RochCare (UK) Ltd

Coniston House Care Home

Inspection report

Coniston Road
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Tel: 01257265715

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17 November 2015
19 November 2015
02 December 2015
04 December 2015
07 December 2015
12 January 2016

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Ratings

Overall rating for this service	Inadequate

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

Summary of findings

Overall summary

We carried out an inspection of this service on the 17 and 19 of November 2015 and the 2 and 7 December 2015 and also on the 12 January 2016. We also attended the home to conclude aspects of the inspection and provide feedback to the managers and providers of the service on the 20 November and 4th December 2015. Comprehensive feedback was also provided at the end of each day of the inspection. The inspection was unannounced on each of the seven days but the provider was aware following the first day of the inspection we would be coming back to check immediate concerns had been addressed as we were told they would be. This means the service did not know the exact days we would be undertaking the inspection or indeed which was the final day until we told them on the 12 January 2016 that we would not return during this inspection process.

The length of this inspection is unusual and should not be expected again. As explained throughout this report and to the providers during the inspection; the length of this inspection was deemed appropriate due to the circumstances of the findings during the first two days of this inspection.

At the last inspection in February 2014 the provider was found non-compliant with the regulation around the safe handling and administration of medicines. An action plan was sent to the Care Quality Commission to say how the provider would meet this regulation and we took a specialist advisor who was a pharmacist with us on the 17th of November 2015 to ascertain if the action plan had been met. We found approximately half of the action plan had not been met including an increased and more structured format for audit and improvement. Over the course of the inspection the provider took steps to meet the action plan but there were ongoing concerns regarding the suitability of audit and improvement systems.

Coniston House is a large, two storey purpose built detached property in Chorley. The property has large communal areas on both floors and can provide residential support for up to 42 people. At the start of the inspection there were 39 people living in the home. The kitchen and main dining area were on the ground floor of the building and both floors were accessible by a lift and stairs.

During the first half of our inspection process the home had a manager in post. However they were not registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, Registered Managers are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. We found the manager in post at the start of our inspection had not fully understood their role in ensuring services met the regulations of the Health and social Care Act 2014. We found we were misled at the beginning of the inspection by the manager. This made our initial findings inaccurate and we were unable to use the evidence to support the home was meeting the regulations. This included being told information was available when it was not and actions had been undertaken and when we sought clarification and corroboration we found they had not been completed. The provider removed this person from post following feedback during the inspection and took immediate steps to ensure the service had suitable management cover until a full time manager could be appointed and register with the CQC.

During the first two days of the inspection we found a number of serious concerns. We saw there were not enough suitably qualified members of staff to meet the needs of people living in the home. We discussed this with the provider on day three of our inspection as only the manager was available prior to this point. We discovered the rota was not being covered when people called in sick and the homes dependency tool had not been used for some time to ascertain if there was enough staff. The provider immediately increased the staffing numbers for the home following our discussions with them.

During the first two days of the inspection we saw all people were being taken down to the ground floor lounge. This meant a number of people who were vulnerable were restricted to a relatively small part of the home. We found incidents of verbal and physical abuse had become normalised and staff and other people were the victim of this type of abuse. We found the home were not adequately safeguarding all those who lived in the home. We found when the staffing increased both floors of the home began to be used and this decreased the risk of incidents. However we continued to find until the end of our inspection that the provider were not reporting and responding incidents and accidents appropriately.

During the inspection we found concerns that required immediate action to ensure people were safe. This included an increase in staffing numbers and applications to be made under the deprivation of liberty safeguards to ensure people who lacked the capacity to make their own decisions were not restricted unlawfully. We found the provider was proactive in taking the steps required to address these two concerns once the manager had been removed. However there were a continued number of restrictions made to people including locking of bedroom doors without proper assessment and consents.

Over the course of the inspection we saw the home was using different care planning systems. Initially we found this put people at risk of their needs not being met. This included people who had lost significant amounts of weight not being supported to ensure they did not become malnourished. People who required specific types of support as identified within the social workers pre assessment information wee not being supported to ensure these support needs were met. This included specific skin conditions and a requirement to monitor one person's calcium and vitamin levels. Where we saw specific risks we raised safeguarding alerts with the Local authority to ensure people were kept safe.

Over the course of the inspection the provider made the decision to revert back to paper records. This was done to ascertain if all staff were going to be able to become confident in the electronic records before they began using them to support people. On the last day of our inspection we were given a list of names of people whose care plans had been updated in their paper records and were an accurate record of peoples support needs. We reviewed four of these records and found this was not the case. We acknowledged that with the support of social workers from both the review and safeguarding team's staff were aware of people's current needs. With this supply of additional records and support mechanisms people's needs were mostly being met. However the provider did not currently have an accurate record of assessments or care plans completed and used by the support staff within the home. This left a risk that people's changing needs would not be met.

We found breaches within 10 of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This included concerns over how the home monitored food and fluid consumed by those people at risk of malnutrition, how the home managed health and safety checks within the building and ensured people were safe in the event of infectious diseases including gastroenteritis. We were also concerned with how staff had recently been recruited to the home and how staff were supported once in role at the home. This included a recent potential recruitment where an application form was not used and key information around the suitability of a candidate was not gained by the employer.

The home was a service where all people living there had a diagnosis of dementia. We found it particularly concerning that on the first day of our inspection, few staff knew the principles of the Mental Capacity Act 2005 (MCA) Over the course of the inspection some training was provided but further work needed to be done to consolidate the learning and bring it into practice at the home. The home had documents for gaining people's consent. However these were not completed in the files we looked in. Nor had anyone been assessed formally under the capacity assessment to determine if they were or were not able to give their consent to specific decisions. Over the course of the inspection we saw some staff asked people for their consent before delivering interventions but most staff assumed people were not able to give consent and provided direction rather than giving people choice.

We noted within people's files that information regarding people's use of glasses, hearing aids and dentures was available but we did not see comprehensive evidence that staff were aware of who wore which pair of glasses. On the first two days of the inspection we found nine pairs of glasses unaccounted for in the staff room.

A complaints procedure was not available during the first two days of our inspection but by the last day we saw the procedure was clearly available on notice boards and a new copy had been developed for the resident information pack.

The home did not have an embedded system of quality audit and improvement. Over the course of the inspections systems had begun to be developed and we could see steps had been taken to identify themes and trends in falls and other incidents. However this work was not yet embedded to establish the improvements it would make in keeping people safe and reducing the risk of falls.

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 and there is still a rating of inadequate for any key question or for the overall rating, 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.

We have asked the proved to take action to meet the regulations. You can see the action we have asked the provider to take at the back of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe.

Medicines systems were not embedded and staff were not accountable for errors.

Identified risks were not managed. Risk management strategies were not developed and implemented.

There was not enough suitably qualified staff to meet people's needs.

Is the service effective?

Inadequate

The service was not effective.

People were not always supported to ensure they received enough hydration and nutrition.

The service needed to develop and embed systems to support people under the Mental Capacity Act 2005.

Staff were not recruited safely and had not received a comprehensive induction.

Is the service caring?

Requires Improvement

Some aspects of the service were not caring.

People we spoke with told us the staff were very nice and were trusted by the people who lived in the home.

Staff morale had been low and they had not had time to develop relationships with the people they cared for.

Staff were not discreet when talking about people's needs and could be overheard by visitors and other people who lived in the home. Care files were left open in view of other people.

Is the service responsive?

Requires Improvement

Some aspects of the service were not responsive.

People wanted more to do. Some people said they were bored.

There was an available complaints procedure on the notice boards and within the resident information booklet.

Assessment and reviews of people's care had not been responsive and changing needs were not always identified.

We found aspects of recent care planning were well written with the individual needs being considered. However this was not always reflective of other information within the care plan.

Is the service well-led?

Inadequate

The service was not well led

The home did not have a system to monitor and improve the quality of the service.

There was not a system of effective risk management in place. Including systems to reduce the risks of poor management.

Accident/incident records were not investigated and completed in line with the current procedure. This meant it was difficult to monitor and reduce risks in real time.

Surveys were not completed and information for quality assurance was not collected.

Coniston House Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 the 17, 19 November 2015 and 4, 7 December 2015. We concluded our inspection on the 12 January 2016. We also attended the home to conclude aspects of the inspection and provide feedback to the managers and providers of the service on the 20 November and 2 December 2015. The inspection was always unannounced, however the provider did know we would be back to ascertain immediate action had been taken when required. The inspection team included two adult social care inspectors, one pharmacist specialist advisor 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. The expert by experience had experience of older people's services. On the first day of the inspection the pharmacist specialist advisor attended and on the second day the expert by experience attended. On all other days one or two of the adult social care inspectors attended.

Before our inspection, we reviewed the information we held about the home, requested information from the local authority and collated information of concerns we had received from the local safeguarding team.

During the inspection we spoke with 17 staff including the manager, senior carers and carers. We also spoke with the chef, the laundry and domestic staff and the activities coordinator. We spoke with five visiting professionals including district nurses, occupational therapists and social workers. We attempted or spoke with 21 people who lived in the home and nine visitors.

We observed how staff and people living in the home interacted and we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We observed support provided; in the communal areas including the dining room and lounges during lunch, during the medication round and when people were in their own room. We looked in the kitchen, laundry and staff office and in all other areas of the home.

We reviewed 28 people's care files and looked at care monitoring records for personal care, body maps used to monitor injuries and accident records. We reviewed medication records, risk assessments and management information used to monitor and improve service provision. We also looked at meeting minutes and five personnel files.

Inadequate

Is the service safe?

Our findings

We were told conflicting reviews by people who lived in the home, their families and staff about how safe people were. We found over the course of the inspection and following the implementation of immediate changes this picture improved. On the last day of the inspection everyone we spoke with told us they felt safe. One person said, "Oh yes we are very safe here, I wouldn't stand for anyone hurting me." However we found further steps could be taken to embed changes including strengthening procedures to safeguard people from potential acts of omission to meet their care and support needs.

During the first two inspection days everybody we spoke with, including staff, visitors and people who lived in the home told us there were not enough staff. Staff told us this had been the case for approximately 12 months. We were told morale was low and staff were concerned they could deliver no more than basic care. We were told by different people that a number of people required support from two staff and this was difficult with the current staffing levels.

We inspected the home at different times of the day including an early morning on the first day of the inspection. We saw people waiting for support for overly long periods of time and one person was only changed from soiled clothing after we had informed a member of staff approximately 20 minutes after we had first seen the person in this condition. By the second week of the inspection we found the provider had increased staffing numbers to better meet the needs of people living in the home. However a comprehensive dependency tool still required developing to ensure staff numbers were flexible and appropriately deployed and competent to consistently meet peoples' assessed needs. This is a breach regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We saw one occasion when someone did not accept their medicines and displayed a difficulty in taking their medicines. Staff did not seem to be able to provide solutions or strategies to resolve the issue. We had to prompt staff to offer the person a drink before their medicines as well as with them to ensure their mouth was moist enough to accept the medicines. We found fluids were an issue in the morning of the first day of our inspection as there was no access to drinks on the first floor of the home. The staff on duty told us they did not have time to take drinks up to the first floor. We saw this issue resolved by the time of our third day at the home with drinks trolleys being taken up to the second floor on regular occasions throughout the day including an early morning round.

Staff we spoke with were aware of safeguarding procedures and all told us they would report concerns to the manager. Recent incidents at the home had been highlighted through safeguarding and this showed the importance of reporting concerns. However we saw a number of incidents that were not recorded as safeguarding concerns, including unobserved accidents and incidents of aggression and violence between people living in the home and staff.

We spoke with staff and the management about their understanding of restrictive practice. We found there was little understanding of restrictive practice and the steps that needed to be taken to ensure all restrictions were lawful. The manager had been contacted a number of times from the Deprivation of Liberty

Safeguard (DoLS) team to renew DoLS that were due to expire to lawfully restrict someone. DoLS are applied for and put into place when people are not able to make safe decisions about their own care and risk making unsafe decisions. DoLS are used to allow staff to make decisions in a person's best interest to keep them safe. By the fourth day of the inspection some DoLs had been applied for but more needed to be done as the home had introduced more restrictive practices including locking bedroom doors more routinely that were not appropriately assessed

We found the provider had not taken appropriate steps to safeguard people against acts of omission to meet people's needs and to ensure the least restrictive action was taken lawfully to keep people safe. This was in breach of Regulation 13 of the Health and Social Care Act (Regulated Activities) regulations 2014.

We spoke with staff about how the risks to people who lived in the home were handled on a day to day basis. We were told they would attend handover meetings where information was exchanged about each person who lived in the home. However we were told by many staff that the handover meeting had previously been difficult to attend due to staff shortages.

We looked at the assessments completed to manage general risks associated to different individuals. We looked at the risk of falls, malnutrition and pressure areas for people who lived in the home. We also looked at risks specific to individuals, including risks associated with their medication and risks associated with long term conditions including review and assessment of those conditions. We saw assessments were not always completed where risks were identified. and we noted a number of these risks were not addressed including where it was identified people had lost weight or were falling more recently. For example one person had lost nearly 12 kilogrammes in less than six months and their food and fluid intake was not being monitored effectively and no further steps had been taken to identify why the weight had been lost. Another person had fallen increasingly in the three months prior to the inspection and the home had not taken adequate steps to monitor how and why this person had fallen.

We looked at accidents and incidents in more detail and found staff completed accident and incident records at the time of the event and passed the record to the manager for action. However accident/incident records were not investigated appropriately and recent improvements in procedure were not always followed including manager review of all accidents within 24 hours and recorded observations for up to 72 hours after a fall. When identified risks are not monitored or reviewed to ensure people are kept safe it is a breach of Regulation12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We reviewed the home's policies for emergency situations. We found fire drills should be completed monthly but had not been. Staff we spoke with were unsure of when the last fire drill had taken place. There were not any records available on how individuals should be supported in the event of an emergency and the contingency plan, including risk management strategies had not been shared with staff. However the home had developed the original contingency plan and all people living in the home had an up to date Personal Emergency Evacuation Plans (PEEPs) for safe evacuation in the event of an emergency.

The maintenance worker kept records of the monitoring and work they undertook but this had not been formalised and there had been no guidance from the manager about how the work would be monitored and audited. Monitoring of fire safety equipment had identified some concerns including fire doors that required attention. Some doors had not been repaired for up to four months Safety certificates were in place for the professional testing of equipment.

Risk assessments had not been completed on the building and formal health and safety monitoring had not

been completed. The lack of clear systems and guidance on how to support people in the event of an emergency and an inconsistent approach to ensuring emergency equipment and health and safety procedures were effective in keeping people safe is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We reviewed nine personnel files, within the files we found information to show that staff all had appropriate checks to ensure they were suitable for employment but they were not consistent. We shared this information with the providers during the second inspection day and appropriate action was taken to collate the information and bring it together in personnel files. Records for interviews remained sparse and whilst we saw a recent interview was completed, an application form was not and this meant risks remained as when application forms are not completed key questions around suitability and safety of the applicant can be missed at point of recruitment. This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection in February 2014 the home was found to be in breach of the regulation around safe handling, storage and administration of medicines. We reviewed the action plan provided to us after the last inspection during the first day of this inspection. We found that approximately half of the actions had not been met. This included the safe monitoring of the fridge temperatures, audit and monitoring of systems and training for staff on an updated medication policy. As the actions had not been completed we found the home in continued breach of this regulation. By the last day of our inspection on 12 January 2016 most actions were complete however this was after further identification by the CQC. Medicines care plans had not all been updated but evidence was available to support that GPs had been contacted for this purpose. We found where available information around allergies and photographs for correct identification of people whilst administering medicines had been added to the Medicine records charts. But we also found not all seniors administering medication had been recently competency tested and gaps were showing more increasingly on the MARs specifically this was evident on the records for PRN medication. Recent audits had picked this up and staff had been prompted but due to a lack of systems to ensure accountability by staff for their actions this continued. A new fridge had been purchased and temperatures were being monitored effectively.

During this inspection we reviewed the medicine receipt, storage and administration systems in place. We saw most people's medicines were administered from a bio dose system provided by the pharmacy with other medicines supplied in boxes or bottles. This is a system designed to reduce the risk of administration errors.

The pharmacist specialist advisor spoke with staff and observed the medication administration procedures in the home. We found the staff to be respectful when administering medicines and saw most people took their medicines without question.

Medication Administration Records (MAR) were printed and signed appropriately. On the first day of the inspection notes for missed doses were mostly recorded onto the reverse of the chart and days were crossed out when the medicine was not required. However we found towards the end of our inspection there were more gaps in the MARs charts.

We observed equipment in the medicines room and reviewed the storage and records for controlled drugs. We saw records were accurate and upon reconciliation, stock of controlled drugs was as recorded. On the last day of our inspection a delivery was awaiting formal organisation by the home. We noted notes within the delivery boxes identifying missing medicines. Staff had not taken steps to ensure people had the medicines they needed to keep safe. Once we pointed this out to staff we were given appropriate

assurances steps would be taken to ensure people had the medicines they needed.

We also noted issues with the recording, storage and administration of topical applications. Records were inconsistence and creams were not stored in the fridge that should have been. Staff we spoke with had not received training in the application of creams and recording of the application to charts. By the last day of the inspection creams were stored appropriately but they was not any evidence to suggest staff had all received additional training in the safe application of topical medicines.

The action plan not being addressed from the previous inspection in February and issues found during this inspection are a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found the home was generally clean and there was a cleaner on duty to attend to spillages and accidents as they occurred. An infection control audit had not yet been completed and whilst we could see some steps had been taken to reduce potential risk including the purchase of pedal clinical waste bins and removal of PPE including gloves from handrails had been completed. Further work was required to ensure these risks were monitored and managed effectively.

We recommend the provider ensures they have the required equipment and procedures in place to manage the clinical waste generated by the home.

Inadequate

Is the service effective?

Our findings

People we spoke with who lived in the home told us the food was nice but that they did not have a choice. One person told us, "We have what they put in front of us." And "The food is always good at dinner and tea time"

Where possible we asked people who lived in the home and their relatives, if they thought the home was able to meet their needs. We got conflicting responses. Most told us, they felt staff did their best. Two relatives told us they thought staff had recently been recruited without the appropriate skills to meet the needs of people living with dementia. We were told of inappropriate comments made by a carer to someone receiving support to use the toilet. We were also told this member of staff no longer worked at the home.

We reviewed the training records of staff at the home and discussed the support staff received by way of training, supervision and team meetings. We saw most staff had training that was expected soon and some had not received any training in dementia care or the Mental Capacity Act. It was clear when talking to one staff member who had received this training that what they had learnt had not been bought back into the home in any structured way which they found frustrating. During the course of our inspection some staff had received training in the Mental Capacity Act and the provider was waiting for the staff to complete questionnaires to consolidate the learning.

Upon observing supervision records, we noted many staff had not received formal supervision in the last seven months. We also noted there had only been one staff meeting in the last seven months. A staff meeting was held during the course of the inspection where some of the initial findings were shared. We discussed this with staff who told us that previous meetings were not very beneficial anyway as nothing changed following them. We found the provider did not ensure that those staff delivering the care and support at the home had the appropriate skills and experience to deliver it. This is a breach of Regulation 12 of the Health and Social Care Act HSCA 2008 (Regulated Activities) Regulations 2014.

We observed how staff and people living in the home interacted and looked at how staff asked for peoples consent before delivering interventions. We noted on the first three days of the inspection that only the lower part of the building was being used. We saw people being escorted to the lower floor for breakfast and then to the lower floor lounge for the remainder of the day. We were told people had the option to go to their room on the first floor during the day but we did not see anyone moving between the floors. We also did not see any staff member asking people if this is how they wanted to spend their day.

We looked in the care files and reviewed the information available for consent. We saw one sheet with a number of statements around consent including consent to have their medication administered by the home and consent for the home to deliver their personal care and we did not see any signed by the person living in the home.

The Care Quality Commission has a statutory duty to monitor the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards which apply to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of

the Mental Capacity Act 2005 (MCA). The aim is to make sure that people in care homes, who lack the capacity to make decisions for themselves are looked after in a way that does not inappropriately restrict their choices

On the day of the inspection we noted a number of bedroom doors were locked. We asked the manager about this and were told that some family members had asked them to be locked. We were also told that people didn't want keys to their rooms. We were told people had been complaining other people were going into their rooms. We saw this happen on more than one occasion and when people were asked why we were told they were looking for their own room.

Over the course of the inspection we completed four SOFI (Short Observational Framework for Inspection). This tool is way of observing how staff and people who live in the home interact when people cannot tell us if their experience in the home is positive or negative. In all of the SOFI we completed we found staff interactions were good or neutral. We saw staff explained what they were going to do before it was done and spoke with kindness and respect to the people they were interacting with.

In none of the 28 files we looked in did we see any form of documentation to support people who may lack the capacity to make their own choices and decisions. We did not see any capacity assessments in the files that were correctly completed and used to inform any best interest decisions or further assessment. We spoke with the manager about this who confirmed most people who were admitted to the home had a diagnosis of dementia of some sort as the home was advertised as an EMD home specifically working to support people living with dementia.

There was no information to show the home had worked with the MCA in making decisions in peoples' best interest or that they had worked with the DOLs team to prepare applications where these where required. We found the home had not taken the proper steps to ensure lawful consent was gained and was in breach of Regulation 11 of the Health and Social Care Act HSCA 2008 (Regulated Activities) Regulations 2014.

Everyone at the home we saw eating looked to enjoy the food. Special diets were catered for including pureed and fortified diets. However this information was not formally shared with the chef leaving a risk this information could be missed. We discussed this with the provider who assured us this would be formalised. Over the course of the inspection a chef was not in post and carers were covering the role with little or no formal training. On the last day of the inspection we were told a chef had been recruited and would be in post upon completion of all the pre employment checks.

We looked at the available care plans and risk assessments including the MUSTs (Malnutrition Universal Screening Tool) and nutrition assessments over the course of the inspection. On the first day of the inspection it was noted that when people had lost weight appropriate action was not taken to ensure people remained safe. We raised three safeguarding alerts specifically about weight loss to ensure these people were kept safe. We found that over the course of the inspection action was taken to support these people including increased monitoring of their food and fluid intake and appropriate referral to specialist support services.

On the first day of the inspection we noted three people were having their food and fluid intake monitored. Records were poor and did not show precise intake of either food or fluids. We raised our concerns with the manager who has since been dismissed. On the second day of the inspection we found records were indeed poorer and on the final two days of our inspection we again noted records were poor with two records showing different people had received little and no fluid for 24 hours. We were assured this was not the case and were told a new system of charts and monitoring would be implemented as of the following day.

Care plans and assessments we looked at were not up to date with some not being reviewed for up to seven months. Over the course of our inspection we saw approximately 60% of care plans be developed on an electronic system and these showed some improvement. Further work needed to be done to ensure staff were working from one set of records that were up to date and an accurate reflection of people's nutritional needs.

We found ongoing issues with how people were supported when they lost weight and inconsistent recoding of people's needs. This was a breach of Regulation 14 of the Health and Social Care Act HSCA 2008 (Regulated Activities) Regulations 2014.

Prior to the inspection we had received information of concerns from visiting social workers and district nurses. Strategic meetings had been held with professional teams from the local authority, NHS and CQC to work towards improving care within the home. The home has been placed under the Local authority QIP (quality improvement process) and work will be undertaken to provide additional support to bring the home into compliance with the regulations under CQC enforcement procedures.

Files we looked in contained records when visiting professionals had visited including GPs and district nurses but some records were difficult to find and requests for chiropody visits were not recorded. One person told us they had wanted to see someone regarding their feet for some time. We also saw records where professionals were due to visit but no details of the visit, or if it had been cancelled were noted.

We spoke with visiting professionals during the inspection and we were told of concerns with the manager who was dismissed during the course of the inspection. Following this professionals we spoke with seemed more positive in the proactivity of the providers and the improvements in front line care following the introduction of visiting managers from the providers other services. Professionals we spoke with noted positive improvements with the redeployment of staff and the home utilising both floors improving service provision.

The home is specifically built as a residential care home and it is well designed to meet the needs of people living in it. The decoration and management of the building needed consideration to best meet the needs of people living with dementia. On the first two days of the inspection people were all bought down to the ground floor during the day. This had led to more people than ideal being supported in close proximity to each other with no private or quiet areas for people to seek solace. People whose rooms were on the first floor did not have access to their room unless they were able to ask for this. We found a number of people looking for their own room.

We recommend the provider review best practice guidelines for how to design living conditions to best support people living with dementia.

Requires Improvement

Is the service caring?

Our findings

We asked people who lived in the home and their relatives about the relationships they had with staff. One relative told us, "There is not enough staff for them to just talk to people, six months ago staff knew about residents, they don't now." People who lived in the home we could talk to said, "I'm very happy, this is a lovely place." And "They look after me well." Another relative told me, "This is a difficult job and the staff look after (family member) well in sometimes difficult circumstances."

During the SOFI (Short Observational Framework for Inspection) we completed we observed staff taking their time with people and being polite and considerate to them. We saw staff act professional and calmly in obviously difficult circumstances, including when someone was using threatening behaviour towards them. It was clear there was a divide in staff who had been working at the service longer and those newly appointed. Newer staff told us they were not given appropriate information about the service to prepare for the work and they had not received the right training. However we did not speak to anyone that did not feel passionately about their job and wanted to be supported better to be more effective in their role.

We spoke with two family members who told us they had been asked to be involved with developing information about their relative. We looked in 15 care files to ascertain if this information was routinely collected and how it was used to inform the different care plans used to support people. We saw in three of the files the information was complete. In most some of the information was available but in none of the files could we see how the information had been used to inform the persons care plan.

It can be difficult in services where there are people living with dementia to access continuous views and preferences on the service they are provided. It is important that when family members are available this information is gathered where ever possible. Over the course of the inspection we saw the electronic care system begin to be introduced and sections within it were for completion with people or their relatives about choices and preferences. We were assured the new system would include the involvement with people or/and their families when possible. We were also assured the activity coordinator or key worker would spend extra time collating this information when there was no family involvement in someone's care that was living with dementia. On the final day of the inspection it was confirmed the home were reverting back to paper only records until all staff were confident in using the electronic version.

We observed staff closing doors when providing personal care in people's rooms and staff knocked on doors before entering. We did however note a confusing system when responding and answering call bells. We discussed this with a number of staff and whilst some could identify how the system worked it was clear it was not working as it should. We saw a number of buzzers showing as needing responding to when the room was empty. We also saw a number of bells remained on after we saw support had been given. As a consequence staff had learnt not to have confidence in the system which could lead to someone not receiving the care they needed. We were assured the call bell system would be reviewed and better managed going forward.

Over the course of the inspection we saw a number of people having to wait for long periods of time to

receive support. We found this was compounded by initially a lack of staff and secondly due to the usability of the call bell system. We saw one person left in wet clothing unattended until we pointed out they needed to be supported. We saw one other person left alone upstairs for over 40 minutes. We observed them and it was clear they had been forgotten as staff members were shocked when we pointed out they were sat alone.

We noted the bath/shower rota was rota based on days rather than preference or need. We saw a continence/toilet record that included a list of names and a focus on task and event. This is not dignified practice. On the first day of the inspection we noted eight pairs of glasses unaccounted for in the staff room. We raised this with the manager at the time. On the second day there were nine pairs in the same place. During the first three inspection days we saw people moved around the building for the benefit of staff not the people who lived in the home. People were moved to the ground floor during the day simply because there were not enough staff to better support people over the two floors. This meant staff did not have a choice to remain on the floor where their bedroom was and if they could not verbalise their wishes their bedroom and quiet space was inaccessible to them. Whilst we acknowledge the immediate increase in staff following the dismissal of the manager, this practice had gone unchallenged and unmonitored for some time. There was also more work to be done to ensure people always had their specific sensory equipment such as glasses and hearing aids at all times. This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We noted the home had a protected meal time service but if visitors wished to attend the home at this time they could book the activity room and enjoy a meal with their family member. Two relatives we spoke with confirmed this was the case. Visitors told us they could visit the home at any time and were always made to feel welcome.

We saw people having their nails done and getting involved with Christmas preparations. We saw people's rooms were decorated with personal possessions and were nicely decorated.

Requires Improvement

Is the service responsive?

Our findings

It was difficult to speak to some people who lived in the home about how they spent their days due to varying degrees of dementia. Relatives and visitors we spoke with had differing views on the available activities in the home. One person told us, "Activities seem to be focused for those who are able to communicate." And, "Dementia care knowledge amongst some of the staff doing activities is not sufficient." We spoke to one person who liked to read books and had read the books she wanted that were available in the home. They had asked the manager for books they may like to read but they had not been supplied for them..

Over the course of the inspection we saw different people delivering activities. It was clear some staff had more confidence and better knowledge than others. However what was also clear was that people who may or may not wish to take part in activities were not appropriately managed. For example we saw one person folding and unfolding napkins in the dining room. This person was calm and actively engaged with the task. Whilst staff did not discourage this person, this activity was not recorded and included within a person centred plan of activities for this individual. We noted a visitor had bought in a ball of wool for their mother to wind. They had seen their mother winding their hands as if replicating an earlier life activity when they used to work in a mill. Again this activity calmed them but was not recorded in a person centred activity plan. We would anticipate many other therapeutic and meaningful activities could be developed with individuals to bring a sense of purpose to their days.

We looked in detail in 15 people's care files and looked at assessment information from pre admission through reviews to current day support provision. We saw in three files we looked in that pre admission assessments were poor. It was clear when reviewing information within their developed care plans these people's support needs had not been carefully considered before they were placed at the home. This had led to chaotic and unscheduled provision of care including follow up on an awaited cataract operation which was eventually undertaken upon request of the social worker. We also noted one person needed checks of their calcium and vitamin B levels at various points in the year. The home had not liaised with the GP to ensure this was scheduled to be done nor had it sourced any results to determine if any changes to support were required.

Many people living at the home had recently been reviewed by their social workers so an up to date review was available in most cases. We saw in two files how this information had been used to update care plans. However information did not follow on from other available information so you could not get a sense of continued care and support from the information within the plans.

We saw that reviews were not always undertaken as required when people's needs were assessed as requiring increased monitoring. This included waterlow assesments identifying weekly reviews of the condition of pressure areas once assessed at a certain level of risk and people's MUST and nutritional assessment reviews once higher level needs for potential malnutrition had been assessed. We raised a number of Safeguarding concerns following the inspection and social workers were encouraged to do the same. When people's needs are not assessed appropriately or when assessments identify additional

support is required and it is not implemented this is a breach of Regulation 9 (1) of the health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

However we did note on the last day of our inspection that the team leader kept note books which included a number of aspects of information that was used to update records. This information did not however seem to get formalised into care plans. We were assured this information would be extracted from the note books and better used going forward.

spoke with people and their relatives about how they would make a complaint. Everyone we spoke with was confident they would know how to complain. One relative told us, they had been to the manager with a complaint and was still waiting for a conclusion.

On the first day of the inspection we asked the manager for the complaints file. We were assured we would receive it and were told at the end of the day one was not available. On the second day of the inspection we reviewed the information the manager had pulled together. The manager told us complaints had all been managed informally by the previous manager at the home and none had been received until recently while they were in post. In the file there was one complaint which we were told was official. The complainant had been contacted with dates and times to meet but no other notes had been made to ascertain if they had made and what had been concluded from the complaint.

There was no complaints information or policy on display detailing the procedures to follow when making a complaint during the first two days of inspection. We were told it was usually on display but must have been removed. On the third day we inspected the home the procedures were available for visitors and people to view. On the last day of the inspection we saw new information on how to make a complaint was being added to the resident information pack.

We were told by the manager in post at the start of the inspection that they had recently had meetings with a number of relatives who had raised unofficial concerns and complaints and there was one record in the complaints file on a complaints form but we were told it was not officially a complaint and there were no records of any action taken. The manager had not undertaken any exercise to ascertain if when things had been raised as concerns that people were happy with the steps taken to improve them. However we spoke to one relative who gave us an example of where steps had been taken to reinstate the 11am drinks round after they had complained when it stopped due to staff shortages. We were also told by another relative how a staff member had been dismissed following complaints of inappropriate language when discussing personal care with people who lived in the home. There were no formal records of these two incidents in line with complaints procedures but there were notes of the issues in the complaints file.

When systems and procedures are not implemented and followed for the receiving handling and monitoring of complaints it is breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

We reviewed how the home received information from the people who lived there and their relatives. We were told the manager had an open door policy and people could raise concerns with them as and when people chose to. However many people told us they would not choose the manager as the first point of contact and would approach the team leader as they seemed to have a better relationship with the staff.

We saw a number of thank you cards in the foyer of the home and on notice boards. This showed us, those family members where grateful for the support the home offered their loved ones.

Inadequate

Is the service well-led?

Our findings

Every staff member we spoke with and every professional we asked were not positive about their contact with the manager who was in place at the start of the inspection. We were told, "There is no point in raising concerns as nothing is done." And, "They never come out of the office so don't know what it is like out here."

During the first day of our inspection we relayed concerns raised with us from the DoLS (Deprivation of Liberty Safeguards) team. The CQC had been contacted to make us aware the home manager had been told two DoLS applications were due for renewal. The manager had been told on more than one occasion and had been offered support from the team to ensure the applications were made. On the first day of the inspection we were told they had not been made. We asked the manager to make this a priority. We attended the home again over a week later and were told by the manager they were done. We asked to see copies of them. Later in the day the manager told us the applications were still to be done. The providers were on site to support the manager in implementing immediate actions following feedback from the first day of our inspection. We immediately spoke with the providers about our ongoing concerns with the manager. We felt the manager was putting people at risk by not acknowledging the requirement to safeguard people who lacked capacity and were being deprived of their liberty (being restricted from leaving the building and in receipt of constant supervision). The providers took the step to remove the manager immediately from post following this discussion.

Staff we spoke with told us morale had been very low in the last six months. We were told there had been a high recent turnover of staff and a number of safeguarding concerns. Staff intervention in incidents between residents had at times become aggressive and staff and other residents were routinely being put at risk. This situation had been normalised as 'part of the job' and staff and people who lived in the home were not being supported effectively or appropriately.

Following the dismissal of the manager we found the providers were proactive to immediately address the concerns about staffing numbers and people being supported in the ground floor lounge on a daily basis. By the time of our inspection on 4 December 2015, both floors were being used and staffing had increased. Whilst the dependency assessment was not completed we could see positive steps had been taken to ensure there were enough staff to meet people's needs. Every staff member we spoke with told us the home had declined in the last six months with some people being accepted to the home that they were not equipped to support. Following the increase in staff and the split over the two floors staff felt more confident to meet people's needs.

The home's manager had been in post for approximately 19 months prior to their removal. They had not registered with the Care Quality commission. They were previously the deputy at the service and had only recently filled their previous post. The providers took immediate steps to provide temporary management cover to the home with two other managers taking on the responsibility as a job share until a full time permanent manager could be recruited. The providers were on site most days sorting out the office paperwork. An external consultancy agency was recruited to undertake a complete audit of management

information and procedures to support the providers in reaching the required regulations under the Health and Social Care Act (Regulated Activities) Regulations 2014 as part of their registration requirements with the CQC.

There were no systems in operation for the quality audit and monitoring of the service. We were assured by the providers these systems had been developed and they were given assurances by the manager the systems were being followed. It was apparent during the inspection this was not the case and these procedures needed to be implemented to gauge the quality of the service provided.

We found the information held by the manager and the information in people's care plans in relation to falls, weight loss and other accidents and incidents did not correlate. There were no systems in place to audit this information. We saw some monitoring had been done of the care plan information but it was more about the completion of the information and not the quality of the information. We also noted that when this monitoring had identified gaps in the information it was not then checked to ensure the work had been completed. For example some care plans had not been reviewed for up to seven months and we saw on one monitoring sheet this had been identified as a gap in October 2015.

When systems are not developed, implemented and monitored to measure the quality of provision there is a risk people will not get the support they need to meet their needs. It was apparent these systems had not been effective to do this.

We reviewed the systems the home had in place for ensuring it was kept clean. We saw the cleaning schedule templates had not been used accurately for some time. We reviewed the cleaning schedule for the medicines room and saw it had been completed for the whole week when it was only the Tuesday of the week. This meant information used to monitor tasks undertaken were not being adhered to and there was no clear and accurate way to identify issues and gaps.

When audits are undertaken on incorrect information or are not completed accurately, it shows us that effective systems for monitoring service provision are not being implemented This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On the last day of our inspection we saw the provider had introduced daily and weekly medicines audits. Some monitoring had begun of accidents and incidents including falls and themes and trends had been identified and acted upon. However procedures introduced to ensure accidents and incidents were investigated and acted on appropriately were not followed and we saw some incident and accident records that were up to 72 hours old when they should have been reviewed within 24 hours. Professional's checks had all been completed and water temperatures were now taken and limited to ensure people didn't scold themselves. However the health and safety audit, infection control audit were still to be completed and all audits and monitoring systems needed to be embedded to ensure consistent monitoring of the quality and safety of provision. Service providers had not been monitoring the performance of the management staff which has led to the seriousness of concerns on the first day of our inspection in November.

The provider was not currently having resident and relative meetings and surveys had not been used to gauge people's perception of the service they received. We were assured this would begin shortly. To not seek feedback on provision does not allow the provider access to information about what the people living in the home think of the service they receive. The provider could not deliver a continuously improving service without this feedback. This is breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records held at the home were not accurate. Information from the latest social worker reviews was not consistently being added to update the care plans. Decisions made on behalf of people about their care and treatment was not recorded. This included recording of dialogue and consultation in the decision making process and was specifically relevant for those decisions made for people who may lack the capacity to make the decisions for themselves. We found changes in the lay out of the lounge downstairs and that the dining room was shut off outside of mealtimes. We could not find any records and we were told there were none to say how these decisions had been reached. We were told the lounge had been not put back as it was following a concert at Christmas. It was clear the layout was difficult for visitors as people were all sat in chairs in straight lines. We were told this would be put back as it was which was less institutionalised. For the provider to not have a record of decisions made in relation to the care and treatment provided is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked staff how things had improved over the course of our inspection and one staff member told us. "I seem to be doing less but getting more done." This showed how organisation at the home and staff designation had improved since the first day of our inspection. We were shown a daily task list and were told how each staff member is now responsible for a certain set of people living in the home. Staff told us this worked well as they knew what they were responsible for and could ensure it was done.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Regulation 9 (1) (2) (a) (b) (c) (d) (f). The provider had not assessed everyone's needs effectively and some of those needs were not being met. The person or their representative had not been involved in decisions about their care or decisions in carrying on the regulated activity.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect Regulation 10 (1) (2) (b) People were not provided with their personal equipment to support their autonomy and independance. this included glasses, hearing aids and dentures.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Regulation 11 (1) Consent was not always gained from people before care and treatment was provided. This includes written and verbal consents and those required under the Mental Capacity Act 2005

Regulated activity	Regulation
Accommodation for persons who require nursing or	Regulation 14 HSCA RA Regulations 2014 Meeting

personal care	nutritional and hydration needs Regulation 14 (1) (2) (4) (a) (d) The provider was not giving service users adequate support by way of monitoring their food and fluid intake and adjusting nutrition or hydration as required.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints Regulation 16 (1) (2) (3) The provider was not accepting, handling, investigating and responding to complaints in line with their procedure. The CQC could not be given a record of complaints and their response when requested.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Regulation 19 (1) (a) (b) (2) (3) (4) (5) (a) The provider did not have all the required information to ensure staff were of good character and had the appropriate skills and knowledge. All the information required under schedule 3 was not available for all applicants including the most recent.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Regulation 18 (1) (2) (a) The provider had not taken suitable steps to ensure staff were suitably qualified, competent or skilled to complete their role

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 Regulation 12 (1) (2) (a) (b) (c) (g) The provider had not assessed all the risks, developed risk reduction strategies and implemented them as appropriate before delivering care and treatment. The provider did not take the appropriate steps to ensure staff were competent and had the right skills to provide care and treatment to the people living in the home. The home had not met the action plan for the previous breach in medicines.

The enforcement action we took:

issued a warning notice

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 Regulation 13 (1) (2) (3) (4) (b) (5) (7) (b) Systems and processes are not effectively developed to ensure service user are not at risk of abuse. Processes for investigation are not established and acts of restraint are not lawful.

The enforcement action we took:

issued a warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 (1) (2) (a) (b) (c) (d) (e) (f) The provider did not have an effective system to assess and monitor the quality of the service they provided. There was not a system of continuous improvement and the views of people who lived in the home and their relatives was not sought. Records were not kept appropriately on the needs

of the service user or the service in relation to staff.

The enforcement action we took:

issued a warning notice