

Mrs B F Wake

Carnalea Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 19 July 2018. The inspection was unannounced.

Carnalea Residential Home is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Carnalea Residential Home provides accommodation and support for up to 55 older people. There were 48 people living at the service at the time of our inspection. People had varying care needs. Some people were living with dementia, some people had diabetes or had suffered a stroke, some people required support with their mobility around the home and others were able to walk around independently.

A registered manager was employed at the service by the provider. 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.

At our last inspection on 17 May 2016, the service was rated as 'Good'. At this inspection, we found that there were now areas that required improvement. This is the first time the service has been rated Requires Improvement.

Restricted visiting hours and areas where people could receive their visitors meant people's rights and choices within their home were neglected.

Mealtimes were not organised to ensure a good experience for people eating their meal. People were not always satisfied with the food and choices available.

The verbal and informal complaints of people and their relatives had not been listened to. People were not happy with all aspects of the service provided. Complaints were not seen as an opportunity to make improvements to the service provided.

The provider and registered manager missed opportunities to make improvements as their monitoring systems did not identify all the areas that required further development to enhance the lives of people. An open and listening culture had not been created to ensure people's basic rights were at the forefront of the service provided.

Risk assessments around people's personal care needs were in place. However, these did not always reflect individual or changing needs. Fire evacuation drills were not carried out regularly as advised by the Kent Fire and Rescue service.

The design and decoration of the premises did not support a dementia friendly environment. We have made

a recommendation about this.

People's care plans did not always address all their individual needs or their personal histories. Care plan reviews were carried out but did not always take into account people's changing needs.

Staff knew their responsibilities in keeping people safe from abuse. Procedures were in place for staff to follow and staff were able to describe these.

Accidents and incidents were appropriately recorded by staff, action was taken and followed up by the registered manager.

The procedures for the administration of people's prescribed medicines was still managed and recorded appropriately so people received their medicines as intended. Regular audits of medicines were undertaken to ensure safe procedures continued to be followed and action was taken when errors were made.

The registered manager carried out an initial assessment with people before they moved in to the service. People were involved in the assessment, together with their relatives where appropriate.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. Some improvements were required to ensure people's basic rights were understood by the registered manager and staff.

People had access to a range of activities to choose from. Some people preferred their own company and pursued interests such as reading or watching TV and this was respected by staff.

People were supported to gain access to health care professionals when they needed advice or treatment. The registered manager had developed good relationships with local health care professionals and referred people when they needed.

There continued to be evidence of the caring approach of staff. People and their relatives described staff as caring, saying they were confident in the care they received. Staff knew people well and were able to respond to their needs on an individual basis.

People had the opportunity to develop end of life care plans to outline their wishes if they chose to.

Suitable numbers of staff were available to provide the care and support people were assessed as requiring. The provider continued to make sure safe recruitment practices were followed so only suitable staff were employed to work with people who required care and support.

Staff told us the registered manager and provider were approachable and listened to their views and suggestions. Training was up to date and staff were encouraged to pursue their personal development. Staff continued to have the opportunity to take part in one to one supervision meetings to support them in their role. Staff meetings were held to aid communication within the team and to provide updates and feedback.

All the appropriate maintenance of the premises and servicing of equipment was carried out at suitable intervals.

The provider had displayed the ratings from the last inspection, in May 2016 in a prominent place so that people and their visitors were able to see them.

During this inspection we found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations. You can see what action we told the provider to take at the back of the full version of this 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 always safe.

The assessment of individual risk had not always been considered. Fire evacuation drills were not undertaken as advised by the Kent Fire and Rescue service.

The administration of medicines were managed to provide a safe service.

Accidents and incidents were recorded and monitored by the registered manager. Staff followed safe procedures to control the risk of infection.

Suitable numbers of staff were employed and available to provide the care and support people required. The provider continued to follow robust recruitment practices.

The registered manager and staff had a good understanding of how to keep people safe from abuse and their responsibilities to report any concerns.

Requires Improvement 

Is the service effective?

The service was not always effective.

People did not always have a pleasant mealtime experience and they were not happy with food choices.

Further improvements were required to ensure the basic principles in relation to the Mental Capacity Act 2005 were followed.

The design and decoration of the premises required more thought to create a dementia friendly environment.

Staff received the training they required to make sure they had the skills and knowledge to provide the care and support people were assessed as needing. Staff had the opportunity to have one to one supervision meetings with their line manager.

People had access to advice and guidance from health care

Requires Improvement 

professionals.

Is the service caring?

The service was not always caring.

People were not able to receive their visitors when they wished or in the area of the service they chose. Some people felt they could not personalise their bedroom as they wished.

People and their relatives thought the staff were kind and caring in their approach.

People were supported to maintain their independence. Staff were aware of providing care that preserved people's dignity and privacy.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Complaints were not always acted on. The opportunity to make improvements was missed.

Care plans were in place to provide the information required for staff to provide care and support, however, the specific care needs of some people had been overlooked and not recorded.

People were given the opportunity to take part in a range of activities. People were encouraged to make plans for the end of life if they wished to. Their cultural and spiritual needs were addressed through care planning.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Opportunities had been missed to make improvements through the quality audit and monitoring process.

People and their relatives had mixed views about the responsiveness of the provider. Positive comments were received about the provider and registered manager from staff.

People and their relatives were asked their views of the service. People did not always feel they were listened to. There was a lack of openness and trust with people and their relatives.

Requires Improvement ●

Carnalea Residential Home

Detailed findings

Background to this inspection

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

This inspection took place on 19 July 2018. The inspection was unannounced. The inspection was carried out by two inspectors and one 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.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at notifications about important events that had taken place in the service which the provider is required to tell us by law. We used this information to help us plan our inspection.

We spent time in communal areas observing the care and support provided and the interaction between staff and people. We spoke with 11 people who lived at the service and two relatives to gain their views and experience of the service provided. We also spoke to the registered manager and five staff. We received feedback from one healthcare professional and one local authority commissioner.

We looked at seven people's care files, medicine administration records, four staff files including recruitment and training records, the staff rota and staff team meeting minutes. We spent time looking at the provider's records such as; policies and procedures, auditing and monitoring systems, complaints and incident and accident recording systems. We also looked at residents and relatives meeting minutes and surveys.

We asked the registered manager to send us some information by email and they did this in a timely manner.

Is the service safe?

Our findings

People told us they felt safe although they had different reasons for feeling this way. The comments we received included, "I am safer being looked after as I have 24 hour attention"; "I feel really safe, no particular reason just generally"; "I feel safe living here because at home I was falling".

Individual risk assessments had been completed by staff. Risk assessments that identified hazards to peoples' safety when carrying out their personal care needs continued to be in place. For example, falls; pressure areas; the use of bed rails and moving and handling. Risk assessments had identified the needs of each person to give staff the guidance they needed to keep people safe when delivering their personal care. One person had lost weight in January 2018 so a weight loss risk assessment had been completed to try to prevent the risk of a further loss of weight. However, we found that some risks that were specific to the individual were not always identified. One person had been having difficulties with what they described as 'hallucinations'. A risk assessment was in place regarding hallucinations dated 18 April 2018. The person had been prescribed Levetiracetam in February 2018, a medicine used to prevent seizures. Following an incident on 6 May 2018 where the person was taken to hospital, hospital doctors thought the person had a seizure and advised a referral to the epilepsy clinic. The GP had made this referral. However, a risk assessment was not completed to alert staff to the possible diagnosis of seizures and what to do in the event of another episode. The side effects of the medicine Levetiracetam had not been highlighted to make sure staff were aware of these and what to be alert to. The person had bed rails on their bed to keep them safe from falling out of bed or injuring themselves by climbing out of bed without assistance. Although no injuries had been reported, a risk assessment had not been completed to alert staff to the risks of injury on the bed rails and how to prevent this. This is an area we found to require improvement.

The Kent Fire and Rescue service completed an audit of the premises on 30 October 2017. Many recommendations were made to the provider in order to comply with legislation. The registered manager told us all the work had been completed following receipt of the report. However, fire drills had not been completed regularly or following the comprehensive recommendations of the fire officer. The last recorded fire evacuation drill was 2 March 2017. We asked the registered manager if there had been fire evacuation drills since this date and they said there had not. Staff did tell us the service undertook fire drills but there was no evidence of this.

Personal emergency evacuation plans (PEEP's) were in place for each person. A PEEP sets out the specific physical, communication and equipment requirements that each person had to ensure that they could be safely evacuated from the service in the event of an emergency. However, these had not been tested due to the lack of fire evacuation drills.

The failure to ensure people receive care that is safe is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had a good understanding of their responsibility to protect people from abuse. The guidance and advice staff would refer to about abuse if they had a concern to report was available through a safeguarding procedure. Staff described how they would raise any worries they had with the provider or registered

manager and they were aware of who to contact outside of the organisation should this be necessary. Safeguarding referrals had been made to the local authority by the registered manager when necessary. Safeguarding incidents had been investigated and recorded appropriately.

The registered manager told us they had raised the awareness and understanding of staff regarding the prevention of pressure sores following recent concerns raised. The registered manager had learned lessons that they were able to pass on to staff. This included ensuring the creams prescribed were not substitutes that were less effective as had been shown to be one of the issues during investigation. They told us this had led to an improvement in pressure area care within the service. No further concerns had been raised regarding pressure area care since the change in practice had been introduced.

The administration of peoples prescribed medicines were still managed well, keeping people safe from the associated risks. One person kept refusing their medicines. The registered manager had asked the GP to carry out a review of their medicines. As a result, many medicines were stopped. A risk assessment was in place for those that continued to be required. Medicines were administered by trained senior staff who had completed a comprehensive training course and had their competency checked regularly. Guidance was available for staff administering medicines. For example, PRN (as and when necessary) protocols were in place which clearly showed the reasons medicines such as inhalers or Paracetamol were prescribed and when they should be administered. We heard a member of staff advising a person about their pain relief medicines while completing the medicines round. Regular checks and audits were carried out to ensure safe administration continued and associated risks reduced.

Staff continued to record accidents and incidents, describing the incident, the action taken such as observation or seeking medical help, and the outcome. The registered manager completed a full analysis of accidents and incidents each month. They had introduced a new initiative to support their analysis and prevent further falls in the service. The registered manager told us this had helped them to identify trends and put measures in place quickly to decrease risk. Incidents were used by the registered manager as a learning tool, highlighting what worked well and the areas that required improvement. This meant where things did not go according to plan, all staff could learn from this to prevent a reoccurrence. The records showed the incidences of falls had decreased over recent months.

The service was clean and odour free from the outset of the inspection. Domestic staff were employed to take responsibility for the cleaning tasks around the service. The domestic staff followed a schedule and recorded when complete. Personal protective equipment (PPE) such as disposable gloves and aprons were available for staff to use when providing personal care. This helped to prevent the spread of infection.

The provider had continued to employ a suitable number of staff to provide the care and support people living at Carnalea Residential Home required. Most people told us there were enough staff as they were not kept waiting for assistance. One person said, "If you want anything you only have to push your buzzer, depends on how busy they are how quickly they come." Call bells were answered quickly during the inspection. The registered manager used a dependency assessment tool to calculate the needs of people living in the service. These were reviewed each month to check if people's needs had remained the same or increased. This helped to ensure they had enough staff available to meet the assessed needs of people. Safe recruitment practices continued to be followed to ensure that staff were suitable to support people living in the service.

All essential works and servicing including fire equipment were carried out at appropriate intervals by the appropriate professional services. A maintenance person was in the service most days. This meant they were available to respond to requests for repairs and maintenance from the registered manager or staff

without delay.

Is the service effective?

Our findings

We received mixed views about the food on offer and the set up at mealtimes. People told us, "Food quite alright, not much choice"; "Food is the same week in week out, the new cook is better but she is leaving"; "I came in under the condition I could have fruit but have to buy my own"; "Food is alright, I'm quite happy about it, my daughter brings me fruit, we don't have it here. A fruit bowl has been suggested at residents meetings"; "Breakfast is anywhere between 7.30am and 10.30am."

When we spoke to staff they could describe the special diets some people needed and the aids they needed to be able to eat their meal independently. However, our observations at lunchtime showed people did not receive their specialist aids in a timely manner. One person needed to use a guard on their plate and a spoon in order to eat independently. They were served their meal at approximately 1.40pm and the plate guard was brought to them by staff five minutes later, however, they still had only a knife and fork that they could not use. A spoon was given to them at 1.55pm. People started to be assisted to one dining room at 12.45pm. At 1pm, 20 people were in the dining room. Food started to be served at 1.20pm. By this time people were falling asleep at the table. One person told us this was often the case, "Mealtimes are a problem, asked to go into the dining room and sit and wait and sometimes it can be up to half an hour and we have to wait again for pudding." Plates of food were put on the table in front of people by staff with no explanation or reminder what food they had chosen the day before. People living with dementia may not remember what they had chosen and may choose something different at the time. One person required assistance to eat their meal. Staff did not support them until 1.40pm. No person was given their dessert until all people had finished their main meal so desserts were served from 2pm.

We observed a residents meeting where food was a subject people very much wanted to discuss. People were voicing they were not happy with the food. There had been confusion as the choices at lunchtime that day had been different in the two dining rooms so people in one dining room were not given what they expected. People said even though they were told they could have a cooked breakfast if they wished this option was often not available. One person said they loved to have eggs for breakfast and this had been stopped as they were told they were not eating their lunch. When we asked, the registered manager confirmed this was the case as they had concerns about the person's health if they did not eat their lunch. It was confirmed the person had the capacity to make their own decisions yet options had not been explored with them, such as having their main meal in the evening.

The failure to ensure people receive care that meets their needs and preferences is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA 2005). The 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 Mental Capacity Act 2005 and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had made appropriate applications to the supervising authority. The

registered manager kept the applications and authorisations under review. Mental capacity assessments had been undertaken where it was understood people may not have the capacity to make particular decisions.

The registered manager continued to make sure decisions were made in people's best interests if they lacked the capacity to decide themselves, by involving others who were involved in their lives. Care plans clearly documented if people were able to make their own choices and decisions and when people may require support with some more complex decisions. Where people needed help with making choices around day to day tasks, staff were given guidance through the care plan. For example, by offering two choices of clothes to wear. However, there was some confusion over areas of consent within the basic principles of the MCA 2005. One person's care plan clearly stated they had the capacity to make their own decisions. A form to consent to care and treatment at Carnalea Residential Home also stated they had the capacity to consent, yet was signed by the person's relative. The relative did not have the authority to consent, such as a lasting Power of Attorney for health and welfare. Even with this, people should be assumed to have capacity and be asked to sign for themselves. Other people who had the capacity to make their own decisions had consent forms that had been completed and placed in their care plan file. Some of these were not signed at all so it was not clear if the person had been part of the discussion about their care. This meant that people's basic rights under the MCA 2005 may not be upheld.

The service did not lend itself to being dementia friendly. The layout of the premises was confusing and there was no signage to direct people to the areas they wished to go. Bedroom doors did not have people's names on or photographs so people were able to determine which was their room if they wished to return independently. People confirmed this was confusing, one person said, "There is no name or picture on the door to recognise your room." The service had started to admit people at different stages of dementia, therefore requiring more specialist support. We recommend the provider and registered manager take advice from a reputable source about the layout and decoration of the premises to ensure the needs of people living with dementia are met.

People's needs were assessed and their care was planned to ensure their needs were met. The registered manager undertook an initial assessment with people, and their family members where appropriate, before they moved in to the service. The assessment checked the assistance people needed with all elements of their personal care throughout the day including, communication; continence; mobility; hearing; medication; sleeping; personal care. The assessment identified what support was needed and this was used to develop the care plan. This meant the registered manager could make an informed decision that the staff team had the skills and experience necessary to support people with their assessed needs.

People were supported to maintain their health by a registered manager and staff team who had good relationships with health care professionals such as GP's, district nurses and speech and language therapists. Comprehensive records were kept of referrals, appointments and visits. Transfer documents with relevant information such as the medicines people were prescribed were completed and used when people needed to attend hospital or appointments. Care plans and risk assessments were updated following advice and guidance given about people's care and treatment. A member of staff described how the hot weather could affect people and they saw it as their responsibility to ensure that they encouraged extra fluids during this time and to inform senior staff if they had concerns about people's hydration. One healthcare professional told us, "I have found the staff to be very proactive and receptive. I like visiting here as they (staff) are always welcoming and approachable."

Staff told us they continued to receive the training and updates they required to successfully carry out their role. Training records confirmed this was the case. Staff who were new in post received an induction into the

service which included training and shadowing more experienced staff. Staff training included mandatory courses such as safeguarding vulnerable adults; MCA 2005 and DoLS; first aid; infection control. As well as the mandatory training staff also completed other training such as, dementia; skin care; stroke. The registered manager was introducing the concept of 'champions' amongst the staff team and staff were receiving training in their chosen area. Each staff member who took on a champion role would be responsible for sharing good practice and keeping people and staff abreast of local and national guidance and initiatives. For example, champion roles could include, dignity; infection control; safeguarding or dementia.

Staff continued to have regular one to one supervision meetings and an annual appraisal of their work performance with the registered manager. This was to provide opportunities for staff to discuss their performance, development and training needs and for the registered manager to monitor this. Areas for discussion included ensuring equality and diversity was understood by staff and practiced day to day. Staff were supported in their role to make sure they had the skills and experience to provide the care and support to meet people's needs.

Is the service caring?

Our findings

The provider had imposed visiting restrictions for relatives and friends of people living in the service. We asked some people and their relatives about this and were told, "My daughter has special permission to come in the evening as she works full time"; "The visiting policy is terrible, both my girls have had rows about it". Another person confirmed there were visiting restrictions but said, "Happy with visiting rules".

A notice in the reception area where visitors signed in said, 'Visiting times 10.30 – 12 and 3 – 5.' We asked the registered manager and the provider about this and they told us this was in order to protect mealtimes. They went on to say that when people required support with moving around or assistance with eating their meals, it could be disruptive to have visitors around as staff would need to move the person to a visiting area. They told us that visitors can visit after 7pm also, however, this was not shown on the visiting times notice so if this was the case, visitors would not be aware. This meant that people could only receive visitors for three and a half hours a day. People who had relatives and friends who worked or had other commitments may not be able to visit at all within the times given. Visitors may have been deterred from visiting because of the tone of the notice, making them feel unwelcome. Nowhere did it say visitors could speak to the registered manager if they had difficulty with visiting between these times. Carnalea Residential Home was the home of the people living there, who were paying fees for the service received yet were not able to receive their visitors at any time they wished. The registered manager removed the visiting hours notices after inspectors spoke with them during the inspection. The provider had agreed to this action being taken

Another 'Notice to all visitors' just inside the main front door informed visitors that 'At the request of the residents, would all visitors please respect their privacy and refrain from entering the lounges.' Visitors were told they must visit people in a visitors area and could not walk through the lounges when they arrived. Visitors were expected to walk around the back of the house. Relatives and friends who had contacted CQC prior to the inspection told us about this policy and how they were very unhappy with it. The relatives and friends who contacted us told us their loved one had not asked for this to be the case as was suggested. We asked the provider and registered manager about this. The provider told us people had requested this, however they could not tell us when it had been requested and residents meeting minutes did not show the subject had been discussed.

The failure to ensure people were treated with dignity and respect is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had mixed experiences of having the opportunity of personalising their bedroom in the way they wished. People told us, "I have got pictures up and some of my own furniture but I wasn't allowed a second wardrobe or chair because it was dirty"; "I have to have regulation bedding and not allowed my own bedspread, I brought one in but it was removed"; "My room has been personalised, I have my own furniture and television."

People thought the staff providing their care and support were caring. The comments we received included,

"I'm looked after well"; "Kind and caring"; "Perfectly happy"; "Perfect place as far as I am concerned". People's relatives told us their loved ones were well cared for, "They (staff) seem very caring"; "My aunt is well looked after, I think it is as near a home that a residential home can be";

Staff knew people well and could describe their needs and what people liked and did not like. The registered manager and senior staff kept in close contact with people's relatives, informing them when there were areas of concern such as ill health or if they needed some information to assist with their care. One person had a poor appetite and had been refusing foods. The person had diabetes so this was a particular concern. Staff had contacted the person's relative to ask if they could recommend some favourite foods to tempt them to eat.

People were asked at assessment if they had a religious faith and if they required assistance with their cultural needs. This was shown in their care plan. People living in the service at the time of inspection either described themselves as Christian or did not practice a religion. People told us if they wished to take a part in a religious ceremony or to speak to a spiritual leader this would be arranged for them. Some people had joined in a regular service with holy communion either as a group or singular if they wished. Staff were aware of other religions that people may require support to observe and said they would access the support needed when required.

A good communication process was in place using a comprehensive handover record to share relevant information. Senior staff members recorded information throughout the day to ensure important information was passed from the staff on one shift to the next. This meant that when people had been feeling unwell or had seen a healthcare professional or a relative had passed a message staff were informed and aware.

People's care plans described how important it was that people maintained their independence. For example, one person used a frame to help them to walk independently. Their care plan asked staff to encourage the person to walk as far as they could before using a wheelchair to complete their journey. The care plan was reviewed in June 2018 and although it was noted the person then required two staff to walk with them while using their frame, staff continued to promote their independence by continuing to encourage walking when possible. A relative said, "Really pleased with the staff, they persevered with her physio and got her walking again with her frame".

People were able to access the garden when they wished, those who were independently mobile were walking in and out through the garden door and wandering out the substantial garden. People who required assistance could ask to go out and staff helped them. One member of staff said, "I encourage people to do as much as they can themselves, although this takes longer it makes the person feel better and feel more independent which to older people is important." This showed that staff were aware of the importance of promoting people's independence while still supporting them in the areas that they were unable to manage.

We saw staff chatting with people and checking if they were comfortable. One person was sitting at the dining table for some time following their breakfast. Although they were independently mobile with a walking frame, different staff asked if they were alright and needed any help. Staff respected people's privacy by knocking on their bedroom door before entering. People confirmed this, "Staff mostly knock to ask to come in" and, "Staff always knock on the door."

A service user guide was still given to each person when they arrived and it had been updated since the last inspection.

Is the service responsive?

Our findings

Some of the people we spoke with were not confident about making a complaint if they needed to. They told us, "If I mention things to someone (staff) it is resolved sometimes. I did feel a bit intimidated, but now I feel if I don't nobody else will so I've got a bit bolder"; "Waste of time making a complaint"; "If I needed to complain I'd complain to one of the staff first"; "Little niggles about this and that but not too bad". Relatives knew how to complain but were also not sure about how it would be taken. One relative commented, "I don't feel comfortable talking to the management, they are very particular."

The registered manager told us they had received no complaints. However, we were aware of issues raised that would constitute a complaint and these had not been captured and shown to have been dealt with according to the provider's complaints procedure. For example, we were aware relatives had raised concerns about the visiting hours. The registered manager had agreed to one relative visiting outside of the visiting hours as a result, however, this had not been recorded as a complaint. Relatives and friends of people living at the service or who used to live at the service had approached CQC over the last 12 months to tell us they were unhappy with the visiting hours and the strict regime imposed in the service about where relatives could visit their loved ones. The relatives and friends who contacted CQC told us they had approached the provider and felt they had not been listened to or treated with respect. We saw no complaints logged about the visiting procedure at Carnalea Residential Home. People had raised things they were not happy with in the residents meeting on the day of inspection. No indication was given in the meeting that their concerns would be listened to and dealt with in order to make improvements. We spoke to the registered manager who agreed all complaints, even verbal and informal should be logged and appropriately responded to in order to identify themes and improve the service provided.

The complaints procedure was not on display within the service to ensure easy access for people or their relatives. The provider told us complaints were covered within the service user guide that people had access to when they first moved in to the service. However, people may have mislaid this, particularly if they had lived there for some time. The service user guide was not available in other formats which meant that some people living with dementia may not understand it and therefore limiting their access to making a complaint.

The failure to ensure an effective system is in place for listening and responding to complaints is a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager made sure people had care plans in place to describe their assessed care and support needs. Most people's care plans provided the information necessary for staff to provide people's care. One person's communication care plan showed they were hard of hearing and wore a hearing aid with a microphone for others to speak into so the person could hear them. The person often took the hearing aid out. Their care plan advised staff to always check and ask the person to put the aid back in so they could speak to them through the microphone to make sure they heard and understood. However, some people's needs had not been fully identified and some important information was missing. One person had been found 'slumped in chair' on 6 May 2018. The hospital had suggested the person may have suffered a seizure

and should be referred to the epilepsy clinic. The person had previously, and since, been displaying other symptoms they found distressing. This information had been recorded in the professional visits and family contact records. However, the person's assessment had not been reviewed and updated to include this change in circumstances and a care plan had not been developed to make sure staff knew what to do in the event of a further incident. We spoke to the registered manager about this who agreed this should have been followed through to ensure the person received the care they needed.

The recording of people's personal and life history was not consistent. Some people had very good documentation with the detail of their life until now, including, siblings; employment; marriage; children; interests. Other people had no life history recorded, even though one person without this information had been living in the service since January 2018. We asked the registered manager about this. They told us this was because the member of staff who usually gathered this information had been absent for a period of time on maternity leave. No other staff had taken responsibility for this. This meant that staff may not have all the information they needed to enable them to take a holistic approach to people's care. Staff confirmed the importance of this information, particularly when supporting people living with dementia. One staff member said, "Because we know about people's families and what they have done in the past it makes it easier to reassure people, they are more likely to trust us and this reduces their anxiety." The registered manager spoke to the member of staff who had now returned to work who said they would complete these with people as soon as possible.

Most care plans were reviewed each month to ensure the continued effectiveness of the plan or if changes were required. Changes in circumstances and need in between reviews were recorded by staff and updated by the registered manager. For example, where people's mobility had increased or decreased, this was recorded along with reviewed guidance for staff when providing care. However, changes in need for some people were missed, for example reviews did not identify the need for a new care plan for a person who had started to have possible seizures. Some people's care plans had been reviewed but the signature page for staff to sign had not always been completed. The review sheet asked staff to indicate if people did not have capacity then did they need the involvement of an advocate. It was not clear if this happened as this section was often not completed or signed.

The failure to ensure records were up to date and accurate is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The activity coordinator had developed an activity programme that was suitable for the people living in the service. The programme was displayed on the wall in picture format as well as words to make sure it was more accessible to everyone. Activities varied and included one to one time with people who found being in a group difficult or preferred to be on their own. Specific entertainment for people living with dementia included an external provider who visited and told stories about things in the past, encouraging people to join in. Musical entertainment was always enjoyed by everyone and people were encouraged to attend.

The activities coordinator held 'peruse the news' sessions for people who liked to keep abreast of the news. The activity coordinator read out articles from the daily newspapers and together the group discussed the item. We saw one person wandering around the garden at their leisure deadheading flowers. We were told this was something they often liked to do and therefore staff made sure they always had a sun hat on and sat in the shade. People had mixed views about the activities on offer to suit their needs and interests. People told us, "There are things going on most days which we can choose to join in. We also get entertainers come in, they put on a show, we usually end up having a singsong, I quite enjoy that as do many other people"; "We do get asked what we'd like to do and we can make suggestions. I don't take part in everything, I can choose. I like it that way, after all, we can't all like everything"; "Not many activities to suit

me so I don't join in much"; "We could do with some more things to keep us amused."

Staff had a good understanding of the diverse backgrounds people may have and how they needed to be aware of this and sensitive to individual needs. For example, staff told us that as far as they were aware, all the people living in the service were heterosexual. However, if a person moved in who described themselves as from the lesbian, gay, bisexual or transgender (LGBT) community they would respect this, make sure they were treated equally and receive the care and support they needed.

English was not the first language of one person living in the service. A member of staff spoke their first language so was able to translate and converse with the person. The activities coordinator was using an electronic tablet to use translating services to be able to collect information for their care plan and their life history to support their care.

People were asked what their wishes were for their care at the end of their life. Some people did not wish to discuss this subject and this was recorded. Other people had been clear about their future wishes. One person who practiced the Roman Catholic religion had requested they receive the last rites from a Catholic priest at the end of their life. They had expressed a wish to get to know the priest who would be called to do this when the time came. Staff had contacted the local Catholic priest and arranged visits so they could get to know each other. No people were receiving end of life care at the time of the inspection. However, the registered manager and staff gave examples of how they had previously cared for people at the end of their life, describing how they liaised with relatives and health care professionals to ensure people received the care they needed to remain comfortable and pain free

Is the service well-led?

Our findings

People had mixed views about the running of the service but the general consensus was that the provider liked things to be done the way they wanted. This was reflected in the visiting arrangements that had been in place. This could mean that people who liked to do things differently may not take the opportunity to express their views, jeopardising a person-centred approach. The comments we received included, "The owner is very approachable and happy to listen to what you say but is very strict"; "Very nice here, it's lovely, it can be strict but it's not a bad thing."

The provider and registered manager had a comprehensive range of audits in place to monitor the quality and safety of the service provided. The areas checked included, care plans; medicines administration; accidents and incidents; infection control; falls; complaints and health and safety.

Some audits were delegated to senior staff members. Care plan audits showed areas for improvement had been found, including some of the concerns we picked up during the inspection. However, other areas of concern had not been identified during the monitoring process including, the areas of risk that had not been identified; the lack of fire drills following the advice of the fire service; where complaints had not been recognised; the strict visiting practices that neglected people's basic rights; the adaptation and design of the premises not keeping up with people's changing needs.

People were asked their views of the service through residents meetings, or one to one meetings held with people who were not able or did not wish to join group meetings. We joined a 'Residents meeting', held on the day of the inspection. People raised their discontent about the food and were asked by staff why they were discussing food again. People were saying they felt they were not listened to and felt they were at times reprimanded if they did voice their opinions. One person said, "Last time I complained about the food I was hauled into the office and asked why I was complaining. The answer I got was more than a little direct." People also asked, "Why are all the staff leaving?" Staff replied to this by asking if this was affecting their care, to which people replied no, but that they got used to staff. The subject was not pursued further by staff to ensure people had been reassured or to find ways to address people's concerns and make improvements. A culture showing a lack of openness was evident by many of the areas of concern found through the inspection.

The failure to ensure systems in place to monitor and improve the safety and quality of the service are effective and to ensure people are given the opportunity to share their feedback of the service provided with confidence is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regular staff meetings kept staff up to date with relevant information from the provider or registered manager. Staff told us they were able to raise queries or concerns and felt comfortable to do so as they found the registered manager and the provider to be approachable. However, staff had not raised concerns regarding people being denied visitors when they wished and to see them where they wished. This showed an acceptance of a culture that did not always respect the basic human rights of people.

Relatives were asked their views of the service their loved ones received by way of questionnaires once a year. The provider had recently sent out this year's survey so was still waiting for these to be returned. Nine had already been returned and we looked at these. All the feedback was good with positive comments about the care their loved ones received and about the upkeep and cleanliness of the premises.

Questionnaires were also sent out to others involved in the service. So far, only one had been returned, from a GP, who provided good feedback about the quality of the care they had seen. The registered manager told us they and the provider would look at all the responses when the deadline date for returns was reached.

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

Registered persons are required to notify CQC about events and incidents such as abuse, serious injuries and deaths without delay. Notifications had been received by CQC about important events that had occurred since the last inspection.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider and registered manager failed to ensure people received care that met their needs and preferences.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The provider and registered manager failed to ensure people were treated with dignity and respect.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider and registered manager had failed to ensure the service provided was safe.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The provider and registered manager failed to ensure an effective system was in place for listening and responding to complaints.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance

The provider and registered manager had failed to ensure systems in place to monitor and improve the safety and quality of the service were effective and to ensure people were given the opportunity to share their feedback of the service provided with confidence.

The provider and registered manager had failed to ensure records kept were accurate and up to date.