

Kingsmead Care Home Limited

Kingsmead House Care Home

Inspection report

156 Mytchett Road
Mytchett
Camberley
Surrey
GU16 6AE

Tel: 01252549339

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This was an unannounced inspection that took place on 7 September 2016.

Kingsmead Care Home House Care Home is a nursing home for up to 40 people, with a range of support needs including personal care, nursing needs and for people who require end of life care. On the day of our inspection there were 24 people living at the home.

The previous registered manager left the home on 22 February 2016 and the new manager began on 1 April 2016 and they are now registered. 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.

Kingsmead House Care Home was last inspected on 11 January 2016, where it was rated overall as 'Requires Improvement', with well led rated as 'Inadequate'. Six breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014 were identified. These related to personalised care, risk management, training and supervision, complaints, safe guarding and quality monitoring. Requirement action were set in relation to these and the registered provider sent us a report that details steps that would be taken to make the required improvements. At this inspection we found that although initially the provider had taken steps to address the requirement actions these had not been sustained and issues remained in four areas.

People told us that they felt safe. Despite this risks to people were not always managed. Some risks to people had been identified but there was no management plan in place, although no harm came to people. Some people had risk management plans in place.

Training and staff's knowledge had improved. However staff did not always receive regular supervision according to the homes policy. Staff were not always aware of their roles and responsibilities. There was a lack of leadership and management of each shift. The registered manager did not always ensure that staff had the skills and competence to support people effectively.

For people who had nursing needs, for some people there were not always care plans in place. Care plans that were in place were not always personalised and did not contain people's personal history.

The home was not always well led. The registered manager and provider had not ensured that there were robust quality assurance processes in place to monitor, evaluate and improve care. The pace of improvement was slow. However, staff and people told us that the registered manager was approachable and supportive.

People and relatives told us there were not always enough staff effectively deployed to support people with their care needs. Staff were not always recruited safely; however DBS, nurses' checks and right to work in the

UK checks were completed.

People's medicines were stored and disposed of safely. However people's medicines were not always administered safely. For people who had PRN (as required) medicines, staff did not always have guidelines in place to know when and how to administer the medicine. We made a recommendation.

People's human rights were protected as the registered manager had ensured that the requirements of the Mental Capacity Act were followed. For people that lacked capacity to make decisions there was not always a mental capacity assessment completed and a best interest decision made. Where people were deprived of their liberty, the registered manager had ensured that DoLS applications had been made to the local authority.

People and their relatives told us that staff were caring and kind. However people were not always involved in planning their care. Productive relationships had been formed, however with the high use of agency staff consistency of care could not always be provided.

There was an activity programme in place. However some people missed out on opportunities as they heard about them too late. Trips out occurred, but this often meant that the majority of people missed out on an activity.

People felt listened to. People were aware of how to make a complaint. The registered manager did not always record actions taken. The registered manager had implemented a suggestions box which was used regularly. Residents and relatives meetings occurred quarterly.

Staff had knowledge of safe guarding procedures. There was a whistleblowing policy in place. The registered manager ensured that they alerted the local safe guarding team and CQC and took action to minimise risks of harm when required.

Staff knew how to manage accidents and incidents. The registered manager had oversight of incidents and accidents and took action when required. There was a contingency plan in place to support staff when there was an emergency.

People told us they liked the food. People had sufficient to eat and drink. People were seen to be offered choice of what they would like to eat and drink. Relatives and friends could eat meals with people.

People were supported to maintain their health and well-being. People had regular access to health and social care professionals.

We last inspected the home on 11 January 2016, where we found six breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection there were a number of continued breaches and one new one of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the 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?

Requires Improvement ●

The home was not always safe.

There were not always enough staff deployed effectively to support people and to meet people's needs.

Risks to people were identified but not always managed effectively to keep them safe.

There were improvements in recruitment practises; however there will still some gaps. DBS checks were completed. Staff knew about how to keep people safe, what the signs were and who to report concerns to.

People's medicines were stored and disposed of safely. However they were not always administered safely as there were no PRN guidelines in place.

Is the service effective?

Requires Improvement ●

The home was not always effective.

Staff did not always have the supervision, competency and knowledge to care for people effectively.

Peoples human rights were protected as the requirements of the Mental Capacity Act were followed.

People had enough to eat and drink and said they had a good choice of food available to them.

People had access to health care professionals to maintain their health needs.

Is the service caring?

Requires Improvement ●

The home was not consistently caring.

Formal systems were not being used consistently to support people to express their views and to be involved in making decisions about their care and support.

Some positive relationships had been developed by staff. Some positive interactions observed.

People said that the staff were kind and caring and that they were treated with dignity and respect.

Is the service responsive?

The home was not always responsive.

People were not always involved in or always receive personalised care.

Care plans did not contain sufficient detail and some people did not have care plans for identified needs.

There were some activities on offer for people however activities were not individualised to the needs of people.

Complaints and suggestions were acted upon. There were more formal processes in place to listen to people and improve the home.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

There were no effective quality assurance systems in place to review, evaluate and improve care.

There was a lack of oversight and leadership to drive improvements that were required.

Staff said they felt supported by the registered manager and she was approachable. People and staff had noticed some improvements.

Requires Improvement ●

Kingsmead 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.

The inspection took place on 7 September 2016. This was an unannounced inspection.

The inspection team consisted of three inspectors and a specialist nursing advisor.

Before the inspection we gathered information about the home by contacting the local authority safeguarding and quality assurance teams. In addition, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

On this occasion we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During and after the visit, we spoke with nine people, six relatives, the registered manager, the head of care (deputy manager), the maintenance person, an administrator, a house keeper, an activities co-ordinator and six members of staff. After the inspection we spoke with two health care professionals. We spent time observing care and support provided throughout the day of inspection, at lunch time and in the communal areas.

We looked at four people's care records, medicine administration records, staff rotas and recruitment files

and supervision and training records. We looked at records that related to the management of the service. This included minutes of staff meetings, complaints and audits of the service.

Is the service safe?

Our findings

At our previous inspection we found a breach in Regulations 12 and 13 as risks to people were not always managed and staff lacked knowledge of safeguarding procedures. The provider submitted an action plan in March 2015 to state they had met the legal requirements. We saw that, whilst improvements had been made in relation to safeguarding, there was still more work needed to make sure that risks to people were managed well.

People told us that they felt safe at the home. One person said "I feel safe, well looked after." Another said "Yes I feel safe, it's all good here."

Despite what people told us, people were not always protected from potential risks to their health or wellbeing. There were inconsistencies in the recording of risk management plans for people. Some people had risk management plans that were reviewed regularly. They advised staff on how to manage and reduce risks such as moving and handling, falls and pressure areas.

However, not all people had risk assessments in place that required them. One person had a history of falls and needed staff support to walk, there was no risk management plan in place. This person was also at risk of developing further pressure sores, there was no risk management plan in place to reduce these risks.

Another person had lost a significant amount of weight in a short period of time and their nutrition and pressure area risk assessment had not been updated. Staff had not followed up or taken action to minimise the risks of malnutrition.

One person had a bed rail assessment in place which stated that they did not need them; however they had bed rails in place. No risk assessment had been undertaken to state why there had been a change and what was in place to reduce the risk of entrapment to the person.

Staff had identified that another person was at 'high' risk of social isolation; however there was no risk management plan in place to reduce this risk. Although no harm came to people, this meant that staff did not always have the information they needed to support people to manage and reduce known risks to people.

As risks were not always identified, managed or documented this is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The risk assessments that were in place were detailed and guided staff as to how to reduce the risks of harm to people. Where risk assessments were in place, risks to people were assessed and managed for activities such as moving and handling, pressure areas, managing nutritional risks.

Two people told us that there were not always enough staff. One person said that staffing levels were "Too tight" and that agency staff "Slow things down as they do not always know about my needs." Another

person said "Sometimes I wait to go the loo. I think sometimes there aren't enough staff; they always say they have what they are allowed." They went on further to say that as they needed two people to help with moving, one carer would come and cancel the call button, but they would have to wait longer for a second carer to arrive.

Three relatives told us that their loved ones had to wait for carers to support them with their personal care needs and sometimes were incontinent whilst waiting for care. Another relative said that there is a lack of staff at weekends and there was a high use of agency staff.

The registered manager told us there are two nurses and five carers worked between the hours of 7am-7pm. At night from 7pm-7am there was one nurse and three carers. We saw this on the day and the rotas confirmed that this was the case that the staffing levels were maintained. We saw that one person asked a carer to support them to the toilet. The carer told the person that they needed to finish the drinks round prior to supporting them. The person waited 10 minutes for the carer to return and then supported them to the toilet.

The registered manager said that they use agency staff where required to cover staff vacancies and there was a rolling recruitment process. The registered manager told us that they used a dependency tool that evaluated the staffing levels required based on people's needs. The registered manager advised that they had the correct number of staff to meet people's needs.

Staff told us that they felt stretched at times and more often when agency staff were used as they had to support and guide some of them. One staff member told us "The managers say that staff numbers are ok to meet resident's needs, but everyone on the top floor needs two staff. Often we are rushed." The staff member went on to say that they when two members of staff are providing care in a person's room; they are unable to hear the call bell. They have been told that one member of staff should leave the room frequently to listen out for the call bell. If they hear the bell they should leave and tell the person that is waiting that they (the carer) will be back in five minutes time.

We looked at call bell logs over a one month period, this confirmed that between the hours of 7am-8am the average wait time was nine minutes and 30 seconds. And between the hours of 8am-1pm the average wait for the call bell to be answered was seven minutes.

On the day it was difficult to locate staff, they were not always visibly present in the home, as they were busy caring for people. At busy periods during the day, like morning and lunch time, people waited for five to ten minutes for their call bells to be answered.

Auxiliary staff included one chef, one kitchen porter a head housekeeper and two cleaners. This enabled the care staff to focus on supporting people.

As there were not always an effective deployment of staff to meet people's needs, this is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were not always recruited safely. At our last inspection we made a recommendation to the registered manager to ensure appropriate checks were in place in line with current guidance when recruiting staff. Some improvements had been made, there was still more work needed to ensure safe recruitment practices and processes were in place.

The registered manager had recruited two staff members, however not all the appropriate checks had been

carried out to ensure that they were suitable to work at the home. Sufficient checks on ensuring the staff members employment history and that the person was of good character had not been undertaken thoroughly. We asked the registered manager to carry out risk assessments to ensure that there were management plans in place to minimise the risks to people. The registered manager completed them as requested after the inspection.

Checks on eligibility to work in the UK and a Disclosure and Barring Service (DBS) had been completed. The DBS checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. The registered manager had ensured that they had checked that nurses were registered with the Nursing and Midwifery Council (NMC).

There were procedures in place for the safe storage and disposal of prescribed medicines. We observed staff administer people their medicines. Staff signed the medicine administration record (MAR) after the medicine had been taken by the person. We looked at people's MARs and confirmed this had happened and there were no gaps in people's records. Staff had knowledge of the medicines that they were administering and explained to the person what the medicine was for.

For people that were prescribed an as required medicine (PRN), such as some pain relief there were not always guidelines in place. There were guidelines in place for some people, to tell staff when and how to administer the medicine, however there were some guidelines missing. This meant there was a risk that people were not always receiving their medicines when they needed it.

We recommend that the registered manager ensures that there are PRN guidelines in place for people as per current guidance.

However, medicines were not always administered safely. One person was prescribed a medicine for a short term health problem; however it was recorded in their care plan that they were allergic to this medicine. The person had been administered this medicine for three days prior to a nurse identifying this. No harm came to this person; however this error should have been picked up prior to administration.

People were safe from avoidable harm. Staff told us that they had training in safeguarding and this was confirmed by the training records. The home's permanent staff had a good understanding of what types of abuse there was, how to identify it and who to report it to. One staff member told us "There is physical, verbal, sexual and financial abuse. I have raised one concern before with the local safe guarding team and CQC before and put actions in place to keep the person safe."

Staff knew there was a whistleblowing and safe guarding policy in place. There was an information poster with contact details of the local safe guarding team in the administrator's office. The management reported safe guarding concerns to us and to the local authority safe guarding team when required.

The registered manager had systems in place for continually reviewing incidents and accidents that happened to people. Actions were recorded to minimise the risks of the incident occurring again. For example, one person had a fall, their care plan was reviewed, and a referral to physiotherapy was made.

Staff told us how they would respond to an incident and accident. Staff told us that if a person had a fall they would make sure the person was safe, first aid would be given and or call the paramedics.

People had personal evacuation and emergency plans (PEEPs) which told staff how to support people in an emergency. Staff confirmed to us what they were to do in an emergency.

People would be kept safe in the event of an emergency and their care needs would be met. The registered manager told us the service had an emergency plan in place should events stop the running of the service. We saw a copy of this plan which detailed what staff should do if an emergency occurred. Staff were aware of that to do in an emergency.

Is the service effective?

Our findings

At our previous inspection we found a breach of Regulation 18 as the registered manager had not ensured that staff had the skills and knowledge to enable effective care to be provided to people. The provider submitted an action plan in March 2015 to state they had met the legal requirements. We saw that, whilst improvements had been made, they had still not met the legal requirements.

The registered manager had not always ensured that the agency staff they used were competent and that their training were up to date. The registered manager had obtained profiles which stated what training the agency staff had undertaken and whether the training was in date. One agency worker's profile did not have any information on training. Another profile stated that they had training in health and safety and moving and handling, however this had expired in early 2014. The nurse's profiles did not include what clinical skills the nurses had. Another agency worker lacked knowledge in safeguarding procedures and types of abuse. The agency worker told us that they had up to date training in safeguarding.

Some staff did not always have the knowledge to support people with specific health conditions. One person told us that they had a health condition and felt that the staff lacked knowledge on how the condition impacted on them. They told us "A few staff had read up on the condition; however it would be nice if staff understand [the condition] and how it affects me."

Some nurses did not always follow up on actions to ensure people received effective care. One person required an injection to manage their health condition. When they were admitted into the home, the nurse had noted that this medicine was required. Contact had been made with the GP to discover when it was last administered, however this information had not been obtained. There was no follow up and the nurse in charge was unaware of the situation.

A health professional told us that when they requested tests or other actions to be completed for people, this had not always been done by the nursing staff. Therefore this meant there was sometimes an avoidable delay in people getting the right treatment.

The nurses led each shift; however there was a sense of a lack of leadership in the day to day management. One relative said "I have not found anyone who has their finger on the pulse. Staff always have to ask someone else." Another relative told us that there was no one to supervise the staff to ensure that care was offered in a timely way. A staff member told us that when they sometimes ask the shift leader a question, often they are told to ask someone else as they do not know the answer.

Staff had received some supervision, however improvements could be made. One staff member said that "I received supervision one or two months ago." Another staff member told us "I have been here nine months and received one supervision." The registered manager told us that "Supervision is underway, all the nurses have been done and the carers have had at least one supervision since I have been here."

The registered manager told us that staff should be receiving supervision every eight weeks, as per there

supervision policy. This was not always the case as there were a number of staff, including nurses that had not received supervision as per the home's policy. According to the supervision tool the registered manager used, one nurse who started in May 2016 and not had supervision at all. Another nurse had not had supervision since March 2016. Another nurse didn't have supervision for five months. Supervision did not occur for any staff prior to March 2016, this has been confirmed by the registered manager and records. Five care staff did not receive any supervision since March 2016.

As staff supervision did not occur regularly, there was a risk that people may not be effectively cared for as staff were not given the regular opportunity to have their skills and knowledge evaluated, develop skills through the exchange of information or review and discuss individual people's welfare issues.

As staff were not receiving regular supervision and the registered manager had not ensured that all staff were skilled and competent, this is a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One staff member told us "I have received lots of training I have done a train the trainer in moving and handling, food hygiene, waste disposal, infection control and catheter care." The registered manager told us that training for staff had improved. The activities co-ordinator had begun the NAPA training (meaningful activities training for older people). We saw from the training records that staff had received the two day induction training, safe guarding and infection control.

The nurses told us that they had recently received training in catheter care, use of a syringe driver and end of life care. A health professional told us that the nurse's clinical skills had improved since the last inspection. Records confirmed this training had occurred.

Staff told us that they received an induction, which consisted of some shadowing of staff and a two day induction programme, which included mental capacity awareness. The registered manager told us that care staff are not undertaking the care certificate currently, but it will be implemented soon, but no date was given. The care certificate is an induction programme that sets out standards for all health and social care workers.

People's human rights were protected as the registered manager had ensured that the requirements of the Mental Capacity Act were followed. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Some people's freedom had been restricted to keep them safe.

At our last inspection we made a recommendation to the registered manager to consider whether DoLS applications needed to be made for people. There had been an improvement in this area. Where people lacked capacity to understand why they needed to be kept safe the registered manager had made the necessary DoLS applications to the relevant authorities to ensure that their liberty was being deprived in the least restrictive way possible. For example, an application was made where a person was unable to consent to their care and required equipment to keep them safe.

The registered manager and staff had an understanding of the MCA including the nature and types of consent. Staff understood people's right to take risks and the necessity to act in people's best interests when required. One staff member told us "People have choice and freedom to make decisions. We respect their decisions and involved them in the decision. People are allowed to make unwise decisions. If they lack capacity, we ensure that they have the right support to make their decision."

People told us that staff always asked for their consent before helping with their care needs. We saw staff throughout the day asking people's consent before supporting them with needs.

People told us that the food was good and they had a choice of what to eat. One person said that the food was "Very good" and that there was a "Top chef". People told us that there was plenty of food. One person said "The meals are over generous, I get a choice and there is always an alternative offered."

We observed a meal time. Most people choose to eat in their bedrooms. The registered manager told us that this was not usual and that most people ate lunch and the evening meal in the dining room. The people eating in the dining room with one member of staff who was available to support people with eating and drinking. People were offered a choice of meals and drinks. The meal was sociable, with staff and people chatting.

There is a seasonal four weekly menu. There were two choices of main meal available, with a choice of potatoes and vegetables. There was also a choice of two desserts.

Relatives told us that they could eat with their loved ones. One relative told us that they were looking forward to sharing a meal with their loved one next week. People had jugs of cold drink in their bedroom for them to help themselves. A choice of hot drinks and snacks were available at times throughout the day.

People's weights were monitored on a monthly basis. One person, who required a soft diet and support from staff with eating, had their weight monitored and a nutritional plan in place and their weight maintained.

People were supported to maintain their health and wellbeing. When there was an identified need, people had access to a range of health care professionals such as Speech and Language Therapists (SaLT), opticians and podiatrists. The local hospice and community matron provided support to the nursing team and to people who were receiving end of life care.

The GP visited the home twice a week. A healthcare professional told us that there had been improvements in nurses identifying when a person needed more medical attention. Another health professional told us that due to the twice weekly GP visits, the home had lower than expected admission rates to hospital.

Is the service caring?

Our findings

People said that staff were caring. One person said "I am well looked after." Another said that the staff are "Kind and caring."

In our previous inspection, we made a recommendation for the registered manager to review how it involved people in their care planning in line with current guidance. There was limited improvement in this area.

People were not always involved in their care. One person said "I have never been asked to complete a care plan or sign anything." A staff member told us that they provided person centred care and said "We ask people what time do you want to get up, what newspaper, if one person likes a lie in or gets up late." Despite this, people's care plans contained variable amounts of information regarding people's preferences, likes and dislikes. Two people's care plans did not contain any information regarding people's choices and wishes about their care.

One person told us that they preferred to have baths more often than showers. This information was documented in their care plan. However, we saw from their daily records that the person rarely had baths. The home used agency staff on a daily basis, often ranging from two to four staff during the day. Although the manager told us they tried to ensure regular carers, this was not always the case. Therefore agency staff are not always able to know people's likes and dislikes.

Permanent staff knew people's preferences and choices. People had varying view points about staff's knowledge about their wishes. One person told us that the staff knew their preferences well. Whilst another said "I don't feel staff know me well."

We saw most staff treat people with kindness and respect. However we saw that on occasion's some staff did not interact with people effectively. Some staff were task orientated and did not always show an ability to freely converse with people. One person told us "Staff chat to me as much as they can, but sometimes I feel rushed."

With the continued use of agency staff, meant that positive relationships were not always established to be able to provide consistent care. The manager told us that they try to use the same workers, but this was not always possible.

We saw positive interactions with some staff. The registered manager told us "Staff are compassionate, the way they approach people. They actively engage people in conversations, ask them and give them choice." One staff member visited a person in their room to administer a medicine, however the person was asleep. The nurse went back after they finished the medicine round to enable the person to wake up naturally. Another staff come in to the room and assisted someone to have yoghurt. There were a lot of light hearted conversations between the member of staff and people and their relatives and it was a very relaxed atmosphere.

Most staff had developed positive relationships with people. We observed staff interaction with people, asking them how they were, chatting to them about their plans for the day. Staff spoke with people in a kind and caring manner. People looked relaxed and comfortable with the care provided and the support received from staff.

People were well dressed and their appearance was maintained by staff. For example, with appropriate clothes that fitted and nicely combed and styled hair which demonstrated staff had taken time to assist people with their personal care needs.

People's privacy and dignity was respected, for example, we saw staff give people privacy when they wanted it. One staff member told us they would always knock on people's doors and ensure doors and curtains were closed during personal care. We saw staff knocking on people's doors and waiting to enter until being told it was ok. We saw staff addressed people in a manner they wished to be addressed.

People's bedrooms were individually decorated and contain pictures and photographs of things that people were interested in and had chosen themselves. One person said that they had brought some of their own furniture. Another person said that they were "Really happy" with the room they had. We saw staff talk to people using their preferred names, as documented in their care plans.

Relatives told us that there were no restrictions on visiting times to the home. One relative had brought their two dogs into the home and told us that they were always welcomed.

The registered manager told us that they have a bed available for relatives to stay over if required. Relatives told us that they could visit when they wanted to. A staff member told us that the front door was locked at around 5.30pm when the front desk staff went home. Relatives could let themselves in with a code on the front door and let themselves out.

Is the service responsive?

Our findings

At our previous inspection we found that people's needs were not always assessed and that care plans were not in place to guide staff, this was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Whilst we found some improvements had been made, the service had still not met the legal requirements.

People did not always receive a responsive service. Nursing care plans were not always in place for some people. Care plans are used to tell staff how to manage certain aspects of people's care and what support people need. One person required a frequent and on-going therapy and used a catheter; there were no care plans in place for either need. Another person who had been in the home for one week with significant nursing and care needs had no care plans in place. As agency staff are used regularly in the home there is a risk that people's needs and preferences may not always be met and respected.

For people who needed wound care plans in place, information was not detailed enough to guide staff. For example, two people had pressure areas. Both care plans that contained information about the wound and photographs. However the plans were missing information about how the wound occurred, frequency of dressing change and how often the wound should be reviewed.

Documentation for assessing people's pain was confusing. There was a pain assessment recorded in people's medicine administration record (MAR), however this was often not completed. There was a second form attached to it which was to record a person's pain or absence of pain. The nurse told us that they didn't use those forms to assess and record pain; they detailed the information in a person's daily record sheet.

Care plans lacked personalisation and primarily focused on tasks such as personal care and mobility needs. The registered manager stated "The care plans don't read like a story, there is still a lot of work to be done." The homes statement of purpose said "Residents are encouraged to take an active involvement in developing and reviewing their personal plans and staff ensure that residents have adequate information and support to do this." However this was not the case. Care plans did not always detail what support people required and they lacked detail about people's history and life story. As agency staff were used regularly in the home there was a risk that people's needs and preferences may not always be met and respected.

The registered manager told us they were aware that care plans needed to be improved and that they were in the process of updating the care planning system. A new care plan had been designed but not yet implemented.

As care plans were not always in place or persons centred, this was a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care plans that were in place were inconsistent with details. Most care plans contained information on people's mobility, personal care, sleeping and eating and drinking. Where care plans were completed, there

were some details of people's preferences, wishes and choices. Care plans were reviewed monthly.

The registered manager had introduced a new pre-admission assessment. These were more thorough than the previous ones. The assessments were completed prior to a new admission, they identified whether the home was able to meet the person's needs or not.

To improve consistency of care, the registered manager had implemented a twice weekly clinical review meeting. This occurred after the twice weekly GP visit. Minutes of these meetings documented the health need of the person and, what action was required to manage the health need and who was responsible if any treatment was needed.

At the last inspection the registered manager at the time had not acted upon people's complaints. We found that the registered manager had made improvements in this area and now met the legal requirement.

People told us that they felt listened to. People said they would happily raise a complaint or concern if they needed to and said they were confident that this would be acted upon. The registered manager had implemented a suggestions box was placed near the entrance. This box was emptied regularly and suggestions listened to and acted upon. The responses were recorded in the monthly residents' newsletter. For example, a person had requested a toastie machine for use for people. One was purchased and it's used on a regular basis. Another person suggested animals to come into the home. The activity co-ordinator organised for a mini zoo to come into the home.

The registered manager had acted and responded to several complaints. Complaints ranged from low staffing levels and the impact on one person to another relative complaining about staff meetings in the lounge. The registered manager had documented that action had been taken to resolve the complaint. For example a meeting was held with the registered manager and a relative to discuss and explain the situation. However not all outcomes and actions had been recorded. We spoke with people and their relatives who had made a complaint. One felt they were satisfied with the outcome, another was not so satisfied.

There was a relative and residents meeting held four times a year. These were well attended by people and their relatives. The registered manager and other heads of department attended and each area was discussed, such as activities, housekeeping and the food. Relatives commented that staff were responding quicker to the call bell.

People's access and opportunity to engage in activities was varied. There was an activity co-ordinator who worked Monday to Friday. People told us that there had been improvements with the activities. However some people told us that they were often told to late that an activity or outing was running and therefore missed out. On the day of inspection there was an outing for four people to a nostalgia museum. That meant the remaining 22 people did not have access or any opportunity for activities on that day.

The registered manager and activities co-ordinator stated that a more personalised activities programme was being developed. People had a weekly activity timetable in their rooms. Activities ranged from a knit and natter group, woodwork, tai chi, quizzes and bingo.

Is the service well-led?

Our findings

People said that they knew who the registered manager was and they often saw her around the home. One person told us that she came into their room often to check that everything was okay. People told us that they had seen some improvements in the home. Staff said the registered manager was approachable and were making changes for the better. One staff member said "We are all working together to improve the care." Despite this we found that the home was not always well led.

At the last inspection we found a breach in Regulation 17 the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as there were not robust systems in place to evaluate and improve care. We found that some improvements been made by the registered manager but there was a lack of oversight from the provider. The registered manager told us "We have made progress, but we have a long way to go." The registered manager told us that care plans and documentation needed to be improved.

The new registered manager had been in post since 1 April 2016. The registered manager told us that when they had completed the Provider Information Return (PIR) it highlighted to her that "There is a great deal to do in the service." There were some inconsistencies with what was said in the PIR to what we found on the day. The PIR also stated that staff were receiving regular supervision, as highlighted above, this was not happening regularly or for some, or not at all.

The provider submitted an action plan in March 2016 which detailed how they would be meeting the requirements. One action was that staff would be receiving person centred training in May 2016 with a focus on 'Delivering positive and individualised outcomes for people using the service.' However, this training did not occur. The provider stated that complaints would be audited on a monthly basis and a risk assessment and care planning audit tool would be used on a regular basis. However these were not in place.

There were some quality assurance processes in place. For example, a medicine audit, a pressure wound audit and a staff recruitment file audit. The staff file audit identified that there were gaps in safe recruitment practises such as a lack of employment history and, character references. The audit stated that missing pieces of information had been requested; however there was no date when the information had been requested, no date for follow up or who was responsible for this.

The audits completed identified areas of concern, but there was no follow up or action taken to rectify the concern. A medicine audit was completed in June 2016. Although some actions were recorded. It was identified that some boxes and bottles of medicine had not got an open date on them; there was no action to address this. The audit identified issues with recording on the MAR with some gaps and illegible writing. There were no actions to resolve this. There was no detail on how improvements could be made.

We asked the registered manager to organise an external pharmacy audit to be completed as soon as possible. The registered manager agreed to do this, and the audit has now been completed.

The registered manager told us that the provider was supportive and that she had been having supervision

to support her to make improvements. However, there was a lack of oversight and leadership of the home and it did not have effective systems in place to monitor the improvements that were required to be made. If there had been an effective quality assurance system in place to monitor and evaluate the care, the concerns that we found during this inspection should have been identified.

Staff were not always aware of their roles and responsibilities. The registered manager told us that there was a keyworker system in place, as per the homes policy. However, one senior staff member of staff told us that there was not a key worker / key nurse system in place, but "It is something that we are working towards." We saw no evidence to suggest that there was a key worker system in place. The registered manager agreed that staff did not always know and understand their roles and responsibilities.

Although improvements had been made since the last inspection, we had identified continued breaches of the regulations. The progress of improvement was slow and there was not a robust improvement plan in place. The registered manager told us that she knew what needed to be done, however staff were not always aware. This meant that staff were not always aware of what needed to be done and there was not a sense of collective or individual responsibility.

The provider and registered manager had not ensured that there were effective systems in place to monitor, evaluate and improve the quality of care provided and therefore this is a continued breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were some improvements in well led. Staff meetings were held regularly and were well attended. Minutes documented that items such as activities, complaints and staff levels were discussed. Actions to be taken were recorded and followed up.

The registered manager wanted to put in place a champion role for infection control and palliative care. However this had not been implemented yet.

Staff told us that they felt that the registered manager was supportive and approachable. One staff member said that they felt they were able to make suggestions and raises issues with her. The registered manager told us that she felt staff were able to come up and tell her when things were not right. We saw staff speak with the registered manager throughout the day. The registered manager operated an 'open door' policy.

The registered manager was trying to promote an open and person centred culture, however this was not spread throughout the home. The registered manager tried doing this through team meetings and they wanted to make the care plans more person centred. The registered manager demonstrated an understanding of the regulations that underpin providing safe, effective, responsive, quality care. The registered manager was open and honest throughout the inspection.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	Care plans were not always in place or person centred.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Risks were not always identified, managed or documented.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	Staffing was not always effectively deployed to meet people's needs. The manager did not always ensure that staff had the right knowledge, competency and supervision to meet the needs of people.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider and registered manager had not ensured that there were effective systems in place to monitor, evaluate and improve the quality of care provided.

The enforcement action we took:

Warning notice