Kimbolton Lodge Limited

Kimbolton Lodge

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 04 August 2016 and was unannounced.

We carried out a first inspection on 24 November 2014. This was the second comprehensive inspection carried out at Kimbolton Lodge.

Kimbolton Lodge is registered to provide nursing or residential care for up to 36 people. On the day of our visit, there were 34 people using the service.

The service had a registered manager but she was not available during this inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People had not been protected against the risks associated with unsafe or unsuitable premises. Some areas of the service had not been maintained to a safe standard and repairs had not been carried out in a timely manner. Actions identified as needing improvement from the most recent fire authority inspection and a health and safety check had not been addressed. This meant that areas of risk that may be hazardous to people's safety and health had not always been identified and rectified as soon as possible.

Recruitment procedures needed to be strengthened to ensure only suitable staff were employed by the service. We observed that some employment checks for a small number of staff had not been obtained. There were insufficient numbers of suitably qualified, competent, skilled and experienced staff providing care or treatment to people. People's needs were therefore not met in a timely manner because of the impact that this had.

Systems and processes in place for the administration, storage and recording of medicines were not always safe. This meant that people's care and treatment was not provided in a safe way. The registered provider had failed to deliver the safe and proper management of medicines which had subsequently placed people's health and wellbeing at immediate risk.

Although we found staff to be kind and caring we observed them to be largely task focused due to insufficient staffing numbers. The privacy and dignity of people was not always promoted by staff because their personal care needs were not always responded to in a timely manner. .

Quality assurance, health and safety checks and feedback from people had not been undertaken consistently and did not therefore effectively check the care and welfare of people using the service. This meant that systems in place were not effective or robust enough to ensure that risks relating to the health, safety and welfare of people using the service were responded to.

People told us they felt safe at the service. Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to use the whistleblowing procedure. Risk assessments were centred on the needs of the individual and any potential risks to people had been identified. We saw that risk management plans had been completed to enable them to live as safely as possible.

Staff were well trained and aspects of training were used regularly when planning care and supporting people with their care and support needs. People told us and records confirmed that all of the staff received regular training in mandatory subjects. In addition, we saw that specialist training specific to the needs of people using the service had been completed. This had provided staff with the knowledge and skills to meet people's needs in an effective and individualised way.

Staff sought people's consent to care and treatment which was in line with current legislation. People were supported to eat and drink sufficient amounts to ensure their dietary needs were met. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required.

People told us they were treated with kindness and compassion. People's needs were assessed and care plans gave guidance on how they were to be supported. Records showed that people and their relatives were involved in the assessment process and review of their care. A wide and varied range of activities were on offer for people to participate in if they wished. The service had an effective complaints procedure in place and we saw appropriate systems for responding to any complaints the service received.

The registered manager had started to implement improvements and changes to the service and the quality monitoring processes. Staff were positive about the new manager and felt they were approachable and that she had an open door policy.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

This service was not always safe.

People were being put at risk because the premises had not been adequately maintained.

Recruitment practices were not robust and there were some gaps in staff employment checks.

Staffing numbers were not sufficient to meet peoples basic care needs in a timely manner.

Systems for the management of medicines did not always protect people using the service.

People were protected from abuse and avoidable harm and felt safe living within the service. Staff were able to recognise signs of potential abuse and knew how to report any concerns they had.

Risk assessments were in place, which meant that people benefitted from an approach which enabled them to take positive risks.

Is the service effective?

Good

This service was effective.

Staff were provided with on-going training, support and supervision to ensure they always delivered good care.

People's consent to care and treatment was sought and people were involved in decisions about their care so that their human and legal rights were sustained.

People were provided with a choice of meals which met their personal preferences and supported them to maintain a balanced diet and adequate hydration.

People were supported to maintain good health. The service had good working relationships with other professionals to ensure that people received holistic care.

Is the service caring?

Requires Improvement

This service was not always caring.

Staff were respectful to people, however we found there were occasions and practices that did not always ensure people were treated with dignity and respect at all times.

Information was provided so people could access advocacy services if they wished.

Staff were kind in the way they spoke with people and supported them with kindness and compassion.

Is the service responsive?

Requires Improvement

This service was not always responsive.

People did not always receive the care and treatment recorded in their care plans and in response to their individual needs.

There was a large range of individualised activities on offer at the service.

People's concerns and complaints were investigated, responded to promptly and used to improve the quality of the service.

Is the service well-led?

Requires Improvement

This service was not always well-led.

Systems to assess and monitor the quality of care provided to people were not fully implemented.

Systems were in place to ensure the service learnt from events such as accidents and incidents, whistleblowing and investigations.

We found that under the new management some improvements had recently been made at the service and other areas of concern had been identified as areas for requiring improvement

Kimbolton Lodge

Detailed findings

Background to this inspection

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

This inspection took place on 04 August 2016 and was unannounced. The inspection was undertaken by one inspector.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also spoke with the local authority commissioners, contracts officers and safeguarding team. The local authority raised concerns with the CQC in relation to staffing and training, care practices and the environment.

As part of this inspection we spent time with people who used the service talking with them and observing support, this helped us understand their experience of using the service. During our inspection, we observed how staff interacted and engaged with people who used the service during individual tasks and activities. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with ten people who used the service and three relatives. In addition, we spoke with nine staff members and this included the administration manager, the chef, the maintenance person and six care and support workers.

We reviewed the care records of five people who used the service to ensure they were reflective of people's current needs. We also examined four staff files, the medication administration record sheets for five people, four weeks of the staff rota and other records relating to the management of the service, such as staff training records and quality auditing records.

Inadequate

Is the service safe?

Our findings

People were not protected against the risks associated with unsafe or unsuitable premises. We saw a copy of the latest inspection report from the fire authority undertaken on 18 January 2016. Four requirements had been issued in relation to fire safety. These were for a fire risk assessment to be completed. We saw that this had been actioned. However, three further requirements for a full survey of fire doors to be instigated; windows within the area of the external escape route to be fire resisting and fixed shut, and for sufficient numbers of competent persons to be appointed to carry out the preventative and protective measures in relation to fire safety had not been addressed. We spoke with the maintenance person who confirmed that the fire risk assessment had been completed, but the remaining requirements had not been addressed. This meant that people were not safe and at risk of harm if there was a fire at the service.

We looked at the most recent health and safety inspection carried out on 24 March 2015. This showed that 105 areas required improvement. Eleven areas had been ticked as being completed. We spoke with the maintenance person who said that many of the areas had been addressed but had not been recorded as completed. They ticked the areas that they said had been completed and this showed there still remained 24 areas of the health and safety action plan that had not been addressed. Seventeen of these areas were in relation to fire safety. These included replacing fire doors with ones that conform to British standards; ensuring signage for fire exits was in place in all areas and for staff to be trained to use evacuation equipment in the event of a fire. The maintenance person showed us a fire plan that was dated October 2014 and had not been updated since this date. This meant that the provider had failed to address areas of concern to make the service safe, which put people at risk of harm.

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

We found that staff had not always been recruited safely into the service. We looked at four recruitment files for staff working at the service. Two of these were for staff new to the service.

In one file we found that a reference for a member of staff provided negative feedback and the referee stated they would not employ the staff member again. There was no recorded information to show this had been explored. The second reference only provided dates that the person had worked for the previous employer. In the same file we saw that the staff member had commenced work at the service but we were unable to see that a copy of their Disclosure and Barring Service (DBS) check had been seen and reviewed. The administration manager told us they had asked the staff member to bring in their DBS check so they could verify it and to make sure the person was suitable to work at the service. However, at the time of our inspection this had not been checked and the staff member had been working at the service for over a week. This meant that the provider had not taken appropriate steps to ensure the person was suitable to work with vulnerable people.

In all the four files there was no information about whether people were physically or mentally fit to carry out their roles and responsibilities. There were no up to date photographs for each staff member and only

two of the four files contained suitable proof of identification. Staff files demonstrated that staff members had not always been safely recruited and that appropriate steps had not been carried out, to ensure staff were of suitable character to work with vulnerable people.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing levels were not sufficient to meet people's care and support needs appropriately. One person told us, "You do have to wait before staff come and see to you. Many times I have already wet myself by the time they get here." Another person who was being cared for in bed informed us, "I get very lonely. I don't see many people all day. They are too busy for a chat." A third person commented, "Staff are always rushing around and they say to me sorry I can't help you yet, I have to do this and that. I feel so sorry for them."

Relatives also confirmed there was insufficient staff and that people did not always receive the care they needed in a timely way. One said, "They could do with more staff. They are always busy. I worry that [relative] sits on her own for long hours without anyone to talk to." A second relative told us, "I have been sat with [relative] when she has rung her call bell. At certain times of the day, when it's busy, she has to wait a long time for staff to help her."

Staff told us there were not enough staff to provide care in a timely manner and told us they felt under pressure and rushed when carrying out their roles. One said, "No, we don't have enough staff. We do our best but we don't have the time." A second staff member told us, "The mornings are crazy. Certain people like to get up at the same time. I feel like a robot." A third commented, "Night time is like an accident waiting to happen. Most people here need two staff but at night we have one staff on the nursing side, one staff member on the residential side and one working between the two areas. Last week there were only two of us on the night shift. It does happen and it has a knock on effect in other areas. Handovers are getting shorter, things get missed. It's a shame because I would love to have the time to sit and have a chat with people. It's not all about keeping people clean and fed." The staff rota we looked at confirmed there had only been two night staff on duty on one occasion during the previous week. .

Throughout the day we noted that emergency call bells were ringing for long periods of time. We observed one person who rang their bell which was not answered for over four minutes. We overheard this person asking to be washed and changed. The staff member told them that they couldn't help them because they needed another member of staff. The person rang their bell another three times before staff assisted them with personal care 35 minutes later.

We saw that care staff were patient and kind when supporting people but were largely task rather than people focused. They provided support as and when required but social interaction with people who lived at the home was reserved primarily for when an activity took place such as meal times. For example, we saw a singer entertaining people in the afternoon and we saw that some people wanted to get up and have a dance. There were no staff present for this activity except for the activities co-ordinator, because staff were busy undertaking other tasks around the service.

We saw that a tool was used to assess the dependency of people and calculate the staffing numbers required to meet people's needs. The staff duty rota for the current month recorded that staffing levels were consistent with those calculated by the dependency tool and as described by the staff we spoke with. However, our observations found that there was a demand on the staff to ensure everyone's needs were met in a timely manner. For example, we observed one person who was calling out for help for a period of 10 minutes before a staff member attended. The person was distressed due to discomfort in their sacral area

and wanted to go to bed. One staff arrived to support the person but had to leave again to find another member of staff to assist them. This took a further five minutes and left the person in discomfort. We found that the dependency tool was not capturing the time staff needed to engage with people for a long enough period to provide them with stimulation, comfort, encouragement and reassurance. At the time of our inspection we judged staffing levels across the service to be insufficient to meet people's needs in a timely way.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were not always handled safely and securely. We observed one medicine trolley in a corridor that was not being attended by staff and we found a pot on the top of the trolley containing two tablets. This meant that people had access to the tablets that may put them at risk of harm.

We saw medication protocols in place and looked at these for five people in depth. Three of these showed that people's 'as needed' medicines review dates were to take place in six months or when circumstances changed. We found that these had not been reviewed and the records showed that one person's review had not been undertaken for over twelve months. This meant that people may be receiving medicines that they no longer required and that were not working effectively for them.

Medication Administration Records (MAR) were not always completed accurately following the administration of each medicine. We looked at the MAR charts for five people over a period of 10 days. We found five omissions where medicines had not been signed for. We were not able to verify if these medicines had been given. Medication records did not always contain a photograph of the person it related to, to ensure the medicine was given to the right person. This meant that people were at-risk of not receiving their medicines safely.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People told us that they received their medicines when they expected them. One person told us, "I do get my tablets from the staff. I would forget to take it otherwise." A relative said, "They have discussed [relative] medicines with me. I know what he has and why."

We observed the administration of some of the morning and afternoon medicines. This was undertaken in a person centred way, with each person being asked if they were ready for their medicines and how they wished to take it. People were given a drink to assist the swallowing of their tablets and the staff member spent time with them to ensure they were not hurried.

We saw that medicines were stored safely and were administered from lockable trolleys. When not in use the trolley was stored securely. Some items needed storage in a medicines fridge; the fridge temperatures were checked daily to ensure medicines were stored at the correct temperatures in line with best practice.

Records demonstrated that medicines were checked and accounted for regularly. We saw there was a system for recording the receipt and disposal of medicines to ensure that staff knew what medicine was in the service at any one time. This helped to ensure that any discrepancies were identified and rectified quickly.

People using the service were protected from abuse and avoidable harm. People told us they felt safe living at the service. One person said, "I am very safe. Safer than I was at home." A second person told us, "I do feel safe living here. They look after me well and have helped me get back on my feet." Relatives we spoke with also told us they felt their family members were safe at the service. One relative told us, "[Name of relative] is looked after by the staff. They take care of her and make sure she is safe. .A second relative stated, "I have peace of mind knowing that [[relative] is looked after properly and is kept safe. I used to worry about him falling but they help him stay safe when walking."

Staff told us they had been provided with safeguarding training. They were able to explain how they would recognise and report abuse. One staff member explained, "If I was worried about anyone not being treated properly I would go straight to the manager and if she wasn't here I would go to her boss." A second staff member commented, "I would feel confident that if I reported any worries about someone's behaviour it would be dealt with properly."

We saw evidence that staff had been provided with safeguarding training. We observed a copy of the service's safeguarding policy along with a copy of the local authority adult safeguarding policy. Both documents contained clear information on who to contact in the event of suspected abuse or poor practice. We saw evidence that when required the registered manager submitted safeguarding alerts to the local safeguarding team to be investigated.

Risks to people had been identified and systems put in place to protect people from harm. We saw that people had individual risk assessments in place to assess the level of risk to them. One person told us, "I had a chat with a nurse yesterday because she wanted to complete a risk assessment for me about pressure sores." We spoke with the nurse who told us, "[Name of person] doesn't like to lie on their side which means they are at more risk of a pressure sore. So we completed a risk assessment and discussed the risks with him."

We saw that risk management plans were in place to protect and promote people's safety. People had risk assessments in relation to moving and handling, falls, nutrition and pressure damage. We saw that people's risk assessments were reviewed monthly or as and when their needs changed.

Good

Is the service effective?

Our findings

People received care from staff that had the knowledge and skills they needed to carry out their roles and responsibilities. One person said, "The staff are really helpful. They know what they are doing." Another person commented, "When I came here I was very poorly. The staff helped me get better and that's why I am where I am now." A relative told us, "The staff have been very helpful with [relative]. They work with him to make sure he has everything he needs."

Staff told us that they received the right training to carry out their roles, including support to achieve national health and social care qualifications. One member of staff said: "The training is good; it helps give us the knowledge to do the job." Another staff member told us, "I definitely think we have enough training. It's very good." A new staff member talked to us about their induction training and said they had shadowed a more experienced member of staff, to support them in gaining the right skills and knowledge to meet the needs of the people using the service.

The service had a comprehensive programme of staff training which included a host of mandatory courses including; moving and handling, first aid, fire safety, safeguarding and various health and safety topics. In addition staff had also had opportunities to access specialist training in areas such as nutrition and health, dementia awareness, care and management of diabetes and end of life care. Nurses we spoke with said the training provided was sufficient so they could maintain their PIN. Staff spoke highly of the training that had been provided and new staff confirmed they had also completed an induction programme. This had included the opportunity to shadow more experienced staff until they felt confident. One staff member told us, "The induction is very good. I felt equipped to do the job." We saw that the service was signed up to the Care Certificate and this was used for new staff employed at the service. (The care certificate is the new minimum standards that should be covered as part of the induction training for new care workers).

There were good systems in place to provide on-going support to staff and they confirmed they received regular formal supervision. One staff member said, "The supervision is very helpful. You can talk about anything and if you feel you need another in between you only have to ask." Staff confirmed that in addition to supervisions, the registered manager was always around to speak to or provide advice. One staff member said, "The manager will listen and help if they can. Her door is always open."

Consent to care and treatment was sought in line with legislation and guidance. People told us that they felt involved in their care and that staff always asked for their consent as a matter of routine. Staff told us people's consent was gained before assisting them with care and support. One staff member said, "I always tell people why I am there and what I would like to do. I always ask if it's okay to do anything before I start." During our inspection, we observed staff gaining people's consent to support them. For example, during the lunch time activity staff made people aware of what was happening before carrying out tasks.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that 19 people had authorisations to deprive them of their liberty.

We checked whether the service was working within the principles of the MCA and found that staff had undertaken training in this area. Staff we spoke with demonstrated a good understanding of the MCA, including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. One staff member told us, "We have had training about the Mental Capacity Act. It means we should try to let people do as much for themselves but keeping them safe as much as we can." Records confirmed that where a person lacked capacity to make a specific decision, appropriate steps had been taken to ensure best interest's principles had been followed.

People were supported to eat and drink enough to maintain a balanced diet. They complimented the chef and the quality of the food provided. Everyone we spoke with told us that they always had a choice of what to eat at every meal. People said that their dietary needs and preferences were always respected and catered for. For example, one person told us they didn't like to have meat regularly so the chef always asked them if they wanted what was on the menu. If they didn't the chef would make them an alternative meal. One person told us, "The food is fantastic. I couldn't say a bad word about it." A relative commented, "The food is lovely, it's varied and all homemade. [Relative] eats better now than when they did at home."

Staff worked hard to ensure that people received a healthy dietary intake. We found that menu choices were designed to ensure they were nutritionally balanced and where appropriate, fortified or pureed to the right consistency to meet people's specific requirements. Staff told us that they encouraged people to make healthy choices and supported them to have a balanced and nutritious diet that was in accordance with their individual needs. We spoke with the chef who displayed a good understanding about people's therapeutic diets, such as diabetic foods. They also knew people's dietary likes and dislikes. They said, "I know every one very well. I always visit them and talk with them about the foods they like."

People's weights were regularly monitored to ensure they remained within a healthy range. Where indicated referrals to dieticians had been made for further assessment. Records confirmed that people were supported to have a sufficient amount to eat and drink, based upon their specific dietary requirements. We saw that there were appropriate monitoring systems in place for those who were at risk of dehydration or weight loss and people who required support were assisted by staff in a dignified way.

People were supported to maintain good health and had access to external healthcare support as necessary. One person said, "My [relative] will take me to the hospital if I need to go, but I know that staff will take me if I need their help." Relatives said the healthcare support provided to their family members was good and commented that staff were very quick to respond to any health issues or concerns. One relative commented, "If anything ever happens or if [relative] is not feeling well they call me straight away."

Staff ensured people had access to other healthcare professionals and people had a choice about the health care support that they received. One staff member told us, "The doctor visits the home if people need them." Staff told us there were good relationships between the service and the GP practices.

Records showed that appropriate referrals were made to healthcare professionals such as doctors, dentists, opticians and dieticians. People were supported to maintain good health and have access to healthcare services.

Requires Improvement

Is the service caring?

Our findings

People were happy with the care and support they received. One person told us, "The staff are very nice." Another person said, "I can't say anything bad about the staff." A third commented, "Everyone has been so helpful, patient and caring." Relatives were equally complimentary of the care their family members received. One relative told us, "I don't have to worry. I am confident that [relative] is treated with kindness." A second relative stated, "The staff have been very kind to [relative] me and my family."

We found that staff worked hard to make people and their relatives feel cared for. One staff member told us, "I like working here because of the residents. I find it very rewarding." Another member of staff commented, "Each resident is different and individual. They have so many interesting stories to tell."

Relatives were satisfied and pleased with how staff cared for their family members. One relative said, "When [relative] came here I was so worried. I thought he might go downhill and give up, but he has settled in well thanks to the kindness of the staff." Another relative said about the staff, "The carers work hard to make [relative] feel respected and cared for."

When interaction took place we observed them to be positive. For example, we observed an activity session and saw the activity coordinator offering gentle encouragement to people to participate and offered support when this was required. We saw that staff took care to ask permission before assisting people. One person told us, "They always ask me what I want." Another person commented, "They are very kind and ask me how they can help me." However; although staff interactions with people were positive we saw that meaningful interactions were limited. Care staff were patient and kind when supporting people but were largely task rather than people focused because staffing numbers did not allow them the time to spend with people. Staff provided support as and when required but social interaction with people who lived at the home was reserved primarily for when an activity took place such as meal times or when personal care was being provided.

Relatives told us staff understood the importance of including relatives and close friends in the person's care planning and care delivery. Relatives and visitors were encouraged to visit the service and there were no restrictions on visiting. Those family members spoken with said that they were able to call in at any time and were always made to feel welcome. One person told us, "My family visit me all the time. They will be coming today and I always look forward to seeing them."

We found there were occasions and practices that did not always ensure people were treated with dignity and respect at all times. People sometimes had to wait for staff to respond to their personal care needs in a timely manner which one person told us sometimes resulted in them having a toileting accident before the staff arrived. Staff told us they tried hard to make sure people's dignity was maintained however staffing numbers made it difficult to respond to people's needs in a timely manner. One staff member said, "Sometimes we are so busy we can't always support people when they need it. Yes this has sometimes meant that we get to people too late." A second member of staff told us, "We are on a time limit. Sometimes we have to rush people's care which is not very dignified for them." This demonstrated that people's privacy

and dignity was not always considered or upheld by staff.

We did observe some good practices around maintaining people's privacy and dignity. People told us that staff were always respectful towards them and took steps to promote their privacy and dignity. One person told us "They do everything right and it's always done in private." Another person commented, "They always knock on my door and treat me as they should." On several occasions we noticed that staff approached people to offer personal care and each time this was done discreetly without others noticing. A relative confirmed, "I visit my [relative] and we see the staff treating people with respect."

Staff gave us examples' of how they maintained people's dignity and respected their wishes. One staff member said, "I always knock before entering people's rooms. I always cover people with a towel to stop them feeling embarrassed." A second member of staff commented, "I close the curtains and talk to people politely. It's all about having good manners."

The service had systems in place to ensure that people's privacy and confidentiality was upheld. We saw that staff were provided with training on confidentiality. Information about people was shared on a need to know basis. We saw that people's files were kept secure in filing cabinets and computers were password protected. Handovers took place in private and staff spoke about people in a respectful manner.

Requires Improvement

Is the service responsive?

Our findings

We found that people did not always receive the care and treatment recorded in their care plans and in response to their individual needs. For example, we saw that some people were left waiting for long periods of time in discomfort. People had to wait for staff to provide their personal care which meant their needs were not met in a timely manner and in line with their preferences. This meant that people were at risk of receiving unsafe and inappropriate care.

Staff told us that before people used the service, they were asked for information about their needs. This information was then used to develop a care plan that reflected how each person wanted to receive their care and support. One staff member said, "We usually undertake an assessment when the person is in hospital. We ask for as much information as we can. The more we can get the better we can make a person's care."

We reviewed care records and found that people had been asked for information prior to moving in. Care plans we looked at had been reviewed regularly; to ensure the care and support being provided to people was still appropriate for them. However we saw that medication reviews had not always been undertaken regularly. We also noted that handwritten updates had been added in as people's needs changed, indicating that these were used as working documents. Daily records were being maintained to demonstrate the care provided to people.

Staff understood the need to meet people's social and cultural diversities, values and beliefs. The service had a comprehensive programme of activities and people told us that there was always something for them to do if they wanted to. One person commented, "We have a singer this afternoon." Another informed us, "We do 15 minutes exercises every morning. There is always something going on."

There was a large pictorial activities timetable that ensured the entertainment programme was shared with people who were free to participate as much or as little as they wanted to. Group activities on offer were appropriate to people and their interests. We saw a range of activities advertised that included bingo, quizzes, sing a longs, movie nights, newspaper reading and dominoes.

We observed activities taking place throughout the day - some planned and some not. We noted that the use of the television was kept to a minimum, and people were encouraged to participate in activities that were meaningful for them. We also saw evidence to suggest that the service had organised themed events to celebrate key dates and holidays such as Christmas and the queen's birthday. There were photographs on display of people participating in some of the activities that had been provided.

Everyone we spoke with told us they knew how to make a complaint or raise a concern. People told us they felt the staff team were approachable and that they would feel comfortable speaking with a member of staff if the need arose. One person told us: "I have no complaints at all." Another person added: "I don't have any complaints about anything." Staff we spoke with were clear that they would report any complaints they received to a senior member of staff.

We saw clear information had been developed for people outlining the process they should follow if they had any concerns. We spoke with the administration manager who showed us that a record of complaints was being maintained. We noted from this that concerns were taken seriously, and people were kept updated on the actions taken in response. This showed that people were listened to and lessons learnt from their experiences, concerns and complaints.

Requires Improvement

Is the service well-led?

Our findings

During this inspection we found there was a registered manager in place who, we were told, had been working at the service for eight weeks. They were not at the service during our inspection. We found that effective management systems had not yet been fully implemented to assess, monitor and improve the quality of service people received. For example, we saw that although new environmental audits had been implemented and carried out in June and July 2016, actions to address areas of concern found at the premises had not always been addressed. This meant that people would be put at risk in the event of a fire. The lack of actions taken in relation to the improvements needed at the premises does not demonstrate the provider's commitment to drive improvements at the service.

In addition, we found that systems to ensure recruitment procedures were robust were not in place. Staff files had not been audited or quality checked to ensure the correct process had been followed. We saw that audits of the Medication Administration Records (MAR) had been completed. However, these had not identified all areas where we had found omissions and we were unable to find what actions had been taken to address areas that required improvement. The audits had not been effective in identifying some areas for improvement that we observed in the medication records so that errors could be identified and rectified swiftly.

We found that systems in place to assess people's needs and calculate the number of staff needed to meet those needs had not been effectively carried out. People, relatives and staff told us there was insufficient staff at the service to ensure people received care in a timely manner. We found that this had left people receiving care that did not meet their needs and compromised their dignity. However we were unable to find how the service monitored this. We asked the administration manager if we could look at any recent service satisfaction surveys that had been undertaken. They were not able to confirm if these had been completed and we were unable to find any surveys that had been undertaken. This left people within the home open to risk and meant that people may receive care that was inappropriate and not in line with their preferences.

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

We received positive feedback from the staff about the new manager. One staff member told us, "I feel that things are becoming more organised and I feel I can talk with the new manager." A second member of staff said, "I couldn't talk with the last manager. This one's much better. I think things are going to change for the better."

People and their family members knew who the new manager was and said she had been to visit them. One person said, "She doesn't visit me every day but she has been to my room to say hello." A relative commented, "I have met the new manager. She seems nice. There have been a lot of management changes. I hope this one stays."

Staff felt they were well trained and supported and were committed to the care and development of the people the service supported. They felt that when they had issues they could raise them and felt they would be listened to. One staff member told us, "I would be more than comfortable raising any concerns." All staff without exception told us they would be happy to question practice and were aware of the safeguarding and whistleblowing procedures. All the staff we spoke with confirmed that they understood their right to share any concerns about the care at the service.

We saw that the registered manger had recently introduced staff meetings and there was a list advertised of when these would take place. We saw information around the home for people, staff and visitors regarding the complaints process, safeguarding arrangements, activities and fire safety arrangements. Clear information had also been developed for prospective users of the service, setting out what they could expect from the service, their rights and also information about fees and the cost of any extra services.

There were internal systems in place to report accidents and incidents and we saw a record of these. There was evidence that the registered manager and staff investigated and reviewed incidents and accidents. We saw that the registered manager was aware of the need to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise. We looked at a folder that contained reports of incidents that had been reported to the relevant authorities.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure that systems in place to ensure medicines were administered safely were not consistently followed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider had failed to ensure that areas of the premises identified as needing repair had been addressed to ensure the service was safe.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had failed to ensure that systems or processes were in place to assess, monitor and improve the quality and safety of the services provided and to mitigate the risks relating to the health, safety and welfare of people using the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered person failed to ensure that robust recruitment practices were carried out to ensure only people suitable to work with vulnerable people were recruited.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider has failed to ensure that sufficient numbers of staff were available to meet people's care needs in a timely manner.