Karlyon Care Ltd

Trenant House Care Home

Inspection report

Queens Road
Lipson
Plymouth
Devon
PL4 7PJ

Tel: 01752663879

Date of inspection visit:
31 October 2017
06 November 2017
07 November 2017

Date of publication:
17 January 2018

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 31 October 2017 and the 7 and 8 November 2017. The first day was unannounced.

Trenant House Care Home (Known as Trenant) is a residential home providing care and support for up to 24 people who may be living with needs associated with their mental health such as dementia. The home offers accommodation over two floors. Bedrooms are mainly single occupancy, with some offering an en-suite facility. People have access to two communal lounges and large dining area. Gardens are located to the front and side of the property.

At this inspection there were 21 people living at the service.
At the last inspection in June 2015, the service was rated Good. At this inspection we found some aspects of the service required improvement.

During the inspection we received anonymous concerns about the service. These concerns related to some aspects of people's care, staff recruitment, and the cleanliness of equipment and parts of the environment. We looked at these concerns as part of the inspection, and also asked one of the directors for the service to look into the issues and report back their findings. Although we did not find concerns in relation to the recruitment of staff, we did find concerns regarding the general upkeep and cleanliness of the home. The feedback from the director assured us that the issues relating specifically to people's care had been looked at and any required action taken.

Staffing levels were planned dependent on people's needs and risks. Staffing levels had recently been increased during the busier times of the day to help ensure people's needs were met. However. Some of the care staff said they felt staffing levels were not always sufficient to keep people safe, particularly when people needed close monitoring and supervision. We raised these concerns with the deputy manager and the director as part of the feedback following the inspection. We were told the staffing levels in relation to these particular people would be discussed with staff and addressed as a matter of priority.

Parts of the environment were unclean and poorly maintained. Parts of the environment did not create a warm and welcoming atmosphere for people using the service. We saw some improvements were being made at the time of the inspection and we were told plans for refurbishment were in place. However, some fixtures, fittings and furnishings were very old, which gave an air of general neglect, and indicated a lack of sufficient maintenance for improvement and repair.

A quality auditing system was in place, which included a range of regular audits completed by staff and a global audit completed by the provider. We were told information from these audits fed into an on-going improvement plan for the service. We saw some improvements were being made in relation to the environment and records, however, the system had not been sufficient in identifying the concerns we found during the inspection.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was absent from the service at the time of the inspection. The deputy manager was overseeing the day to day running of the service during their absence and was being supported by other senior staff within the organisation and the registered provider/owner of the service.

Staff completed an induction programme when they first started working in the home. This included a thorough recruitment process and checks of their suitability to work with vulnerable people. An on-going training programme was in place, which included completion of the Care Certificate for staff who had not worked in care before. The Care certificate is a nationally recognised qualification to improve consistency in the skills of staff working within a care setting.
Some of the staff we spoke to said they felt the quality of training could be improved and was not in all cases detailed enough to reflect the complex needs of people they supported. Staff said they did feel well supported by their colleagues and management.

People and relatives said they felt activities in the home were very limited and did not always reflect people's particular interests and needs. Comments included, "Activities used to be good when we had an activities coordinator, now they rarely happen". Staff said they wanted to spend time with people, but very often didn't have the time due to staffing levels and care tasks. A director for the organisation told us they were in the process of recruiting a new activities coordinator to the service.

Support plans were in the process of being updated and contained a range of information about people's social, emotional and health needs. Some of the support plans we looked at lacked detail and had not been updated sufficiently when people's needs had changed. We made the deputy manager aware of these gaps in records during the inspection and they took immediate action to update them.

People were supported by staff to raise concerns about the service and people said they felt issues were addressed promptly. A policy and procedure was in place detailing how people could raise a formal complaint and how this would be addressed. However, this information was not easily accessible to people using the service.

Staff were caring and respected people's privacy and dignity. Staff knew people well and were able to respond promptly when people became unwell or if they showed signs of distress or confusion. Staff spoke fondly of people and respected their differences and personal lifestyle choices.

People were protected by staff who understood how to recognise and report signs of abuse. Risks in relation to people's health and well-being were understood and managed effectively. People told us they felt safe living at Trenant.

People had their medicines managed safely, and were supported to maintain good health and a sufficient diet.

People were supported by staff that confidently made use of their knowledge of the Mental Capacity Act (2005), to make sure people were involved in decisions about their care and their human and legal rights were respected. The service followed the processes which were in place which protected people's human rights and liberty.

The staff team and management were open and listened to advice and guidance from colleagues and professionals. The deputy manager and director made themselves available throughout the inspection process and were positive and responsive to discussions about further improvements required within the service.

We found a breach of the regulations. You can see at the end of the full report on our website what action we have told the provider to take.

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

The service was not always safe.

Cleaning schedules were in place but were not sufficient to ensure all parts of the home were clean and hygienic.

Although staffing levels were kept under review staff did not always feel they were sufficient in numbers to meet people's needs and to keep them safe.

People were protected by staff who understood how to recognise and report signs of possible abuse or poor practice.

People received their medicines when they needed them and these were managed and administered by staff that were competent to do so.

Is the service effective?

Requires Improvement

The service was not always effective.

People were not cared for in an environment that was always well-maintained.

Staff undertook a range of training to help ensure they had the skills to meet people's needs. However, some staff felt the quality of this training could be further improved.

People were supported by staff who knew how to ensure their legal and human rights were protected.

People received the support they needed to maintain their nutrition and hydration, and ensure their health needs were met.

Is the service caring?

Good

The service was caring.

Staff were kind and patient and treated people with dignity and respect.

People's choice and independence was respected and promoted

by staff supporting them.

People's diverse needs and lifestyle choices were understood and respected by staff.

People were listened to and had the opportunity to speak to people outside the service if they needed or requested.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Support arrangements did not include activities that would be meaningful to people based on their personal history and preferences. Activities were limited and often insufficient to occupy people's time and to keep them cognitively and socially stimulated.

People's support plans had been improved and information was more personalised. However, care plans had not in all cases been updated to reflect changes in people's needs.

People said they could raise concerns, however, information about how to make a formal complaint was not easily available to people and others involved with the service.

People's needs were thoroughly assessed before they moved into the home and staff responded promptly when needs changed.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There was a quality assurance programme in place which monitored the quality and safety of the service provided to people. However, this had not been sufficient in identifying concerns found during the inspection.

People and staff were supported by an open and supportive management team.

People and those who mattered to them were supported to provide feedback on the quality of the service.

People were supported by staff who liaised closely with other agencies to help ensure their full range of care needs were met.

Trenant House 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 31 October 2017 and the 7 and 8 November 2017. The first day was unannounced. One adult social care inspector undertook this inspection.

Prior to the inspection we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

We used information the provider sent us in the Provider Information Return. This information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with nine people who lived at the service. Some people due to their mental health and other health conditions were unable to speak to us about their experience of living at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

The registered manager was absent at the time of the inspection. The deputy manager was overseeing the day to day running of the service and was present throughout the inspection. The deputy manager was being supported by two managers of services also run by the organisation. One of the managers who was also a company director also assisted with the inspection process.

In addition to management we spoke with seven members of the care team, the cook and two cleaning staff. We looked at a number of records relating to people's care and the running of the service. This included the support plans and care records of seven people who used the service, three staff personnel files, accident and incident reports and quality audits. During the inspection we also spoke with two

relatives and a staff member who was supporting a person from a separate care agency.

Following the inspection we spoke with two professionals who had some involvement with people using the service. This included a health care professionals and a member of the local healthcare commissioning team. What they fed back has been included throughout this report.

We also asked the provider to send us additional information in relation to concerns raised with us during the inspection and plans they had in place in relation to improvement of the environment. The feedback from the provider has been included within the summary and main body of the report.

Requires Improvement

Is the service safe?

Our findings

At the last inspection in June 2015 we found the service was safe. At this inspection we found concerns relating to the cleanliness of the service. We also found some staff felt improvements needed to be made in staffing levels, particularly when people had been assessed as requiring additional supervision.

During the inspection anonymous concerns were raised about the standard of cleanliness within the environment. The service had two staff responsible for cleaning and all staff undertook training in infection control. We saw cleaning schedules were in place, which included the cleaning of all communal areas and bedrooms. Hand washing facilities, hand gel, aprons and gloves were available for all staff to use to prevent the risk of cross infection. We saw staff cleaning the service during the inspection and checklists were completed to ensure different areas of the home had been cleaned in line with the cleaning schedule. We saw some parts of the service were not clean, for example the tops of some radiators had thick layers of dust, which would have accumulated over a period of time. Some of the toilets and bathrooms also needed cleaning. For example, a toilet next to the smoking area was poorly maintained and had a strong smell of urine. Although a cleaning schedule was in place, this did not appear to take into account the continued use of these areas throughout the day.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Concerns were also raised during the inspection by staff and relatives regarding the homes recruitment processes and the safety of staff working in the service. Concerns were raised that staff maybe working in the home before a full DBS check (Disclosure and Barring Scheme) had been completed. The organisations recruitment policy stated staff would only start working in the home on completion of a satisfactory DBS and if there were delays they would only be allowed to work under supervision. The recruitment records we looked at demonstrated a thorough recruitment process took place prior to staff commencing employment, including the completion of a full application form, employment history, proof of ID and DBS check. We asked the director for the service to investigate the concerns raised with us during the inspection in relation to particular staff members and to report back their findings. Following the inspection a director for the organisation confirmed all staff working unsupervised in the home had completed a satisfactory CRB check. They said they would speak to people, staff and relatives to provide these assurances.

We spoke to the deputy manager about the staffing levels and how these were planned. We were told four care staff were on duty in the morning and three in the afternoon. Two staff covered a waking shift during the night. In addition to care staff the service also employed a chef, a maintenance worker and two cleaners. A manager also worked in the home Monday to Friday, with a management on-call system in place at the weekend. The deputy manager told us staffing levels were adjusted dependent on need and had recently been increased during the morning to help support people more effectively during the busy time of day. We saw these staffing levels were in place throughout the inspection.

We received mixed feedback from care staff about staffing levels and if they considered them to meet

people's needs and to keep them safe. Two care staff said they felt there were enough staff, however two others said they did not feel staff were always sufficient in numbers to keep people safe. . For example, one staff member said a person had recently fallen, resulting in an admission to hospital. They said on discharge back to the home plans had been agreed for the person to have increased monitoring to prevent further falls. However, they felt the current staffing levels, particularly during busy times, meant this person was left unsupervised for periods of time, which they felt was potentially unsafe. We raised this issue with the deputy manager and the director at the time of the inspection and we were told they would discuss the issue with staff and address the matter relating to this person's safety as a matter of priority.

Staff also said they did not think people were always supported safely when they needed help with mobility and transfers. For example, two staff said one person needed two staff to help them to transfer from one chair to another and to use the toilet. They said they did not feel two staff were always available for this task and even when they were, staff did not always follow the agreed moving and handling guidelines. Staff said they felt the absence of correct procedures was a mixture of not having enough staff and staff not being sufficiently trained to support people safely. We raised this issue with the deputy manager at the time of the inspection who said they would speak to the staff, and review this person's support needs as a matter of priority.

Comments from relatives regarding staffing included, "The staff are lovely, they do their best, but there is not enough of them", and "Staff don't have any time to sit with people. Activities rarely happen, they just don't have time". Staff said some adjustments had been made to staffing levels at the busier times of the day, but they still felt they did not have enough time to sit and spend quality time with people.

Some people who lived at the service had known risks relating to their behaviour. The deputy manager and a director for the service told us guidelines were in place to manage these risks and to help ensure the safety of staff at all times. For example, they told us one person required two members of staff to assist them with personal care. However, this information had not been documented as part of the person's care plan and was understood by all staff we spoke with. . This was discussed with the deputy manager at the time of the inspection who said they would address the issue as a matter of urgency. On the third day of the inspection we saw guidelines had been updated and a staff meeting planned to inform the staff team.

People told us they felt safe living at Trenant. Comments included, "Yes, I feel safe, the staff look after me and support me, my anxiety and mental health". Staff had a good understanding about people's needs and vulnerabilities and were able to talk about how they kept people safe. Staff undertook training in safeguarding adults and they said this training was regularly discussed and updated. Information was available for staff about how to report any safeguarding concerns and staff were familiar with this information. We saw appropriate advice was sought and reports made to external agencies, including the police and safeguarding when people were considered to be at possible risk of abuse and/or harm.

Risks to people's health and well-being were known and managed appropriately. People had a range of risk assessments, which were completed at the point of their admission and as part of their on-going support plan. These risk assessments related to people's mental and physical health as well as individual lifestyle choices. For example, one support plan documented the risks to the person's health, well-being and safety when their mental health declined. The assessment stated that the person was at risk of poor skin care and personal dignity due to possible refusal to attend to personal care tasks. They were also less likely to use the call bell for assistance when their mental health declined. Guidelines were in place about how staff needed to support and manage these risks as well as information about other agency involvement if the risks became unmanageable and too unsafe. Another person had known risks due to their reduced mobility and vulnerability if left unsupervised for long periods. A plan had been put in place to move the person to a

downstairs bedroom so they could be nearer to staff and avoid having to use the stairs. Staff were supporting the person to move into their new room at the time of the inspection.

Information was available about maintaining a safe environment for people. For example, one support plan stated staff needed to check for slip and trip hazards as well as ensuring the person had safe and appropriate footwear when walking inside and outside the home. We saw staff supporting this person as they walked independently down the stairs. Although the person refused any physical support the staff supervised from a distance and spoke to the person about how they needed to descend the stairs safely. Risk assessments had been completed in relation to the environment. People had personal evacuation plans in place, which helped ensure their individual needs were known to staff and other services in the event of an emergency, such as a fire. A fire risk assessment was in place, and regular checks had been undertaken of fire safety equipment.

Staff were aware of different types of abuse and had completed training in safeguarding adults from abuse. All the staff we spoke with said they would not hesitate to report any concerns and felt confident their concerns would be listened to and acted on promptly.

Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. Medicine administration records (MARS) were completed clearly with regular audits to pick up any errors or gaps. Appropriate storage and recording systems were in place for controlled medicines as well as medicines requiring cold storage. A separate fridge was available and temperature checks were completed each day. People consented to staff administering their medicines and there was a medicines policy for staff to refer to if required. We saw staff asking people if they were happy to take their medicines and reminding them what they were and why they were taking them.

Requires Improvement

Is the service effective?

Our findings

At the inspection in 2015 we found the service was effective. At this inspection we found concerns relating to the environment. Feedback from staff regarding training also suggested the way training was planned and delivered needed to be improved.

We looked at all communal parts of the home, including the dining room, lounges, kitchen, laundry and gardens. We also looked at six bedrooms being used by people living at the home. Although parts of the home were being painted at the time of the inspection, we found the décor and furnishings were tired and of generally poor quality. The main stair carpet was worn and paint work on some skirting boards, doors and walls were marked, contained holes and were generally in a poor state of repair. A number of rooms were sparse and unwelcoming with a general air of neglect. For example, a sun room at the front of the house was not accessible to people and was being used for storage of equipment. This room could be seen as you entered the property and broken, poorly fitting blinds, unclean windows gave a generally poor impression as you approached the service. One person's room had a large stain on the ceiling and number of curtains had the curtains falling off the hooks. Fixtures and fittings in bathrooms and toilets were generally old and of poor quality. Bathrooms and toilets had nothing added to make using this area for personal care a pleasant or welcoming experience. A toilet situated next to the smoking area had a cleaning schedule posted on the wall outside. However, there was strong smell of urine and the room was poorly decorated and maintained. Although some bedrooms contained personal belongings and people said they liked their rooms, the sparse and poor quality furnishings did not provide people with a warm, welcoming and homely personal space.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked one of the directors for the organisation about the arrangements for maintaining the environment. They told us a large amount of money had been spent on the environment over the past year and records were provided of money spent on essential maintenance and repairs. They also said plans were in place for a total refurbishment and extension to the current building. However, we did not see plans or a timeline for this work.

Relatives said there had been some recent improvements in relation to the environment. Comments included, "We did feedback that the environment need to be improved and we are glad to see this has started to happen".

All staff had an on-going training plan in place to help ensure they had the skills required to effectively meet people's needs. Staff we spoke with were knowledgeable about individual's they supported and were able to tell us about specific conditions and needs. However, we received some mixed feedback from staff about the quality of this training. Some staff said the training met their requirements and provided them with the skills and knowledge to meet people's needs appropriately and safely. However, others said they felt the way training could be improved. For example, one staff member said, "Some training consists of watching a video,I don't think this should replace practical, face to face training". Another staff member said they had

worked in the service for nearly six months and had only watched one video about supporting people with mental health needs. They said, "People living here have a range of complex mental health needs, I don't think watching a video is sufficient". We spoke with the director for the service about this feedback and they informed us they would meet with the staff team to discuss the current training programme and individual training requirements.

Staff said they undertook a thorough induction when they first started working in the service. This included an opportunity to shadow experienced staff as well as familiarising themselves with people's records and policies relating to the service. A range of induction training was completed as well as the Care Certificate for staff who had no previous experience of care. The Care certificate is a nationally recognised qualification to improve consistency in the skills of staff working within a care setting.

Staff said they felt well supported by their colleagues and management. Comments from staff included, "The deputy is really good, we can go to her at anytime". At the time of the inspection the registered manager was absent and the deputy manager was overseeing the service on a day to day basis. They were being supported by other registered managers from within the organisation as well as one of the directors who they met with regularly and who was available throughout the inspection.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions or authorisations to deprive a person of their liberty were being managed appropriately. The MCA provides a legal framework for making decisions on behalf of people who lack capacity to do so for themselves. The act requires as far as possible people make their own decisions and are helped to do so when needed. When a person lacks the mental capacity to make a particular decision any made on their behalf must be in their best interests and the least restrictive. Mental Capacity Act training was included in the homes training plan and staff demonstrated a good understanding of this topic. Capacity assessments had been completed in relation to people making certain lifestyle decisions, such as moving into the home and having their medicines administered by staff. Staff had a good understanding of people they supported and were able to use this knowledge to help them make day to day decisions about their care and lifestyle, such as what they wanted to eat, and how to occupy their day.

When people had been assessed as lacking the capacity to make decisions, discussions had taken place with professionals and other significant people to help ensure decisions were made in the person's best interest. For example, staff had attended recent best interest meeting regarding one person's behaviour and the need for them to be supported within an alternative service. Discussions were held with the person's relatives and the local authority to consider the long term plans, which would be in the person's best interest. Another best interest meeting had been held for a person to consider the need for surgery to address a health concern.

People can only be deprived of their liberty in order to receive care and treatment, which is in their best interests and legally authorised under the MCA. The authorisation procedure for this in care homes are called Deprivation of Liberty Safeguards (DoLS) We saw applications had been made as required when the provider had assessed a person could be deprived of their liberty. For example, one person had been assessed as being at risk of leaving the building unsupervised. The provider had applied for DoLS authorisation and agreements were in place to fit key pads to the main entrance to help ensure the person's safety. People who were able to leave the service independently were still able to do so.

People's needs for a balanced diet and to be hydrated were met. Comments from people included, "The food is usually quite good, and we get plenty of drinks and snacks in the day". People had a range of needs in relation to their meals and diet and this information was documented and understood by staff. A chef was

employed in the home, who new people well and had good knowledge of people's likes, dislikes and dietary requirements. Some people were able to eat independently and others required assistance from staff. We saw most people ate their meals in the communal dining area, and although this was a busy time of day, the atmosphere was calm and relaxed. Staff sat alongside people who required support providing assistance in an unrushed and appropriate manner. People were offered a choice of meal and asked if they were happy with what they were eating. A selection of drinks were provided at mealtimes as well as throughout the day at set times and when people requested.

A daily menu plan was available on the dining room notice board and people confirmed meals and diet were discussed within residents' meetings. The chef said they received feedback from people and used this as part of their menu planning. Some people had their food and fluid intake monitored. We found these records were up to date and allowed staff to identify and address any changes or concerns.

People's health needs were monitored and prompt action taken to address any concerns or changes. Information about people's past and present health needs were documented as part of their support plan as well as information about other agency involvement, such as community psychiatric nurses. People told us they were supported to make and attend appointments and to have contact with mental health services when required. On the day of the inspection a district nurse was visiting to administer flu jabs to people who had requested this vaccination.

Good

Is the service caring?

Our findings

People and relatives said the staff were 'kind and caring'. Comments from people included, "The staff are always nice and kind to me". A relative said, "The staff are lovely, I really can't fault them, they are always very respectful".

We observed positive interactions between staff and people being supported. For example, we heard staff telling people how nice they looked after they had been to the hairdresser, and showing enthusiasm and interest when people returned from a trip out. Staff spoke in a caring way about people they supported and showed concern about their well-being. For example, one person had been in hospital due to a significant decline in their mental health. The person had returned home, but staff had still recognised the person was behaving in a way that suggested they were still unwell.

Equality and diversity was understood and people's strengths and abilities valued. People who lived at Trenant had a variety of different backgrounds, experiences and needs. Staff worked with people in a non-judgemental manner and were respectful of their differences and lifestyle choices.
For example, some people chose to smoke, and requested access to their cigarettes numerous times throughout the day. Although some people had their cigarettes looked after in the office, staff responded promptly and respectfully to their requests. Some people due to their mental health condition had certain rituals, routines and behaviours which were an important part of their daily routine. Staff were familiar with these behaviours and allowed people the time, space and privacy they needed. Information in people's records also demonstrated the service recognised people's needs in relation to their age and gender. For example, one file stated, 'Staff need to respect and recognise [….] is a younger adult and support and planning care needs to take this into account'.

People's privacy and dignity was respected. People told us staff knocked on their doors before entering, and spoke to them in a way they expected, wanted and preferred. Two people said staff respected their wish to attend to their own personal care needs, but offered assistance when requested.

Surveillance camera's had been fitted to some communal areas and the front and rear entrance. Records confirmed people had been involved in decisions about this facility, which had been installed to help improve people's safety. Policies and procedures were in place for this arrangement and were in line with current guidance. People and visitors were made aware of the position and use of this surveillance.

Staff responded promptly when people showed signs of distress or confusion. For example, one person became tearful when reminiscing about past events and their previous home. The staff were aware of this person's feelings and provided kind and gentle words of reassurance. Staff were aware of people's skills and strengths and promoted their independence where possible.

Advocacy support services were available for people if needed, for example when considering moving on to different services or in relation to their rights and lifestyle choices. One person said they met regularly with their advocate to discuss aspects of their life which were at time affected by their mental health condition.

They said they were able to meet their advocate when they wanted and in private. Staff at the service also advocated for people, this helped ensure their views were known.

People's cultural, religious and end of life needs were known to staff and respected. People were supported to attend church services and arrangements were made for people to receive communion and mass at the home if required.

Requires Improvement

Is the service responsive?

Our findings

At the last inspection in June 2013 we found the service was responsive. At this inspection we found improvements needed to be made in relation to social activities, care planning and the complaints process.

People said activities used to be good when an activities coordinator was employed in the home. They said since the activities coordinator left, activities had been poor and didn't take place on a regular basis.

Relatives said they were concerned their loved ones often sat around unoccupied, comments included, "[….] would really benefit from more activities, everyone is often just asleep in the afternoon. When the activities coordinator worked here there was an activity everyday".

Staff said they tried their best to sit and spend time with people, but due to the staffing levels and number of tasks that needed doing this was difficult.

We saw staff playing skittles with a group of people on the first day, and a quiz on the second day. One staff member sat with a person and painted their nails, which the person said they really enjoyed and were happy to show off the finished result. People said they had enjoyed these activities, but all said they didn't happen very often. Some people we spoke with told us about particular interests they had. Some of these interests related to particular hobbies, such as dog racing, and in connection to previous work including writing and journalism. The weekly activities chart included group activities such as board games, TV, Bingo, and puzzles. We did not see evidence of more personalised activities being organised as part of the activity planning. One person said the activities chart rarely changed. A gentleman living in the home said he did not want his nails manicured on a Sunday but that was the only activity available.

We saw some people were able to go out independently and were supported to do so. People were able to spend time with family and friends and they were made to feel welcome in the home.
The home had two sitting rooms. One was used as a quieter room where people could watch television or just relax and the other was used more as an activities room with a large television and range of films and music for people to watch and listen to.

On the first day of the inspection staff had dressed up and decorated the house for Halloween. Some people also chose to wear hats and the laughter and interactions between people and staff suggested people were enjoying this special event. One person said, "We used to do more activities like this, like themed meals, but none of that seems to happen now".

We spoke to the deputy manager and a director for the service and we were told the provider was in the process of recruiting a new activities coordinator to the service. They said this appointment would help ensure people individual social and leisure needs were met.

People had a plan of care, which covered their health, social and emotional needs. Where possible people had been involved in this process. Two people we spoke to said they had been fully involved in planning and

reviewing their support arrangements. The deputy manager told us they were in the process of updating care plans to make them more personalised and easier for staff to access and understand. We looked at some of the plans that had been updated and could see improvements had been made. However, we did find some plans required more detail about the complexity of needs we had been told about and some had not been updated to reflect changes in need and support arrangements. For example, one person had recently fallen and we were told as a result that plans were in place to minimise future risks. This included increased monitoring, a move to a downstairs bedroom and temporary use of a pressure mat to alert staff to the person's whereabouts. Although staff were familiar with this information the person's support plan had not been updated to reflect these changes. We spoke to the deputy manager and one of the directors about the absence of this information and they told us they would take action.

A thorough assessment process was completed before people moved into the home. The initial assessment would normally take place in the person's home or place of residence and would include the person and other significant people including relatives. A range of information was gathered about the person to help the service make a decision about whether or not they could meet their needs. People were also given a copy of the homes statement of purpose and if appropriate offered the opportunity to visit. When people moved in they were supported to settle in and familiarise themselves with their new environment. On the third day of the inspection we saw staff supporting a person to move into the service for a period of rehabilitation following a stay in hospital. Staff spent time with the person and familiarised themselves with the person's preferred routines as well as offering information about the service and facilities available. The deputy manager spoke with other agencies about the person's needs during their stay and ensured the person's prescribed medicines were ordered and available for them as required.

Each person's file also included a document called, ' All about me', which included important information about the person, which could be used to help ensure their needs were met when they used other services, such as during an admission to hospital.

Staff responded promptly to people's changing needs and daily monitoring forms and handover meetings were used to help ensure staff were kept updated with important issues. Other agencies said they felt the service responded promptly when people's mental health declined. Comments included, "The staff know people well, they can see subtle changes in people's behaviour that might suggest they are becoming unwell and act promptly to get the right support".

The service had a policy about receiving and dealing with complaints about the service. People said they when they had concerns they would normally raise them with staff or the manager and they would usually get dealt with at the time. Some people said they had not seen a copy of the homes complaints procedure and this information was not easily accessible to people, visitors or other agencies involved with the service.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection in June 2103 we found the service was well-led. At this inspection we found improvements needed to be made in auditing procedures to help ensure the quality of the service was maintained.

The information provided to people before they moved into the service stated, "Our philosophy is to provide a home of outstanding quality, which is welcoming and relaxing". However, we found parts of the environment were poorly maintained, and did not create a warm and welcoming environment for people to live. We also found the information in some people's care records were out of date and did not always include sufficient information about the care being provided. People raised concerns with us about the quality of activities in the home and said they had been poor for some time.

We did see some improvements were being made. For example, during the inspection parts of the home were being decorated and people said this would be an improvement. One of the directors for the service said there was a plan to extend and refurbish the service, although a plan and timeline for this work was not available. Support plans were in the process of being updated and we were told plans were in place to recruit a new activities co-ordinator.

We saw a range of audits, which were completed by staff on a regular basis, to monitor and help ensure the on-going quality and safety of the service. We were told the provider also completed a global audit, which when analysed informed any plans or improvements needed within the service. Although we saw some improvements were being made to the service, quality monitoring systems had failed to pick up the areas of concern we found during the inspection.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the time of the inspection the registered manager was absent. The deputy manager had taken responsibility for the day to day running of the home and was being supported by other registered managers and a director from within the organisation. People and staff, without exception, all described the deputy manager and provider of the service to be supportive and approachable. One of the directors for the organisation was present throughout the inspection and assisted the deputy manager and inspector with all requests for information. The director also responded promptly to concerns raised by relatives and staff during the inspection and provided a detailed report to us about their findings.

The deputy manager supported the inspection in a capable and confident manner, whilst ensuring people and staff remained happy and supported throughout. The deputy manager was able to prioritise our concerns in relation to risk and was seen taking immediate action to address some concerns, such as gaps in records. The deputy manager said they were well supported by the provider and other senior managers.

There was a positive and open culture in the service. Staff were open with their views and feedback and

appeared happy in their work. The provider was aware of what they could and could not do and had learned from situations they had experienced. Other agencies said the service had dealt with some very complex situations and had been open and honest when they believed people's needs could no longer be met safely by the service. This reflected the Duty of Candour. The Duty of Candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

Feedback was sought via questionnaires from people, relatives and other agencies about the quality of the service. We were told this information was analysed and action taken to address any issues raised. For example, feedback within questionnaires from people and relatives included some negative comments about the environment. The deputy manager said as a result plans had been put in place to update the décor in parts of the home. We saw hallways and some communal areas were being painted at the time of the inspection.

The service worked in partnership with key organisations to support care provision particularly mental health services and the local authority. Other agencies we spoke to said the service had been good at responding to support people particularly during a crisis situation. The director for the service said they kept up to date with best practice by working alongside other care home managers to share and reflect on practice and also attended local care and quality forums. In the absence of the registered manager they shared best practice guidance with senior staff and the deputy manager.

The service had an up to date whistle-blowers policy which supported staff to question practice. It clearly defined how staff that raised concerns would be protected.

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 15 HSCA RA Regulations 2014 Premises and equipment People who use services and others were not always protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance and parts of the service being unclean. Regulation 15 (1) (a)(e)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance People who use the service were not always protected by the systems to assess, monitor and improve the quality and safety of the service. Quality auditing systems were not sufficiently robust to enable the provider to identify where quality and/or safety are being compromised and to respond appropriately and without delay.