

Rowena House Limited

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Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

This inspection took place on the 6 and 7 February 2018 and was unannounced. Rowena House Limited is a 'care home'. People in care homes receive accommodation and nursing, or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Rowena House Limited accommodates up to 22 people in one adapted building. There were 20 people resident at the service at the time of our inspection.

At the last comprehensive inspection in January 2017 we found breaches of Regulations 9, 12 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 due to concerns with the lack of activities on offer at the service, the provider's practice around managing the risk of people choking, and with the provider's recruitment practices. Following that inspection the provider wrote to us to tell us the action they would take to address our concerns.

At this inspection, we found that whilst the provider had addressed the individual concerns identified at our last inspection, there remained concerns amounting to breaches of regulations because risks to people were not always managed safely and the provider could not always demonstrate that sufficient checks had been made on the suitability of the staff working at the service.

We also found further breaches of regulations because safeguarding allegations had not consistently been reported to the local authority safeguarding team, furniture in the premises was worn and in need of replacing, and medicines and the risk of infection were not safely managed. Staff were not always supported in their roles through training and supervision, people were not always lawfully deprived of their liberty and the provider's systems for monitoring the quality and safety of the service were not effective in identifying issues or driving improvements.

You can see what action we told the provider to take at the back of the full version of the report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 had submitted notifications about important events to CQC where required, but we found improvement was required to ensure they understood all of their responsibilities in order to meet legal requirements.

There were sufficient staff deployed to meet people's needs, although improvement was required to increase the number of staff employed by the service in order to reduce the frequency at which agency staff were used to cover shifts. The provider reviewed records of accidents and incidents to determine whether any changes were needed to the way in which they were supported, but improvement was required to

ensure accidents and incidents were consistently reported and recorded.

Staff sought consent from people when offering them support and understood the process to follow in supporting people to make decisions in their best interests where they lacked capacity to do so, in line with the requirements of the Mental Capacity Act 2005 (MCA). People's needs were assessed and these assessments formed the basis on which their care plans were developed, although improvement was required to ensure care plans accurately reflected people's individual needs and preferences.

People received support from staff to eat and drink and records confirmed dietary advice had been sought from healthcare professionals, where appropriate, but improvement was required to ensure kitchen staff were aware of people's individual dietary requirements. People were supported to access a range of healthcare services when needed, and staff acted to ensure people received consistent care across different services.

Staff treated people with kindness and consideration, although improvement was required to ensure people were consistently treated in a dignified and respectful manner. People were supported to make decisions about their care, and their privacy was respected. Relatives told us they were welcome to visit when they wished. People and relatives confirmed they were aware of the provider's complaints procedure, and records showed the provider had investigated and responded to any complaints raised, although improvement was required to ensure complaints were responded to within the timescales identified in the provider's complaints procedure.

People, relatives and staff spoke positively about the registered manager and the support they received. The provider sought feedback from people and relatives through the use of surveys, and survey feedback indicated that people were happy living at the home and with the support they received. The service worked with healthcare professionals to ensure people received appropriate treatment at the end of their lives.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 ●

The service was not safe.

Risks to people had not always been adequately assessed, and action had not always been taken to manage risks safely.

Medicines were not managed safely.

People were not always protected from the risk of infection.

Staff were aware to report safeguarding concerns and told us they would whistle blow, if they had concerns, but the provider had not always reported safeguarding allegations to the local safeguarding team as required.

There were sufficient staff on duty to meet people's needs but improvement was required to ensure the service employed sufficient staff to cover shifts and reduce dependency on agency workers.

Appropriate checks had not always been made on staff before they started work.

The provider reviewed accident and incident records to ensure no changes were required to people's care planning, but improvement was required to ensure accidents and incidents were consistently reported and recorded.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff were not always up to date with training considered mandatory by the provider, and the registered manager was unable to confirm that staff had received support through regular supervision, in line with the provider's procedures.

Staff sought consent from people and were aware of how the Mental Capacity Act 2005 (MCA) applied to their roles when supporting people, but people were not always lawfully deprived of their liberty under the deprivation of liberty safeguards (DoLS).

Staff provided people with support to eat and drink, and people had received appropriate input with regards to their dietary need from healthcare professionals, where required. However improvement was required to ensure kitchen staff were aware of people's dietary needs.

People's needs were assessed and assessments were used to form the basis of their care plans.

People were supported to access healthcare services when needed.

Staff ensured people received co-ordinated support when moving between different services.

Is the service caring?

The service was not always caring.

People's privacy was respected, but improvement was required to ensure staff consistently treated them in a dignified manner.

Staff treated people with kindness and consideration.

People were involved in decisions about their support.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

People and relatives had been involved in discussions about their care and this information was used in the development of their care plans. However improvement was required to ensure care plans accurately reflected people's individual needs.

There were a range of activities on offer for people to take part in, in support of their need for social engagement, although improvement was required to ensure these were available throughout the week.

People were supported to maintain the relationships that were important to them.

People knew how to complain and expressed confidence any issues they raised would be addressed, but improvement was required to ensure the provider responded to complaints within the timescales identified in their complaints procedure.

The service worked with healthcare professionals to ensure

Requires Improvement ●

people received appropriate treatment at the end of their lives.

Is the service well-led?

Inadequate 

The service was not well-led.

The provider's systems for monitoring the quality and safety of the service were not effective in identifying issues or driving improvements.

There was a registered managed in post. Improvement was required to ensure they were aware of the responsibilities of the role in order to comply with legal requirements.

Staff spoke positively about the support they received and team working within the service, but important information was not always properly communicated to staff.

The registered manager was unable to identify when staff meetings had taken place during the last year.

The provider had systems for seeking feedback from people and the feedback received indicated they were satisfied with the service.

People and relatives spoke positively about the management of the service.

The provider worked in partnership with other agencies in order to provide people with the support they needed.

Rowena House Limited

Detailed findings

Background to this inspection

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

This inspection took place on 6 and 7 February 2018 and was unannounced. The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the information we held about the service. This included details of notifications received from the provider about deaths, accidents and safeguarding allegations. A notification is information about important events that the provider is required to send us by law. We also received feedback from a local authority commissioning team who had been involved in commissioning people's care at the service. The provider completed a Provider Information Return (PIR) prior to the inspection. This is a form that asks the provider to provide some key information about the service, what the service does well and any improvements they plan to make. We used this information to help inform our inspection planning.

During the inspection we spoke with nine people and five relatives. We also spent time observing the support people received and their interactions with staff. We spoke with five members of staff and the registered manager, and looked at records, including five people's care plans, four staff recruitment files, staff training records and other records relating to the management of the service including audits, Medicine Administration Records (MARs) and the provider's policies and procedures.

Is the service safe?

Our findings

At our previous inspection in January 2017 we found a breach of regulations because advice had not been sought from a healthcare professional for one person who staff identified as being at risk of choking, in order to ensure that risk was managed safely. Following the inspection the provider wrote to us to tell the action they had taken to address this issue. At this inspection the registered manager and staff told us that they had followed the action plan, but no one currently resident at the home were at risk of choking. However, we found risks to people in other areas were not always safely managed by staff.

Risks to people had been assessed in areas including nutrition, skin integrity and falls, and records showed that where appropriate, advice had been sought from healthcare professionals in order to help manage risks safely. However, we found that risk management plans developed by healthcare professionals had not always been followed, and staff did not always act to manage risks to people in line with the requirements laid out in their risk assessments.

For example, two people identified as being at risk of malnutrition had been referred to a dietician who advised their weight should be monitored on a weekly basis, but staff had not followed this guidance and one of the people had not been weighed for over seven weeks. Staff were also not aware of the need to complete food charts for these people in order to monitor their nutritional intake and so told us they had not done so. In a second example, one person's care plan identified the need for staff to ensure their walking aid was to hand at all times because of identified risks associated with their mobility but on the first day of our inspection we found the person seated in a communal area without their walking aid, placing them at risk should they have attempted to move.

We also found environmental risks were not managed safely. The registered manager was unable to provide us with a fire risk assessment and we identified fire safety risks in the home. For example, on both days of our inspection we found fire doors propped open by furniture which would have increased the risk of fire and smoke spreading, should a fire have occurred. We also noted that a maintenance engineer had identified a fault with part of the fire alarm system in the home in October 2017 which they recommended be repaired as a priority. This work was still outstanding, placing people at risk of a potential fire not being detected promptly.

Staff were not always aware of the procedures to follow in the event of an emergency. Three staff we spoke with on the first day of our inspection all had differing views about the action they should take in the event of a fire alarm and whether they should support people to evacuate. Records for use in the event of a fire were also out of date. For example we saw personal emergency evacuation profiles (PEEPs) stored in a fire safety folder which identified people's support requirements should the service need to be evacuated, but these only covered 15 out of the 20 people who lived at the service, and one person named had died in November 2017. This placed people at risk in the event of a fire.

Following our inspection we wrote to the provider to highlight our concerns regarding fire safety, and they sent us an action plan confirming the steps they were taking to address these issues, which included making

repairs to the fire alarm, updating people's PEEPs and commissioning an external contractor to conduct a fire risk assessment.

People and relatives told us staff provided them with appropriate support to take their medicines. One person said, "They [staff] do all that; I get my tablets in the morning and evening." A relative told us, "As far as I'm aware [their loved one] gets medication on time." Another relative commented, "They [staff] manage [their loved one's] medicines fine. For example, they spoke to the GP to arrange a review because [their loved one] was in pain and the changed medication helped." However, despite the feedback we received from people and relatives, we found medicines were not always managed safely.

Medicines were securely stored in a locked medicines trolley which was only accessible to trained staff who had undergone an assessment of their competency to administer medicines. However, the registered manager was not aware of the maximum safe temperature for the storage of medicines, and staff did not maintain temperature checks of the medicines storage area to ensure medicines remained effective for use.

People had medicines administration records (MARs) in place which included a copy of their photograph and a list of any known medicines allergies to help reduce the risks associated with medicines administration. We reviewed a sample of people's MARs and found they had not been completed correctly by staff. For example, one person's MAR had been completed to reflect the administration of a medicine used for pain relief on four occasions during the day prior to our inspection, but the remaining medicine stock showed these doses had not been administered. In another example, staff had not signed a person's MAR to confirm the administration of a medicine prescribed to one person on the morning of our inspection, but their remaining medicines stocks indicated this medicine had been administered.

There was no guidance in place for staff on how to administer medicines which had been prescribed to be taken 'as required' or with a variable dose, to ensure people took these medicines in a manner which safely met their needs. We also noted that the times medicines had not been recorded placed people at risk of unsafe support. For example, where people had been prescribed pain relieving medicine to be taken four times each day, there was no way to identify whether the minimum required four hour gap had been maintained between each dose because MARs did not record the time the dose was given.

The service did not have effective processes in place for receiving and disposing of medicines in a timely manner. One person's MAR from the previous month showed that they had run out of one medicine two weeks prior to the end of the cycle. Staff told us they would have requested a further prescription for this medicine but were unable to provide evidence confirming this. We also found old medicines stocks dating back to February 2017 which had not been returned to the pharmacist, despite disposal records showing the return of other medicines on at least two occasions since that time.

The provider did not have effective systems in place to manage the risk of infection. Staff were aware of the need to wear personal protective equipment (PPE) such as gloves and aprons when supporting people with personal care tasks and we observed staff wearing PPE at different times during our inspection. However on the first day of our inspection there was a lack of suitable hand washing facilities as there was no soap in the communal bathroom and toilets on the first and second floor of the service. The registered manager was also not aware of the steps to take to manage the risk of legionella and confirmed appropriate action had not been taken to manage this risk such as monitoring water temperatures or regularly descaling showerheads.

These issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection we found a breach of regulation because appropriate recruitment checks had not always taken place before staff started work at the service. Following the inspection the provider wrote to us to tell the action they had taken to address this issue. At this inspection we found that whilst the registered manager had acted to address the issues previously identified, recruitment information was not always available for us to review to help demonstrate staff were suitable for their roles.

Staff files contained records of checks having been made prior to their employment which included confirmation of their identification, their right to work in the UK where applicable, their employment histories and references to help demonstrate the suitability for their roles. However one staff file did not contain evidence of a criminal records check having been conducted. The registered manager told us this check had been carried out when the staff member started work at the service, but was unable to locate the relevant documentation during our inspection. The registered manager also told us that they requested confirmation of checks having been carried out on any agency staff hired by the service, prior to them starting work, but was unable to provide evidence of these checks having been carried out for one agency staff member who was working at the service during our inspection.

These issues were a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were sufficient staff deployed at the service to meet people's needs, but improvement was required to ensure the service employed sufficient numbers of staff to cover shifts. One person told us, "They [staff] help me when I need it. There's always someone around." A relative said, "There appear to be enough staff on duty when I visit, and I see familiar faces." We observed staff to be on hand, reacting promptly to people's need for support during our inspection. Most people stayed in communal areas during the day, but staff responded promptly to call bells.

However, improvement was required because the provider was reliant on agency staff to cover shifts. For example, all of the care staff working during both days of our inspection were supplied by external agencies. This meant they had not gone through the provider's recruitment, induction and training programme to help ensure that the provider took a consistent approach in ensuring staff on each shift had the right mix of skills and experience to safely meet people's needs.

The registered manager was also unable to demonstrate how staffing levels had been determined. They told us they did not use a dependency tool to ensure staffing levels were matched to the needs of the people, and that staffing levels were fixed regardless of the needs and number of people living there. We therefore recommend that staffing levels are regularly reviewed, based on an assessment of people's needs to ensure people's needs are safely met.

Some of the furniture in the home was worn and in need of replacing. For example, the laminate covering armrests on some armchairs in the communal area were worn through to the cloth underneath which meant they could not be easily cleaned. It was not always evident that cleaning had taken place across the service with appropriate frequency and cleaning records did not contain sufficient detail to demonstrate that each room had been cleaned. Two toilets within the home smelled heavily of urine throughout the first day of our inspection and we noted windows and doorframes were dirty and in need of cleaning.

These issues were a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered manager ensured toilets were cleaned by domestic staff on the second day of our inspection which addressed the smell we identified during the previous day.

People told us they felt safe living at the service. One person said, "It's quite secure here; I don't have any worries." Another person told us, "I'm safe here, I would never leave here and live anywhere else." Relatives also confirmed they felt that people were safe. One relative commented, "I visit regularly and we've had no concerns; [their loved one] is very settled here."

Records showed agency staff had received training in safeguarding adults and we saw guidance in place for staff on reporting safeguarding concerns. Staff we spoke with were aware of the need to report any allegations of abuse they were aware of. One staff member said, "I would speak to the manager immediately and if they didn't do anything I would speak to the police or CQC."

However we found that, whilst the registered manager was aware of the processes for reporting allegations of abuse to the local authority safeguarding team, they had not always reported allegations in line with their own procedures. For example, we found reference in one person's daily notes of an allegation that had not been appropriately reported as a safeguarding concern.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff made a referral to the safeguarding team in follow up to this allegation during our inspection.

Staff told us they were aware to report and record information about any accidents and incidents that occurred at the service. Records showed that where accidents had been recorded in the accident and incident book, senior staff had reviewed people's care plans to ensure they remained up to date and reflective of the support people required. For example, we saw one person's care plan had been reviewed following a recent fall to ensure no changes were required to their mobility care plan. However, we found improvement was required because accidents and incidents had not always been recorded. For example, we noted that one person at the home had a wound dressing applied to their arm. The registered manager told us this injury had occurred during the weekend prior to our inspection, but there was no accident or incident record in regards to this, nor reference to the injury in the person's daily notes. This meant that opportunities to learn from incidents and accidents, and to identify themes or trends was missed.

Is the service effective?

Our findings

People did not comment on whether they considered staff to have the training and skills to meet their needs, but relative told us they thought staff were competent in their roles. One relative said, "The staff know how to support [their loved one]." Another relative told us, "They [staff] manage [their loved one's] needs and seem competent." However, despite the views shared by relatives, we found that staff were not always provided with adequate support through training and supervision to undertake their roles.

The registered manager told us that staff were given an induction when they started work at the service, which included a period of orientation and time spent shadowing more experienced staff. However they also explained that no new care staff had started work at the service in the time since our last inspection. The staff on duty who provided care to people during our inspection were all agency workers, and they told us they had been asked to review key policies and procedures and spend time reviewing people's care plans during their first shift at the service in order to better understand how to support people. However, whilst records showed that the agency staff worked at the service on a regular basis, we found that they were not always familiar with the service's procedures or with people's needs. For example agency staff had differing views on the action they should take in the event of an emergency such as a fire, or which people's dietary intake needed monitoring, as identified in their care plans.

The provider had a training programme in place for staff which covered a range of areas including safeguarding adults, moving and handling, health and safety, medicines administration and first aid. The registered manager confirmed that staff were required to complete refresher training on an annual basis, but was unable to provide records confirming that all staff had completed refresher training in areas including first aid, fire safety, and health and safety in 2017. The registered manager also told us that staff should have received supervision on at least a quarterly basis, which included an annual appraisal of their performance, but was unable to provide evidence of any staff having received supervision in the year since our last inspection.

These issues were a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff told us they sought consent from people when offering them support. One staff member said, "If I offered to help someone to have a wash and they didn't want one, I'd respect their wishes and would try offering again later; I wouldn't force anyone to do something." Another staff member told us, "The residents are able to let me know what they want or don't want help with when I ask them." Staff also demonstrated an understanding of the need to support people to make decisions in their best interests if they lacked capacity to do so for themselves, although they told us that people were able to make many decisions for themselves. People's care files included records of mental capacity assessments having been conducted and best interests decisions made, which had involved people's relatives, where appropriate.

Senior staff were aware of the process for seeking authorisation to lawfully deprive people of their liberty under DoLS where this was in their best interests and we saw examples of DoLS authorisations having been requested and granted in people's files. However, we found one person's DoLS authorisation had expired in December 2017 and staff confirmed a further authorisation request should have been sought but had not been at the time of our inspection. We also found that conditions placed on people's DoLS authorisations had not always been met. For example, one person's authorisation included a condition requiring the provider to inform the local authority if a relative failed to visit the person on a regular basis. Staff told us, and records confirmed that the relative had not visited regularly, but the local authority had not been informed. These failings meant that people's freedoms were being restricted by the service without lawful authorisation.

These issues were a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Senior staff undertook an assessment of people's needs before they moved into the home to help ensure the service was able to provide them with appropriate support. The registered manager told us these assessments formed the basis from which people's care plans were developed. Records showed the service also used nationally recognised tools when assessing people's needs, for example the Malnutrition Universal Screening Tool (MUST) when assessing nutritional risk, which helped ensure a consistent approach, understood across different service types.

People spoke positively about the food on offer at the service. One person said, "There's plenty to eat and drink." Another person told us, "It [the menu] varies quite a lot; I think it's quite balanced." A third person commented, "They [staff] will get you something else, if you don't like what's on the menu."

People's care plans included assessments of their nutritional needs as well as information about their dietary preferences, and we saw advice had been sought from healthcare professional advice had been sought where nutritional risks had been identified. For example, records showed that two people had been referred to a dietician due to weight loss and records showed they had been prescribed food supplements to reduce the risks associated with malnutrition.

However, improvement was required because kitchen staff were not aware of people's specific nutritional requirements, for example which people the dietician had recommended as requiring fortified diets. They told us that they fortified meals for all of the people living at the service as a matter of course, for example by adding extra cheese or cream to meals where they could, but we noted that these food products were either in limited stock or not available at the home during our inspection.

We saw staff were on hand to support people to eat during mealtimes if required. Most people were able to eat independently with minimal staff but we observed staff providing one to one support when needed, which was not rushed. We also noted that refreshments were available for people throughout the day,

including drinks, fresh fruit and savoury snacks.

Staff supported people to maintain good health. Records showed people had access to a range of healthcare services including a GP, community nurse, dietician, chiropodist and psychiatrist. One person told us, "I use my own doctor, and can see him when I need to." A relative explained that they were available to support their loved one to attend any healthcare appointments when needed, but expressed confidence that staff would provide support if required." The registered manager confirmed that people were signed up to a local GP practice and that the GP visited the home on a regular basis to review people's health needs. Records we reviewed confirmed this.

The service sought to ensure people received co-ordinated care when moving between different services. Records showed that people's healthcare appointments were diarised and the registered manager told us this enabled to plan for any support people needed in order to attend. For example, one person had a healthcare appointment on the second day of our inspection and we noted that the registered manager had arranged for an additional staff member to be on duty in order to escort the person when they went. We also saw feedback from a visiting healthcare professional who had recently visited the service which confirmed that staff had been appropriately prepared for their visit when they attended.

People did not comment on the living environment at the home but appeared comfortable in their surroundings. Relatives spoke positively about the home. One relative said, "The home meets our needs and felt more like a proper home than some of the places we visited [before their loved one moved in]." The registered manager confirmed that people were welcome to bring any furniture and fittings they wished when moving into the home and we saw that people's rooms had been personalised, for example with pictures on the walls or personal effects. The registered manager also told us that they consulted with people when redecorating people's rooms. For example, one person's room had been redecorated in the colour of their preference.

Is the service caring?

Our findings

People and relatives told us that staff treated them courteously. One person said, "They [staff] are polite." A relative told us, "The staff are friendly and respectful; [their loved one] would tell me if there had been any problems." However, although we received positive feedback from people and relatives, we found improvement was required to ensure staff were consistent in treating people in a respectful and dignified manner.

We observed examples of staff treating people in a dignified and respectful manner, for example by speaking with them politely or offering discreet support to people which prompted their dignity, for example by helping them tidy themselves after eating. However we also saw interactions between staff and people which were not always respectful or dignified. For example, we saw one staff member repositioning a person in a chair without communicating to them at any point which was not respectful. In another example we heard another staff member mimicking the noises made by one person who had limited verbal communication. Whilst it was clear there was no unkind intent in the staff member's action, it was undignified and demonstrated a lack of understanding on the appropriate way to communicate with the person.

Staff respected people's privacy. Staff described the steps they took to ensure people's privacy was maintained. One staff member said, "I knock on the resident's doors and call out to make sure they're happy for me to enter their rooms." Another staff member told us, "If I'm helping someone to wash, I make sure the door is closed and the curtains are drawn." We observed staff knocking on people's doors before entering during our inspection, and bedroom doors were closed whilst staff provided people with support. People and relatives also told us there had been no issues in regard to their privacy that they could recall.

People were supported to maintain their independence. Staff told us they encouraged people to do as many things as they could for themselves, and focused on doing things with, rather than for people wherever they could. One person confirmed that they attended to their own personal care as much as possible but told us staff were there to provide them with support if needed. We also observed staff encouraging people to be independent, for example by providing encouragement and minimal support during meal times.

People and relatives told us staff were caring and considerate in their approach. One person said, "They [staff] are all very good, very, very good people. I have a laugh with some of them." Another person told us, "The staff are friendly; I'm happy here." A relative commented, "The staff are kind; [their loved one] gets on well with all of them."

We observed caring and attentive interactions between people and staff. For example, where one person displayed frustration at their own confusion, a staff member was quick to provide reassurance which we noted had a positive effect. Staff spoke with people in an engaging way and the atmosphere during both days of our inspection was lively and friendly.

People were involved in decisions about the support they received. One relative told us, "[Their loved one] is

quite able to make independent decisions here, and staff respect that." Staff told us they offered people choices in their care wherever possible, for example with what they wished to wear each day, or where they wanted to spend their time. One staff member said, "The residents can decide for themselves what they want to do. For example [one person] wanted to have a lie in this morning, so I left them to it and came back to help them get dressed later." We observed this person had been in bed during the morning of the first day of our inspection. We also saw information available for people regarding a local advocacy service, should they wish to seek independent support and advice, although the registered manager told us none of the people at the service were currently using this service.

Is the service responsive?

Our findings

At our previous inspection in January 2017 we found a breach of regulations because there were limited activities on offer at the service for people to engage in, in promotion of their well-being. Following that inspection the provider wrote to us to tell us the action they would take to address this issue. At this inspection we found that the provider had acted to make improvements to the activities on offer at the service.

People participated in a range of activities including singing, cake decoration, games and puzzles, gentle exercise and reminiscence sessions. We observed people taking part in a range of activities during the time of our inspection, which included arts and crafts, and completing puzzles. The home also had a piano in one of the communal rooms and we observed one person playing this during an afternoon whilst other people sang along.

However, despite this we found that further improvement was required to ensure activities were consistently offered on a daily basis. Two people told us there were still occasions when they didn't feel there was enough for them to do and this was confirmed by gaps in the activities records we reviewed. The registered manager told us, and records confirmed that they were in the process of recruiting further staff to support people with activities.

People were not always able to share their views on whether the support they received was responsive to their needs, but the feedback they provided and our observations indicated they were content with the care provided to them. Relatives told us that people's care met their individual needs. One relative told us, "We've had discussions about [their loved one's] care and preferred routine; staff know what to do." Another relative said, "I think the care's been good; [their loved one] is happier here than they were before moving in."

People's care had been planned based on an assessment of their needs, and care plans covered areas including personal care, mobility, nutrition, mental health and night time support needs. Care plans had been reviewed on a regular basis by staff with a view to ensuring they remained up to date. However, improvement was required because care plans did not always reflect people's current support needs. For example, staff told us that two people required double handed support with their personal care, but there was no reference to this in their care planning.

Care plans also included details about people's likes and dislikes, as well as information about their family histories, although the detail and method of recording this information varied widely between different care plans. The registered manager told us they would look to follow a consistent approach to the way in which this information was recorded when people's care plans were next reviewed.

People were supported to maintain the relationships that were important to them. Relatives told us they could visit the service when they wished. One relative said, "I pop in most days and am always welcome." Another relative said, "I can come and see [their loved one] when I want and other members of the family

also regularly visit."

The provider had a complaints policy and procedure in place which gave guidance to people on how they could raise concerns. This included details of the timescale in which they could expect a response as well as information about how they could escalate their complaint if they remained unhappy with the outcome. People and relatives told us they knew how to make a complaint and expressed confidence any issues they raised would be addressed. One person said, "Any little queries are listened to and they [staff] act on them." A relative told us, "We've never needed to complain but I'd speak to the manager if I had a problem and they would sort things out."

The registered manager maintained a log of informal complaints which included the action taken by staff to address the issues raised. They also confirmed that the service had received one formal complaint in the time since our last inspection which had been investigated. However improvement was required because the registered manager had failed to respond within the timescale set out in the service's complaints procedure, having taken more than two months to investigate and formally respond.

The service worked with healthcare professionals to ensure people received appropriate treatment at the end of their lives. Records showed that the registered manager had arranged a review of one person's need with the local hospice to ensure their end-of-life needs were being met. We saw examples of advanced decisions having been made by people and relatives, where appropriate so that staff were aware of people's wishes at the end of their lives.

Is the service well-led?

Our findings

At our previous inspection in January 2017 we found improvement was required because the provider's systems for monitoring the quality and safety of the service had not identified issues with their recruitment processes or in ensuring risks to people were managed safely. At this inspection we found the provider's quality assurance systems were ineffective and failed to identify issues or drive improvements.

The registered manager told us that senior staff conducted checks and audits on areas including health and safety, medicines, infection control and nutrition. However, records showed that audits were not always conducted frequently or at all in some areas. For example the last infection control audit had been conducted in April 2017 and the registered manager confirmed they did not conduct audits of people's care plans and risk assessments. This meant the provider's systems were insufficient to identify the issues we found in these areas during our inspection in a timely manner, which placed people at ongoing risk.

The registered manager was unable to provide us evidence of the service's quality assurance systems having identified any issues in order to help drive improvements in the time since our last inspection when requested. However during this inspection we identified concerns with risk management, premises safety, medicines management, infection control, recruitment, staff training and supervision, and safeguarding processes, which all amounted to breaches of regulations. This meant the provider's systems for monitoring the quality and safety of the service were ineffective.

The provider had also failed to act promptly to address issues they were aware of. For example, repairs to the fire alarm system were still outstanding at the time of our inspection, almost four months after they had been identified by an external maintenance engineer. In another example, the registered manager confirmed that they were still to advertise to recruit new staff, despite care staff having left over the previous five months which had resulted in the frequent use of agency staff to cover shifts.

At our last inspection, the registered manager had acknowledged that there had been issues with the service's administration systems following a period when they were absent, which had led to them struggling to provide the information we requested. At this inspection we found continued concerns in this area. For example, maintenance certificates could not always be located when requested to confirm the building was safe and fit for use, fire safety information for use in an emergency was out of date, and the registered manager had no system in place to identify when staff were due refresher training or supervision.

The provider's systems for sharing information with staff were also ineffective. The registered manager told us they held periodic staff meetings to discuss the running of the service, but could not identify when the last meeting had occurred, or provide minutes of any staff meetings held during the previous year. Staff we spoke with could not recall when they last attended a staff meeting. The provider had a communication book in place which staff told us was used to share information between shifts, but this method of communication was not effective. For example, we noted that the registered manager had highlighted the need for staff to ensure fire doors were closed in the communication book after we raised this as an issue on the first day of our inspection. Despite this, we found fire doors propped open when we returned to the

service the following day.

These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a registered manager in post who had managed the service for over 20 years. At our last inspection we found improvement was required because they had not always submitted notifications to the Commission regarding significant events, where required. At this inspection we found the registered manager had acted to address this issue.

However further improvement was required because they did not always demonstrate a good understanding of their responsibilities as a registered manager in meeting legal requirements. For example, they were not aware of the requirements needed to assess and manage the risk of legionella, and had not referred a safeguarding allegation to the local safeguarding team in line with locally agreed procedures.

People and relatives spoke positively about the registered manager and the management of the service. One person said, "The manager is helpful." Another person said, "[The registered manager] does her best and listens to any problems." A relative said, "I think the home is well managed; it meets [their loved one's] needs." Another relative said, "The manager has always kept me well informed with how [their loved one] has been doing , and has been able to answer any questions we've had."

The provider sought the views of people and relatives through regular surveys. The results from the survey conducted in 2017 showed that people were happy living at the service and did not identify any areas for improvement. This was reflective of the feedback we received from relatives although people told us they would enjoy a wider range of activities as an example of something which could be improved. The registered manager told us they would look at other methods for seeking feedback from people at the service, such as conducting residents meetings, in order to give people more opportunities to share their views on the service.

Staff told us they felt well supported by the management team. One staff member said, "The manager tries her best; if we have any problems she's always happy to talk with us." Another staff member told us, "The manager is good with the residents and with the staff; her door is open and she treats everyone respectfully."

The provider worked in partnership with other agencies in order to help ensure people received appropriate care and support. The registered manager had conducted surveys with visiting health and social care professionals which confirmed their satisfaction with the assistance provided to them by staff and the registered manager when they visited in support of people's needs.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider's systems for investigating abuse were not effectively operated. Lawful authority had not always been gained where people were deprived of their liberty.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The premises and equipment were not always clean or properly maintained.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures were not always sufficient to demonstrate that staff were of good character and suitable for their roles.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not always received support through training and supervision.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people were not always adequately assessed or action taken to mitigate risks. The premises was not safe. Medicines were not safely managed. Risk associated with the spread of infection were not always safely managed.

The enforcement action we took:

We served a warning notice on the provider and registered manager.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's systems for monitoring the quality and safety of the service were not operated effectively and did not drive improvements.

The enforcement action we took:

We served a warning notice on the provider and registered manager.