not easily accessible for staff to check if they needed to. The manager said these were locked away by the housekeeper. A member of the laundry staff was confident that the equipment was safe and being well maintained but did not have copies of risk assessments to view.

Medicines were generally managed safely but we identified a few areas where the management of medicines could have been safer. We counted random samples of supplies of medicines on each unit to see if we could reconcile them with the records of receipts, administration and disposal and be assured that medicines were administered as prescribed. On two units we found no discrepancies, however we found discrepancies with two medicines on one unit and one medicine on the fourth unit. On one unit there was also the risk of giving double doses of medicines as there were several printed MARs for the same drug kept together in the medicines folder. For one person several crosses were written on the MAR and there was no reason given for the medicines not being administered.

On one unit we could not audit several medicines because there were no accurate records of receipts or carried forward medicines. We discussed these issues with the manager and action was taken at the time of the inspection to gain explanations for and address our findings. On one unit the senior care assistants had been trained up to administer medicines, however there was some confusion regarding the line of delegation and responsibility for the administration of medicines, which remained with the registered nurse. This was discussed and the company policy viewed. The manager said all medicines would be administered by registered nurses until the situation had been satisfactorily discussed with all staff involved and clarity obtained.

The above four paragraphs show a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Despite the above shortfalls, care records contained risk assessments for moving and handling, falls, pressure ulcer development and nutrition and these had been updated monthly. Where appropriate we also saw risk assessments for use of bed rails, use of a wheelchair and for outings, so these were assessed and appropriate action plans in place to minimise them. A regional director said that there were risk assessments in place for each aspect of the refurbishment plan to mitigate any risks.

Servicing and maintenance at required intervals was carried out for systems and equipment including fire alarms, gas appliances and moving and handling equipment. The maintenance team carried out safety checks such as fire alarm points and detectors, emergency lighting, fire doors and closures, window restrictors, wheelchairs and bedrails. A fire risk assessment had been carried out in April 2017 and the maintenance team had been addressing any action points, for example, additional fire extinguishers and a fire door repair.. Fire safety records included a list for each unit identifying each person's level of mobility so this could be given to the fire brigade in the event of a fire. All accommodation was at ground floor level with exit doors from every room and corridor. Fire drills had been carried out and any issues identified had been addressed. For example, fire safety training had been highlighted to be carried out on each new staff members first day so they understood the procedures to be followed. The legionella risk assessment had been done in March 2017 and again action had been taken to address any issues identified

Although the majority of people we asked confirmed they always had access to their call bell, two commented that it was not always in reach. On the first day of inspection we noted some were not accessible to people who might have needed them to call for help. We mentioned this to the management team and staff and this had been addressed by the second day. People confirmed staff checked on them frequently and comments included, "They are there for you and ask if you need anything all the time", "As they pass by they check in with you to see what you might need or what you are doing", "They notice when I need help, I don't have to ask" and "They keep an eye of what I am doing but they know I like to do most things myself so they just keep an eye out which I am happy with." Accidents and incidents were recorded and included the actions taken at the time of the event and the investigation carried out. Accidents and incidents were reported to the provider and included on the monthly monitoring tool so they were discussed and reviewed by the management team.

People were happy with the way their medicines were being managed. Comments included, "They make sure I have taken everything and they bring it on time and write down what I have taken", "I know why I am taking tablets and I can ask for pain killers when I want them", "I have tablets at breakfast and dinner time and they sit with me while I take them and they remind me what they are for" and "I have medication and it comes on time and I know what it is for." A relative said, "This morning they have explained all his medication to me. He is taking a lot of things. He know why he takes them."

We saw evidence of people's currently prescribed medicines on the medicines administration records (MARs) in all four units of the home. The allergy status of all people was recorded on both cover sheets and the MARs to prevent the risk of inappropriate prescribing. We looked at 47 MARs in detail and all medicines administration had been signed for. One person was able to self-administer their medicines and we saw a record of the assessment to determine that this was safe and where the person kept them securely in their room. Where people were prescribed medicines to be given as required (PRN) there were protocols in place so that staff knew when and how often they should be given. A separate record was made on the back MAR and when a variable dose such as one or two was prescribed this was accurately recorded so that the prescriber could determine the effectiveness. Several people had assessments to identify whether they were in pain and these were kept with their MAR and had been regularly reviewed.

For creams and topical medicines the site of application was stated and cream charts were used to record this and the application. Similarly for medicine patches and the administration of insulin, the site of application was recorded. Some people could not swallow and had an enteral tube (a tube which goes directly into a person's stomach to help with feeding and hydration) to administer food and medicines. We saw the protocols in place for these people and records to monitor their fluid intake, tube flushes and tube maintenance. Where people were having their medicines given covertly, with one exception multidisciplinary agreements were in place, and action was taken during the inspection to address this. Where people required careful monitoring of their medicine levels, for example for a mental health condition, this was being carried out and the medicine dose adjusted and administered accordingly. We saw that several people were prescribed anticonvulsants and medicines to control seizures. All had care plans, seizure charts and protocols to follow if the person experienced a seizure.

All medicines were stored safely in the home in locked clinical rooms and trolleys. Temperatures were recorded daily in the clinical rooms and for the medicines fridge so that the potency of the medicines could be maintained. One fridge was reading at a level below the recognised safe temperatures for storage and this was addressed by the maintenance man during the inspection. Controlled drug records were accurate and regularly checked. There were up to date medicines policies and procedures available. We viewed daily MAR checks, weekly audits and monthly medicines audits for the previous three months and noted that the action taken where areas of concerns were identified was recorded. There had been three medicine errors

reported since the last inspection, which had been investigated. Action had been taken to identify retraining and reassessments for staff responsible for the administration of medicines.

At the time of the inspection there were enough staff to meet the needs of people using the service. Following recent concerns raised by relatives and staff, the manager had reviewed the staffing levels to ensure that alongside the system for assessing people's dependencies, individual circumstances were also being taken into consideration when identifying the number of staff required on each unit, leading to some increases in staffing on Willow unit. Some staff and relatives expressed concerns that these levels would not be maintained and we made the senior management team aware of this and were assured staffing levels would be maintained.

Policies and procedures for safeguarding were in place and being followed to protect people from the risk of abuse. Staff had received safeguarding training and were clear to report any concerns to the nurses and members of the management team. There was a 'Speak Up' policy and forms available around the service to complete if anyone wished to report a concern. Staff knew they could contact other agencies such as the local authority or the Care Quality Commission (CQC) if their concerns were not addressed by the service.

Is the service effective?

Our findings

At the inspection on 11 October 2016 we identified a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to some of the toilet facilities on Sycamore unit not meeting people's needs. At the inspection in July 2017 this had improved and people were able to access toilet facilities with the help and support they required. The service had an extensive programme of refurbishment, with work planned mainly in Willow, Sycamore and Larch units but with some work also planned for Beech unit which had been subject to refurbishment work a few years earlier. The plans included the refurbishment of the toilet facilities in Willow, Sycamore and Larch units. The manager explained they had temporarily suspended admissions so that people could be moved appropriately, where necessary, to allow for the refurbishments to be carried out. Shortly after the inspection the manager confirmed the refurbishment programme had started.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Mental capacity assessment forms been completed and were signed and dated by a member of the nursing staff in each case. There was evidence of best interests documentation forms in some care files, for example, in relation to the use of bed rails or assistance with personal care. All care plans reviewed contained a form for consent to care and sharing information and consent to photographs. These forms had been completed and dated by nursing staff, with a statement 'unable to give consent' if this was the case. Otherwise these forms had been signed by the person or, where appropriate, their next of kin.

A senior unit manager was in the process of completing and reviewing DoLS applications and authorisations in place and following up on assessments and outcomes. At the time of the inspection there were six people with DoLS authorisations in place and several more had been applied for, some of whom had been assessed and outcomes were awaited. A senior unit manager explained that in May 2017 it had been identified that applications had not all been kept up to date and they were addressing this. They explained that conditions received on authorisations were being actioned promptly. For example, multi-disciplinary meetings had been identified and were taking place for two people with needs in relation to their behaviour. Staff were aware of people's rights to make choices and also of making decisions in people's best interests if people were unable to do this for themselves. We saw people were able to move freely around the units and some travelled around in the grounds in wheelchairs.

Staff confirmed they had received training in topics relevant to their work, including fire safety, moving and

handling, consent, personal care, pressure area management, leg ulcer management, palliative care and pain management. New staff completed an induction booklet and this covered all aspects of the service and the care and support for people. Staff felt they received enough training and there had been a recent programme to get all staff up to date with their practical and online training, evidenced by training records viewed. Staff said they had supervision every three months and planned supervision dates had been highlighted on the schedule once supervision had taken place. Staff said they felt supported and able to speak with senior staff if they had any queries.

We discussed training with the management and one of the senior unit managers was responsible for ensuring staff completed their training and had maintained a handwritten record of training for all staff since May 2017. The information was due to be inputted onto a training matrix for ease of reviewing the training each person had undertaken, however this work had not yet been completed so the training matrix did not accurately reflect all the training staff had received. The senior unit manager said when they identified a training gap they arranged for staff to receive training and also provided information so staff were informed about a specific condition someone may have and need care and support around.

People received food and drink to meet their needs. One person told us, "It has been very nice. I can choose from a couple of things and if I don't fancy it there are alternatives like omelettes, sandwiches, salads and baked potatoes. I eat in the dining room but can eat in my room or the lounge." A relative commented, "The menu is diverse and suits different cultures. He can have curries and spicy food if he wishes or anything really. He stays in his chair and they feed him. They are very patient." Information about specific dietary needs was shared with the kitchen staff so the correct meals were provided, for example if someone required their food to be pureed. Meal choices included options for vegetarian and Asian diets and the catering staff said they would provide other options such as Afro-Caribbean meals and these could be requested on the daily menu choice sheets or discussed with the catering staff. People and relatives confirmed drinks were made available and encouraged, to maintain hydration.

Nutritional assessments and care plans for eating and drinking were in place and people were weighed each month. If concerns with weight or eating and drinking were identified referrals were made to the GP and input could be obtained from the dietitian or speech and language therapist. Where people had some swallowing issues identified, we saw staff using a thickening agent to provide them with drinks at the right consistency.

People confirmed they had access to healthcare. One told us, "I have seen who I have requested. I have had physio here too and seen the dentist very quickly as I had toothache." Another said, "I have seen the optician a few times and when I do not feel well the doctor comes to see me. They are here a lot." A relative commented, "They call us if [person] needs to see someone and we have the option to go with [person], for example, to the hospital." A healthcare professional provided feedback and was positive about the service. They confirmed that staff were proactive with people's healthcare, referred people to them appropriately and followed any instructions for changes to people's care. They said, "Overall I find the staff at Manor Court to be pleasant and helpful and I think they are very attentive to the needs of the residents."

Visits from health care professionals were recorded in a professional visits log in each care file. These had been completed consistently, recording the designation of the professional, the date, input and signature. There was good evidence of visits from GPs, opticians, chiropodists, the tissue viability nurse, dietician and other relevant professionals. Correspondence from relevant health care specialists was also kept in care files. A separate GP visited people on Beech unit three times weekly to support their rehabilitation period.

Is the service caring?

Our findings

At the inspection on 11 October 2016 there was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were shortfalls on Sycamore unit in maintaining people's privacy and dignity which included broken locks on toilet doors, adjustable toilet seats not all meeting people's needs and out of order bath and shower facilities, leading to people going across the unit when not always dressed to maintain their privacy and dignity. There had also been concerns that staff did not show people respect, shouting along corridors and speaking loudly during handovers. At the inspection in July 2017 we found things had improved, with locks on the doors and two shower units, a bathroom and toilet facilities to meet people's needs in working order on each unit. The facilities were useable but in need of refurbishment and this had been identified for inclusion under the programme started shortly after the inspection. One bathroom on each unit had been designated and marked as a storage area and would be converted to this under the refurbishment programme. We observed staff communicating well with people in a gentle and caring way, listening to them and responding appropriately.

People felt that staff were kind and caring towards them. Comments included, "They are kind and have organised me so I feel confident and ready to go home", "They sit with me and read the paper and have a laugh and a joke", "They are a good lot, lots of fun and they keep me safe" and "The carers are kind and I like that they always make time for a chat." We saw staff were attentive and caring to people and spoke appropriately, gently and without rushing them. They were familiar with people's needs and were able to explain how to support different individuals. Care plans contained a sheet named 'My Day, My Life, My Story' which provided information on background, family and personal history, giving staff topics to chat about with the person. When staff were using moving and handling equipment with people we saw they took time to explain what they were doing and to check the person was happy with this, so they were involved.

People confirmed they were offered choices in their daily lives. Comments included, "I have been having showers which I have found easy. It was my choice though and I've had one or two a week. Usually one. I can go to bed and get up when I want to", "I have a bath, I like it because it doesn't ruin my hair. I go to bed when it's dark and get up for breakfast", "I have a shower. I like standing and they help me. They ask if I need them and tell me they will stand outside", "I have a shower because I can do most of it myself and my carer assists", "I can go to bed as late as I want and they don't rush me in getting up" and "I go to bed when they help me about 8pm and this is fine. I watch TV in bed. I have a bath as I do not like to get my hair wet and they respect me and wait outside for me." A relative told us, "He has a bath and it's his choice. He goes to bed between 8-9pm and he likes this so it isn't too early. He wakes up early and there is always someone there for him." People's preferences and routines were documented in care plans, such as food likes and dislikes, washing, sleeping and waking routines, so staff had the information to refer to for meeting people's needs.

People felt their privacy and dignity was respected. Comments included, "They always knock on my door and say hello can I come in. I can lock the door too", "When I use the bathroom they wait outside and ask if I am okay and offer help", "I have a lock on my door and I use it and they call out to me to tell them who is there waiting to come in" and "They are very respectful and they always say excuse me or sorry if they lean

over me." We observed that people's privacy and dignity was respected and staff ensured that bedroom and bathroom doors were closed when delivering personal care. Staff were able to describe the methods they used to ensure they respected people's privacy and dignity, such as offering choices before delivering personal care. One member of staff said, "It is important to pay attention and treat [people] like my own relative. To talk to them, smiling, chatty and improve communication."

The service offered palliative care on one unit. Some people had medicines prescribed to be ready for use at the end of their life. There were detailed protocols in place for medicines prescribed as required (PRN) to control sickness and other symptoms which could develop. There was evidence of frequent and regular review of people by the palliative care team as appropriate and the GP who visited the home twice a week. People had been consulted about their wishes with regards to being resuscitated and this had been clearly recorded in the care records, with Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms in place where people did not wish to be resuscitated.

Is the service responsive?

Our findings

At the inspection on 11 October 2016 we found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as on Sycamore unit activities to meet people's needs were not being carried out. At the inspection in July 2017 we found there had been an improvement, however more work was needed in this area.

Staff on Sycamore unit engaged well with people and there was a good atmosphere. Work was ongoing to provide a more varied programme of activities to better meet people's needs. People on Sycamore unit said they had the opportunity to take part in activities such as board games and quizzes and two had recently been on an outing, which had been arranged for people across all the units. We saw staff doing exercises with one person and there was good communication between them. The lunchtime meal was a social occasion and staff checked people were happy and providing assistance in a bright and cheerful way. One member of staff in particular interacted well with people, chatting with them about their interests and asking people if they were enjoying their lunch. The activities coordinator for the unit was on leave and therefore there was no one directly assigned to arrange and oversee the provision of social and recreational activities for the people living on that unit. The activities coordinator from Willow unit had drawn up the weekly activities programme and was assisting when they had the time to.

We asked staff if they had time to carry out activities and they said their time was limited due to needing to meet people's care needs and they wished they could do more activities with people. The manager put an additional member of staff on the unit for the afternoon shift after we raised this matter with them and we discussed ensuring the staffing was kept at a level so that activities could still take place in the absence of the activities coordinator. Activity records in people's files were well maintained for Willow and Larch, evidencing a variety of activities, however records had not been maintained in the absence of the activities coordinator on Sycamore unit.

We saw activities taking place on Willow and Larch units and on Beech unit activities were part of the reablement process. We asked people about the activities in the service. Comments included, "I like quizzes and puzzles and we have done a few of those. I would like to go out in the garden especially in the hot sunny weather", "I have been colouring and have had music in my room. I can have visitors at any time", "I would like to go to the park and see the flowers", "I would like to do more baking and artwork as I enjoy these. I like to watch crime dramas on TV in my room." We received feedback from people and relatives that the gardens were not used and people did not get to sit out in them. The gardens were not all well maintained and the manager confirmed she had recently reviewed this and employed new garden maintenance people to address this, who were due to start shortly.

People confirmed they were asked about their care and support needs and wishes and that staff understood these. Comments included, "When I came here they asked me what I thought I needed support with and now they ask me how I feel and we talk about what I can now do that I couldn't do when I got here", "I have a care plan and they talk to me about how I am getting on. They check my plan if they are new", "They ask me if they can wash me and undress me and they explain what they need to do", "They are very good at

explaining what is needed, for example, care or assessments so I understand and don't start to worry", "I choose how I spend my day and they chat with me about what I like to do myself and what I need help with. I have lots of choices" and "I know about my plan and what is in it. They read through with me."

Relatives were also aware that care was planned. One told us, "I know all about his care and the assistance he needs and the changes as he gets older. We talk about it all and I feel very informed." Another said, "I can see there is a detailed care plan and I know the family are kept informed." The majority of care plans viewed were comprehensive, providing a good picture of the person, their needs and wishes and how these were to be met. Care plans and assessments had been reviewed monthly to keep the information current. One person had a small wound and a care plan had not been drawn up. They had been referred to and seen by the GP and were receiving treatment for the wound. Staff accepted that a care plan should have been put in place and addressed this during the inspection.

We carried out a check of personal care records and found these did not consistently reflect people's wishes, for example, where care plans recorded three people's wishes to have one or more showers a week, their daily personal care records did not record when or if showers had been offered or given. We discussed this with the management team and they confirmed that training in completion of care records was ongoing and they had completed good examples of care plans and daily records for staff to follow.

People said they would raise concerns if they had them and knew how to do so. Their comments included, "I would tell the nurse in charge. I think she is very organised", "The nurse. She will get things sorted. I have never complained" and "The nurse or the manager. I complained and they did not get back to me yet. It was last week. They did listen and write everything down." There was a complaints procedure and this was displayed in the service. There had been eight complaints in 2017 and complaints had been responded to appropriately, offering people further contact if they wished to discuss any aspects of their complaints.

We also saw that on Willow unit the senior unit manager had carried out investigations into three complaints and identified actions to be taken to address people's concerns, for example, providing additional staff training and arranging regular conversations with the person and their family to monitor if improvements were being maintained. The information about complaints was not collated in one place and we discussed this with the management team, who agreed to address this for ease of identifying all the actions being taken to address each complaint.

Is the service well-led?

Our findings

The provider had a comprehensive quality assurance system to help monitor and report on each aspect of the service monthly. This was then discussed by the management team, heads of departments and staff to identify what action had been taken to address any issues that had been identified, for example, managing complaints. However, it was clear from our findings that the monitoring processes were not capturing all the areas where shortfalls occurred. For example, we did not see audits or monitoring of staff recruitment records, so shortfalls were not being picked up. Care records had been audited, however the audit had not found the issues we found with risk management and recording. Risk assessments for equipment and safe working practices were not available in areas where equipment was in use, so were not easily accessible to staff working with equipment. The management team were open and accepted our findings and recognised the auditing and monitoring processes needed to be more robust to ensure any issues were identified and addressed promptly.

The above paragraph shows the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people and relatives what they thought about the manager. Comments included, "I like her, she is smiling and friendly. You can have a chat with her", "I think she is a good person and asks you what you like doing and I've seen her make a note of things I've told her", "You don't see her much but when I have asked to see her she has come on that day and been efficient and asked for feedback", "There is a management open door policy and I feel I can chat with them at any time" and "The manager is proactive and you see her busy around the place but she always has time to ask how you are and is everything alright." The service had a management team in place with the manager, the deputy manager and two senior unit managers. We asked staff their views about the management team and they felt supported and that they could approach members of the team. One said, "[Management] are very approachable and you can go to them any time, especially [manager] – she does action anything straight away."

The manager had worked for the provider for several years in different roles and this was her first management role in a care home. The manager was very aware of the areas of work that were needed and was committed to making improvements at the service. Members of the management team had all worked shifts on units and were able to fill in if staff were off at short notice. They said that this provided the opportunity to work alongside and observe staff in a practical situation. There was a manager on call at the weekends and this was on a rota that staff had access to, so they could contact a manager if necessary to discuss any issues.

One of the management team carried out a daily round of all units to check on them and record any points such as appointments or if someone was unwell. Night spot checks were carried out to monitor night time routines. There were monthly head of department meetings with action plans to address any issues identified. Quarterly staff meetings were held on the units and minutes recorded. Monthly meetings for people on each unit were held and the provider had a template for minutes which included each area for discussion. Surveys for people using the service were carried out annually and the last one was in December

2016 when 30 people responded. Activities had scored 87% satisfaction rate and was in the top three identified areas to improve further. The manager was very aware that further improvements were required in this area and was reviewing the staffing for activities provision.

Corporate policies and procedures were in place and included reference to good practice guidance and current legislation. They were updated when any changes were required. Notifications were sent to Care Quality Commission (CQC) for any notifiable events, so we were being kept informed of the information we required to monitor 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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Care and treatment was not always provided in a safe way because when risks were identified action to mitigate such risks was not always identified. The provider's arrangement to manage medicines safely were not always very effective. Regulation 12(1)(2)(b)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The processes in place for the provider to assess and monitor the quality and safety of services provided to service users and to identify areas for improvement, were not always effective. Regulation 17 (1)(2)(a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Treatment of disease, disorder or injury	The registered person did not operate recruitment procedures effectively to ensure the required information was obtained for each people employed at the service to make sure they were suitable for the jobs they were employed to do.

