

Mr Amin Lakhani

Nuffield Care Centre

Inspection report

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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

Nuffield Care Centre provides accommodation and nursing care for up to 35 older people some of whom may be living with dementia. The home also offers respite care. This is temporary care for people who need support, providing relief for their usual care networks such as relatives and friends. On the first day of our inspection there were 22 people living at the home and on the second day there were 20 living there. There was nobody receiving respite care on either day of our inspection.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The registered manager was not present on the first day of our inspection and was present for the second day.

We previously carried out a comprehensive inspection of this home on 5 November 2015. At that inspection five requirement actions were set for breaches of regulations 9 (Personalised care), 10 (Dignity and respect), 12 (Safe care and treatment), 17 (Good governance) and 18 (Staffing). The home was awarded an overall rating of 'Inadequate' and placed into special measures. The provider sent us an action plan telling us how they were going to drive improvement to ensure the service would meet the requirements of the regulations.

At this inspection we found that aspects of the service had improved and that the risks to people's safety and wellbeing had reduced. However, further work was required to ensure improvements continued, were sustained and embedded.

The registered manager did not have a comprehensive oversight of the service and systems for monitoring service delivery. Audits and checks had not identified the issues we found at this inspection. Records relating to care and treatment of people were not always accurate or up to date. Feedback from relatives and staff was not used to make positive changes to the home. Immediate action was taken by the provider as a result of the feedback given during our inspection. Although this is positive, changes need to take place to ensure a proactive service is provided rather than a reactive one. Despite this people said that the culture within the home was starting to improve.

We took enforcement action against the registered persons and served Warning Notices in response to the above concerns.

Further work was required to ensure risks to people were appropriately assessed, managed and reviewed. For example, the use of bedrails, care and nursing needs and infection control. You can see what action we told the provider to take at the back of the full version of the report.

People's legal rights to consent were not upheld. DoLS applications had not always been made when restrictions were placed on people's liberty and they did not have the capacity to consent to this. Information within DoLS applications and other records indicated that two people were potentially being unlawfully deprived of their liberty as they had the mental capacity to make their own decisions. You can see what action we told the provider to take at the back of the full version of the report.

Care plans were not personalised and focused mainly on the clinical care people needed. People were not provided with a range of meaningful activities to prevent them from becoming bored and socially isolated. They did not have opportunities to go out into the local community unless this was arranged by their relatives. You can see what action we told the provider to take at the back of the full version of the report.

People's views on staff varied. There were inconsistencies with how people were treated. There were times when staff were kind and considerate. At times, some staff were task orientated and did not spend time talking to people. Dignity and privacy was not always promoted. You can see what action we told the provider to take at the back of the full version of the report.

Improvements had been made to the numbers and deployment of staff in the home. Where possible, the same agency staff were being used to help ensure continuity in care. Staff were now receiving supervision and guidance that helped them fulfil their roles and responsibilities. However, some staff did not communicate or understand how to interact with people who lived with dementia. We have made a recommendation about this in the main body of our report.

Formal processes were not consistently used to involve people in making decisions about their care. We have made a recommendation about this in the main body of our report.

People had mixed feelings regarding the food. Improvements had been made to the management of people's dietary needs. Referrals had been made to external specialists and the majority of their recommendations acted upon. Improvements to the dining experiences of people who live with dementia should take place. We have made a recommendation about this in the main body of our report.

Improvements had also been made in the management of medicines. Medicines were stored, administered and recorded safely.

People were protected from abuse. Staff had a good understanding of what abuse meant and the correct procedures to follow should abuse be identified.

There was a complaints procedure in place and people were provided with a copy of this. A comments box was located at the entrance of the home that people could use to raise concerns either formally or anonymously if they wished.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Aspects of the service were not safe.

Risk management systems did not always identify concerns before issues arose and affected people's safety.

Sufficient numbers of staff were now deployed in the home to meet people's needs safely.

People received their medicines safely.

People were protected from abuse.

Requires Improvement ●

Is the service effective?

Aspects of the service were not effective.

People's health and dietary needs were now being managed effectively. However, people who lived with dementia did not always receive support that promoted their independence.

The application of the MCA was inconsistent. People's consent was not always obtained lawfully in relation to important aspects of their care.

Staff now received sufficient support to undertake their roles and responsibilities. However, staff did not always communicate effectively with people who lived with dementia.

Requires Improvement ●

Is the service caring?

Aspects of the service were not caring.

People were not consistently treated with dignity and respect. At times staff were kind and considerate towards people.

In the main, people's rights to privacy were upheld and respected.

Formal processes were not consistently used to involve people in making decisions about their care and the service.

Requires Improvement ●

People were able to maintain links with their families and friends.

Is the service responsive?

Aspects of the service were not responsive.

People were not supported or provided with a range of meaningful activities or stimulation that met their needs.

Care plans were not personalised and did not help staff to know the whole person.

People's needs were now being assessed and care given that reflected changes in people's needs. When recommendations were made by external professionals these were acted upon to ensure people received the care and support they required.

Systems were in place that supported people to raise concerns and complaints.

Requires Improvement ●

Is the service well-led?

Aspects of the service were not well led.

There was a reactive management style and culture at the home. The registered manager had not ensured systems and communication empowered people or staff. She was committed to improving the service and had introduced systems and meetings to improve morale.

Quality assurance processes were not effective because audits had not identified aspects of the service that required improvement. As a result, people received an inconsistent service.

Requires Improvement ●

Nuffield Care Centre

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 first day of this inspection took place on 31 May 2016 and was unannounced. On this day the inspection team consisted of three inspectors and a specialist nurse advisor. The specialist nurse advisor had experience in providing nursing care for people in a clinical and adult social care setting. The second day of this inspection took place on 08 July 2016 and was announced. We gave 24 hours' notice as we needed to ensure the registered manager would be present. They had been on leave on the first day of our inspection.

Before the inspection we reviewed all the information we held about the provider. This included information sent to us by the provider in the form of notifications and safeguarding referrals made to the local authority. Notifications are information about important events which the provider is required to send us by law. We did not ask the provider to complete a Provider Information Return (PIR) before the inspection. The PIR is a form that asks the provider to give some information about the service, what the service does well and improvements they plan to make. This was because we were undertaking this inspection six months following the previous inspection to follow up on improvements we had asked the provider to make.

We used a number of different methods to help us understand the experiences of people who lived at the home. On the first day of inspection we spoke with 10 people, seven members of staff, the deputy manager, a general manager, three relatives and three health care professionals. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

On the second day of inspection we spoke with seven people, two relatives, four care staff, a chef, two nurses, the deputy manager, the registered manager and a general manager.

During both days of inspection we spent time observing the care and support provided to people. We also observed lunchtime in the main dining room. We read 11 people's care records and six medicine administration records, and DoLS applications made to the local authority. We also read other records which related to the management of the service such as training records, policies and procedures and quality auditing systems.

The last inspection of this service was 5 November 2015 where we found five breaches of the Health and Social Care Act 2008 (Regulated activities) 2014, and rated the service inadequate. We placed the service in special measures.



Our findings

At our previous inspection in November 2015 three areas of concern were identified. These related to the management of risks to people's health and safety, medicines and staffing. Requirement actions were set. The provider sent us an action plan that detailed the steps they would take to make the required improvements.

At this inspection we found steps had been taken by the provider and the impact on people's safety had improved. However, further action was needed to ensure robust risk management systems were embedded and sustained.

On the first day of inspection one person's care record showed they had a pressure ulcer but did not include a risk management plan for this. This meant there was a risk that staff did not have information to care safely for this person. There had been no input from a specialist, for example a tissue viability nurse (TVN). This was the same as the last inspection in November 2015. This person had also developed a second pressure ulcer on their ankle, which indicated that the risks had not been managed safely for this person. On the second day of inspection there was no one who lived at the home that had pressure ulcers. As a result of the feedback given on our first day of inspection the registered manager confirmed that changes had been made to wound care management. This included the regular auditing of pressure relieving equipment.

On the first day of inspection 12 people had bed rails in place. There were no risk assessments in place that considered any potential risks to people who used this equipment or records that confirmed other alternative, less restrictive options had been explored first to keep people safe. On the second day we were supplied with assessments that had been completed as a result of our feedback. These did not always demonstrate that bedrails were required. Three people's assessments stated that they did not have a history of falling out of bed and that alternative equipment or solutions had not been explored.

On the first day of inspection we found that people's weights were being monitored monthly as part of risk assessment processes to keep people safe. However issues regarding people's weight were not being reviewed and appropriate support was not sought to keep them healthy. One person had a nutritional care plan that said they liked to eat with their fingers and required prompting to eat. This did not happen and their meal was cleared away without them eating it. This was not recorded in their daily notes. This person had lost weight over three months which was not acted upon. Where people were identified as being at risk of becoming dehydrated, fluid input and output charts had been introduced to minimise this risk. However records were not maintained accurately. Therefore, they could not be relied on as a safe monitoring tool. On

the second day of inspection monitoring systems had been reviewed in order to keep people safe.

On the first day of inspection there was a strong smell of urine and faeces on the ground floor of the home. The sluice room on the first floor had stained walls and had a bucket under the sink catching dirty water. This was the same as at our last inspection in November 2015. Although people did not use the sluice room this practice could harbour infection. An infection control audit was completed during February 2016. This confirmed that cleaning schedules were in place and adhered to and that staff had completed infection control training. The audit had not identified the concerns raised in November or on the first day of this inspection.

One person had an infection that was contagious and staff informed us that to reduce the risk of infection spreading the person was being barrier nursed. Staff did not wear protective aprons and gloves while attending to the person. They did not wash their hands or use alcohol gels when entering or leaving the room. There was no specific barrier nursing management plan in place to minimise the risks to other people in the home and staff. This put other people in the home at risk of cross infection and contamination.

On the second day of inspection the registered manager said that infection control had been flagged as a "major concern" as a result of our feedback. Training was delivered to staff (including agency staff) on 6 July 2016 to ensure they were aware of safe procedures. Hand washing techniques were explained and an aide memoire given to all staff so that they understood what they had to do.

The above evidence demonstrates that care and treatment was not always provided in a safe way. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Action was taken when accidents occurred in order to keep people safe. For example, falls were monitored and referrals made to external professionals. Staff were observed using safe handling procedures. When assisting a person to move from a wheelchair to lounge chair a hoist was used correctly and two staff supported the person.

People lived in an environment where equipment was not maintained to a safe working standard. Areas of the home were unclean that included walls in people's rooms and carpets in communal areas. On the first day of inspection 13 people on the first floor were isolated and unable to access the communal areas of the home on the ground floor. This was because the lift had been out of order since March 2016. Food was unable to be transported in the heated trolley to the first floor and therefore at risk of being served at the incorrect temperature. One person living on the first floor told us, "The food is often served cold." The lift engineers had visited the home on several occasions to resolve the issue and were currently awaiting the delivery of a part to make the lift operational again. However there were no arrangements in place to manage people's care in a safe way while the lift was out of order.

Within 12 hours of the inspection the provider sent us an action plan outlining the measures taken to prevent people from becoming isolated on the first floor. This included making a sitting and dining area available on the first floor for people if they required this.

On the second day of our inspection we saw that the environment was clean and tidy. There were no strong odours and the person that was being barrier nursed was being done so by staff who wore protective aprons and gloves which they took off when they left the room. The lift was now fully working and a notification had been sent to CQC.

The provider had taken action to ensure sufficient numbers of staff were deployed to minimise risks to people. On the first day of inspection people said they had to wait for staff to help when they asked for support. One person said, "Staff are always busy and I have to wait a long time for my buzzer to be answered. This morning it took twenty minutes before someone came." Another person told us "Sometimes you don't get up until late, I would like to get up earlier but you have to wait." This person was still in bed at 10.45am. One person in the lounge was left for 20 minutes with their meal in front of them before a staff member came to help them to eat, by which time their meal was cold. Three members of staff working on the first floor told us there were not enough of them to meet people's needs.

A health care professional we spoke with told us they felt the home was always understaffed. They said they had to wait for long periods of time for staff to accompany them when undertaking assessments despite appointments made in advance.

On the second day of inspection people and staff told us that staffing had improved since 31 May 2016. One person said of staff, "Perfect, no trouble whatsoever. The girls look after me well; they are wonderful all of them." A second person said, "The whole staff are very good." A third person said, "Staff wonderful. I ring my bell and they come." One member of staff said that regular agency staff were now being used to cover shifts. Call bells were responded to quickly and staff did not appear rushed. All but one member of agency staff was able to tell us about the needs of people they were supporting.

The registered manager told us that staffing levels were decided by the head office but there was flexibility and she was able to increase this if necessary. Staffing levels were based on a nationally recognised dependency tool. The registered manager explained that this concentrated on care and nursing provision and was "Very basic". One nurse and four care staff were deployed on the ground floor and one nurse and five care staff on the first floor. One of the care staff on the first floor was allocated to one person who received 24 hour one to one support. The staff duty rota for the previous four weeks confirmed that staff levels were maintained as per the registered manager's comments. Staffing levels had increased since our inspection in November 2015. The registered manager was made supernumerary in February 2016.

At our inspection in November 2015 and at this inspection, agency staff were used to cover vacancies at the home. The registered manager informed us that when agency staff were used they worked with permanent staff to ensure an appropriate skills mix of staff. Agency staff received an induction that included orientation around the building and reading people's care records. The registered manager said (and records confirmed) that where possible the same agency staff were used to help ensure continuity in care. Daily handovers were now taking place which gave staff updates on people's most current health needs.

People received their medicines safely. The provider had taken appropriate action to address the shortfalls in medicines management identified at our previous inspection. There was a medicines administration policy in place. Staff administered medicines in accordance with this policy and in line with the Nursing and Midwifery Council's (NMC) Code of Professional Conduct.

The general storage of people's medicine was well managed. There were two dedicated rooms for the storage of medicines, one on each floor. Each floor had a medicine trolley and wall mounted cupboards for the safe storage of medicines. These were kept locked so that only authorised people could access them. The Medicines Administrations Records (MAR) charts for people were completed in full by staff when medicines had been given. People had a photograph at the front of the MAR so staff could be sure they were giving the medicine to the right person.

People were protected from abuse. Staff understood their roles with regard to safeguarding people from

abuse. They had a good understanding of what abuse meant and the correct procedures to follow should abuse be identified. All staff members had undertaken adult safeguarding training in line with the provider's policy. Staff were able to explain the different types of abuse. Staff told us they had not seen anything that resembled abuse while working in the service and if they did they would report this immediately. Staff had access to contact details of the local authority should they require this. During our inspection one person who lived at the home told us of an incident that was potential abuse. We shared this information with the registered manager who made a referral to the local authority at our request whilst we were still at the home.



Our findings

People's legal rights to consent were not upheld. Actions were not taken effectively where people lacked capacity to consent. 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager was not working within the principles of the MCA despite informing us that she had "Extensive knowledge" of this. There were 12 people that had bed rails in place. Bed rails can restrict a person's movement and people, or their representatives (if legally entitled) should consent to their use. The registered manager told us that six people had capacity to consent to the use of bedrails and that six did not. Completed MCA assessments confirmed this. Applications for DoLS authorisations had not been made for the six people who lacked capacity to consent to the use of this equipment. The registered manager said that she had "Never been advised to do DoLS for rails."

DoLS applications had been made for 10 people who lived at the home, with four authorised and six still to be processed. One application stated they had no awareness of risks, were cognitively impaired and this was the reason for the DoLS. However consent had been obtained from the person for the use of bed rails which stated that they had capacity to make the decision to use them. This contradicted the DoLS application.

The records for another person stated that they were bedbound 'Due to current lack of seating appropriate to her needs' and that the person had 'Been requesting to get up but there was no suitable seating.' We visited this person in their room but they were asleep. The nurse on duty and records viewed confirmed that recent contact had been made with the local authority to arrange a best interest meeting. The nurse said that the person had capacity to make some basic choices for example if they wanted juice or tea. No MCA assessment had been completed in relation to being restricted to bed. If the person had capacity it was unlawful to keep them in bed if they did not wish to remain there.

The above evidence demonstrates that the registered person was not following the MCA and that people's rights were not upheld. This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Despite the above care staff were aware of people's rights to make decisions about their lives. They told us they always asked for people's consent before providing care, and they would explain the reasons for the care. This was confirmed by people who lived at the home. One person told us, "Staff asks me permission, they ask if they can change my pad." Staff had undertaken training regarding the MCA.

At our previous inspection in November 2015 three areas of concern were identified. These related to the management of people's nutritional and hydration needs, effective care and staff supervision. Requirement actions were set. The provider sent us an action plan that detailed the steps they would take to make the required improvements.

At this inspection we found that steps had been taken by the provider to ensure people's nutritional and hydration needs were met. However, further work was required to ensure the required improvements were embedded and sustained.

People had mixed feelings regarding the food. People told us there was always a choice of meals and that they could have an alternative to the menu if they wanted. One person told us, "The food is very good. There is plenty of choice and it is home cooked." Another person said, "I don't think much of the food here." A third person said, "The food is very good."

During lunch on the first day of inspection we observed that both the main course and pudding were served at the same time. As a result by the time people ate their pudding it was cold and had a skin on the chocolate sauce which was not very appetising.

The chef received a daily menu request for each person either completed by the individual or by staff. This would indicate if a person required a normal or soft diet. Apart from the information provided in the daily menu cards they had no other information regarding people's dietary needs. They were unaware if they were catering for people with specific dietary needs for people who had diabetes or were on a low calorie or fortified diet. This meant people were at risk of being served meals that did not meet their needs or preferences.

People who were identified as being at risk of becoming dehydrated or malnourished did not have their fluid or food intake recorded appropriately. Records did not always include if people had a poor appetite or had received adequate fluid input. Staff were unable to confirm whether people at risk of dehydration had been given enough to drink to keep them healthy.

On the second day of inspection the registered manager said that action had been taken to improve the management of people's nutritional and hydration needs. Weekly weighing of all people had been introduced and referrals made to the dietician or SALT as required. Three people who were losing weight had been referred and had been signed off as needing no further action by the dietician. Where necessary people had a diet and nutrition sheet which recorded any weight loss which was overseen by the nurse and registered manager. Where people had lost weight the MUST scores, in conjunction with the person's BMI, were calculated. All fluid charts were checked by the nurses and there was a regular handover at the start and end of each shift so that staff were kept up to date with people's changing needs. If someone lost or gained 2kg in a week then action was taken to make an appropriate referral to dietitians.

People who were at risk nutritionally ate their lunch and appeared hydrated. People had drinks next to them throughout the day and staff encouraged people to drink. The chef confirmed that since the 31 May 2016 he had been provided with information about the dietary needs and preferences of people. A

noticeboard in the kitchen detailed people's needs, such as diabetes, meal textures that included pureed food and people's likes and dislikes.

We sat and observed part of the lunch time experience. People were provided with a choice between fish, chips, mushy peas or vegetable crumble. For dessert people had butterscotch tart with ice-cream or whipped cream. Tables were attractively laid and included a range of condiments that people could use. Staff and the registered manager sat with people who required encouragement and support to eat. There was a relaxed and happy atmosphere. Staff quickly offered an alternative when they noticed that one person did not eat much of their meal.

One person was encouraged to remain as independent as possible when eating. A member of staff sat next to them and encouraged them to put food on a spoon. Although the member of staff offered lots of words of encouragement and support the person (who lived with dementia) was not able to do this and the member of staff intervened and fed them. No form of hand over hand encouragement was given. Staff had not been trained in this form of support for people who lived with dementia. We also noted that some food items slipped on people's laps and the table as they had not been provided with adapted crockery.

It is recommended that the registered person researches and implements best practice dining experiences that promote independence.

A number of people had been seen by the Speech and Language Team (SaLT) or the GP due to changes in their nutritional and swallowing needs. Staff had noticed that one person was having difficulty swallowing and as a result the GP instructed they have thickened fluids until they were seen by the SaLT. All but one member of staff was aware of the change in this person's needs when we spoke with them. This member of staff told us that they had not assisted the person and that they would read their care plan before doing so to ensure they were aware of their needs.

Another person's thickened fluids had changed after assessment by the SaLT in June 2016. Staff were aware of this change and we saw that information was on display in the person's room to remind staff if needed. When we visited this person a member of staff was supporting them to have a drink that was thickened to the consistency recommended by the SaLT.

A nurse told us improvements had been made to ensure people received effective care. They said, "Things are better. We are more aware of people's needs and now doing things to make sure we meet these."

On the first day of inspection there was a person with diabetes. There was no evidence of input from a diabetic specialist to advise the frequency of blood tests to monitor sugar levels, or evidence on how this was managed. There was no reference made for foot care or eye care which if not managed effectively could have an impact on their health. On the second day of inspection the person confirmed their satisfaction with the support they received to manage their diabetes. They told us they were a type two diabetic and they now received regular blood testing for this. A care plan had been put in place to support the effective management of their diabetes.

People were registered with local GP's who visited the home regularly. One person said, "I can see my doctor when I need to." Another person said, "I have a sore eye and wanted to see the doctor today." They explained that this request was not passed on and as a result the GP did not see them when they visited the home. The nurse had followed this up with a phone call to the GP surgery and arranged for medicines to be prescribed for the person.

At our previous inspection in November 2015 a requirement action was set as staff did not receive sufficient supervision. At this inspection we found that the requirement action was met.

People were supported by staff who received sufficient support to undertake their roles and responsibilities. Supervision was now taking place. The registered manager was being supported by another manager to ensure that staff received three monthly supervisions. This provided staff with support and guidance and they were able to discuss their performance. One member of staff said, "I like supervision because I can discuss things that matter to me." The registered manager told us that in addition to the formal supervision she also conducted informal supervision when she is on the floor and her door was "always open".

Staff confirmed that the support they received had improved recently and that further support had been put in place since the first day of our inspection. Staff were aware of the new crib sheets that had been introduced that gave an oversight of each person's primary needs. They confirmed that there were now regular handovers at the start and end of each shift. Staff knew about people's needs and were able to describe these to us when asked.

A member of staff told us they had attended several training sessions and felt they had the skills required to undertake their duties effectively. Records confirmed that staff had attended recent infection control and safeguarding training. Other training planned to take place included moving and handling, health and safety, nutrition and diabetes.

Despite staff having received dementia care training we found that many staff did not communicate or understand how to interact with people who lived with dementia effectively. One person who lived with dementia was concerned their teeth were missing. As a member of staff walked past they asked "where are my teeth?" The member of staff's response was "Okay" and they then went and sat down in the lounge next to another person. It was clear that the member of staff did not know how to respond to the person. Another person told us that sometimes staff did not speak to them slowly enough to explain what they were doing which "Affects my understanding."

It is recommended that the registered provider researches and implements current best practice communication methods for people who live with dementia.



Our findings

At our previous inspection in November 2015 people were not always treated with dignity and respect. A requirement action was set. The provider sent us an action plan that detailed steps that would be taken to make the required improvements.

At this inspection we found that steps had been taken to reduce the impact on people. However, further action was needed to ensure the required improvements were embedded and sustained.

People's views on staff varied. On the first day of our inspection one person said, "Some staff are nice but others are not always kind and caring." A second person said, "Most staff are caring but some aren't as friendly. If I need pulling up the bed they will do that. Staff don't chat very often."

A health care professional told us, "I would not be happy for my relative to be cared for in this home. There is lack of continuity of staff, unloved rooms and patients don't seem happy."

On the first day of inspection staff did not always promote people's dignity and as a result they were not treated with respect. People had to wait for care. One person was left sitting in dirty clothing from after their breakfast until before lunch until staff assisted them with their personal care. A second person had food stains on their shirt from lunch which was not changed until later in the afternoon. Three people had dirty finger nails and their hair was greasy and un-kept.

Some staff were task orientated and did not spend time talking to people. One person said, "They are always rushed and have little time to talk." There was little interaction between staff who were task orientated and people and we did not see many people smiling during the day. One person was wheeled into the dining room and sat with their back to other people leaving them isolated. One person received help and support to cut their food when they did not require this. This indicated that the member of staff did not know the person well.

On the first day of inspection people's privacy was not always promoted. Information about two people's dietary requirements was displayed in notice format on the outside of their bedroom doors. This would have been better placed inside people's rooms out of view of passers-by. People's private information was not always held securely. There was a digital camera left at the nurses station that contained photographs of people's wounds which should have been kept securely to promote peoples confidentiality.

On the second day of inspection the registered manager told us that she and another manager regularly "Walks the floor" so that they can see what staff were doing in practice. Regarding the first day of our inspection she said that it was, "Horrific and unacceptable" for people to be in dirty clothes and that she expected staff to check to make sure this didn't happen. A staff meeting was held where this was discussed. For those staff that didn't attend the minutes had been given to them in order that everyone understood what was expected of them. She also said that dignity training had been arranged for August.

The majority of people that we saw on the second day of inspection were dressed in clean clothes and appeared quite content. One person said, "They (staff) always ask how you are, if there is anything you want. They are very good." A second person said, "I have no complaints about any of the staff." People received personal care in the privacy of their bedrooms or in bathrooms provided with lockable doors.

Staff were heard talking to people in a respectful way. For example, one said to a person, "Miss X (name of person) would you like to come through to the dining room?" and to another, "Is it ok if I check your skirt?" Each time the member of staff waited for the person's response before acting on their wishes. When supporting a person to move (that included the use of a hoist) staff were heard explaining the process and offering reassurance to the person concerned. On another occasion a member of staff was heard addressing people in their preferred way. This included addressing one person using their first name and a second in a more formal manner.

There were times when staff were kind and considerate towards people. They engaged in conversation with people while walking with them either to the lounge or bathroom and encouraging them to take their arm. One member of staff was heard to say, "You can hold on to my arm if you wish as it may help you feel more steady." The person responded positively.

People were addressed by their preferred name and when there was a change of staff during the afternoon staff came and said hello to people. The majority of agency staff knew the names of people without the need to refer to records. This indicated that there was a level of consistency when agency staff covered shifts.

The above evidence demonstrates that people were not consistently treated with dignity and respect. This was a continued breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

On the first day of inspection the deputy manager told us people were supported to be involved in their care and treatment as much as possible. People's assessments when they first moved into the home included their preferences. For example if people wished to have breakfast in their room. There was little evidence of formal processes being used to involve people and their representatives after the initial assessment stage. On the second day of inspection the registered manager said that a relatives meeting had been held on 30 March 2016 which was not well attended. She said that people had told her they didn't see any point as they "Saw me frequently". This was in contrast to what relatives told us. The registered manager added that the relatives and residents meeting was combined but "Residents didn't want to come" so no-one attended.

The registered manager told us that she spoke with people informally about their care on an "Ad-hoc basis" and the results were recorded in their daily care books. If someone wanted their care reviewed a record would be made. Records were not kept of all the visits.

It is recommended that the registered person reviews the systems for involving people and their representatives in order to promote greater inclusion.

Bedrooms were pleasantly decorated. People had the opportunity to bring personal possessions,

photographs, ornaments with them into the home to make their room personal to them. This varied according to people's capacity and the support they needed from staff and family. However some rooms were tired and in need of refurbishment. On the first day of our inspection the general manager said this would be included in the home's action plan. People who wanted them, had television sets and had set routines of what they liked to watch. People were supported to maintain links with family and friends. Some had their own mobile phone or their own landline phone in their rooms. One person told us that staff helped them with their post and would read letters for them.



Our findings

At our last inspection in November 2015 we found people did not always receive care that was responsive to their needs and personalised to their wishes and preferences. A requirement action was set. The provider sent us an action plan that detailed the steps they would take to make the required improvements.

At this inspection we found that steps had been taken by the provider. As a result the risks and impact on people had reduced. However, further action was needed to ensure the required improvements were embedded and sustained. In addition, further action was required to ensure people who lived with dementia received personalised care.

People's views on the service they received varied. One person said "I don't know whether staff understand my needs; there are so many different staff. Some are better than others. Some staff have to ask me what to do."

People had needs assessments undertaken before they were admitted to the home in order to ensure the service had the resources and expertise to meet their needs. However there were times when this information was not acted upon, reviewed or updated to reflect changes in people's needs.

Care plans were not personalised and focused mainly on the clinical care people needed. They lacked individuality around emotional and social needs. They did not include people's past life history that would enable staff to build a picture of that person and ensure that care was delivered in a person centred way. Contradictions were seen in some people's care plans. This meant staff were not provided with the most up to date information to deliver personalised care in a responsive way to meet people's needs. On the first day of inspection one person's records confirmed that they had been assessed during October 2015 as being able to walk with a walking frame. We observed them using a wheelchair and staff informed us that the person was unable to walk. The assessment had not been updated to reflect the change in this person's needs.

A member of staff said that a person undertook their own personal care, when their care plan stated they required the assistance of staff. The person told us, "I never have a shower or a bath as I would not expect the staff to do this." There was no information in their care plan regarding their personal hygiene routine and preferences and it had not been updated to reflect the changes in the support they received.

On the first day of inspection staff told us they did not have shift handovers and that they were not informed of any changes to people's needs on a daily basis.

On the second day of inspection the registered manager acknowledged that further work was required to personalise care plans and ensure they reflected people's needs. Work had been started in this area. A crib sheet had been introduced which detailed people's needs and was an easy reference for staff. Peoples diabetic status was now included and a 'This is Me' document was being introduced for all the people living in the home as it was recognised that the care plans did not reflect peoples social needs and did not give full information about them. So far four people had theirs completed which involved people, relatives and staff.

The home had arranged for an Occupational Therapy assessment for one person who had made a number of recommendations to enhance their quality of life. These included the implementation of a personalised activity plan. We visited this person in their room and found that all but one of the recommendations had been acted upon. A member of staff explained the activities they had provided and showed us records that confirmed these had taken place. The general manager gave us assurances that the outstanding matter would be acted upon promptly.

At our inspection in November 2015 there were limited arrangements in place to provide activities for people. We were told then the provider had employed a person for this role and they were due to commence employment. At this inspection people were provided with activities. However, further work was required to ensure people were provided with a range of meaningful activities and to prevent them from becoming bored and socially isolated.

There was an activity notice board which indicated a therapy dog came to the home on a weekly basis for thirty minutes. Outside musical entertainers were arranged twice weekly.

On the first day of inspection during the morning we saw three people sitting in the lounge dozing with the television turned on. There were plenty of games, puzzles and films on shelves but staff did not attempt to engage with people or to facilitate an activity. The area manager confirmed that the home still did not have an activity person. The post has been re advertised in the local job centre and local press with little response. During the afternoon 'Amazing Animal Encounters' took place in the lounge on the ground floor. Four people attended this activity. Three people appeared to enjoy this activity and one did not. They said, "This is not an activity."

On the second day of inspection the registered manager confirmed that the activities co-ordinator post had been advertised but still not recruited to. However she said that she promoted staff getting involved in undertaking activities with people without the need for one and that an additional member of staff had been allocated of an afternoon in order that staff could spend more time with people. The registered manager said that she wanted staff to be more involved on a "social level" and actively encouraged this. Activities were discussed and whether people were able to access the outside community or go on trips such as to the garden centre, go for a walk etc. The registered manager confirmed that opportunities to access the wider community were not arranged unless people went out with their family members. She said, "In 14 years I have never done a trip outside. We don't have access to that." She said that staff didn't take people out as the "Hill is very steep".

One person told us that they had not participated in any activities recently and said that they had been to the gym once and would like to go again as it would help with their recovery. They told us that they used to do exercises but now that they were living in the home they didn't do as much as they would like to.

A second person said that they were happy with all aspects of their care and that they had books and painting which they liked to do. We asked about going out and they said that they didn't want to as they had all their books to keep them occupied. A little later on they said, "I suppose I miss going out like I used to." A third person told us that they were not aware of any activities planned for the day.

We observed some staff attempt to engage people with activities, for example one sat with a person and discussed people and items in photographs from the past. However, it was apparent that staff did not know how to actively engage and offer stimulation to people who lived with dementia. Staff had received recent written guidance 'Communication hints and tips' however they used sentences or words that a person who lived with dementia may have found confusing. Some staff did not give people time to answer questions or offer visual aids that would have helped people to understand. Although staff sat next to people they did not look at non-verbal ways of communicating with people.

The above evidence demonstrates that the registered person had not ensured all people received personalised care that met their individual needs and preferences. This was a continued breach of Regulation 9 of the Health and Social care Act 2008 (Regulated Activities) 2014.

People who were able to knew how to make a complaint. One person said, "If I had something I was not happy with I would report this but I haven't had to yet." A second person said, "I would raise any problems with X (registered manager) and she would deal with it." A relative said, "I would not be afraid to make a complaint and if I did I am sure it would be solved." Two other relatives told us that they had raised issues informally with the registered manager but these had not been addressed.

A comments box was located at the entrance of the home that people could use to raise concerns either formally or anonymously if they wished.

People had been provided with a copy of the provider's complaints process when they moved into the home. There was a copy of this displayed in the reception area where people, relatives and staff could access this. There was also a copy of the policy in people's care plans. This included clear guidelines on how and by when issues should be resolved. It also contained contact details of relevant external agencies such as the Local Government Ombudsman and the Care Quality Commission. There had been no formal complaints made since November 2015. We discussed with the registered manager and general manager the lack of complaints raised with them and how people had raised concerns with us. The general manager explained that this had been recognised and that he was looking at changing processes, "To develop openness."



Our findings

At our previous inspection in November 2015 we identified concerns that related to quality assurance systems and the accuracy of records. A requirement action was set. The provider sent us an action plan that detailed the steps they would take to make the required improvements.

At this inspection we found that steps had been taken but that further action was needed to ensure the required improvements were embedded and sustained.

The registered manager did not have a comprehensive oversight of the service and systems for monitoring service delivery. Systems were not robust as they had not identified the issues we found during this inspection. Audits undertaken included care plans, medicine, accidents, complaints, infection control, fire risk assessments, wound care and housekeeping. None of which identified the concerns we had raised on the first day of our inspection. For example, the poor cleanliness and staff not following infection control processes.

The registered manager was not aware of a dignity audit that had been completed in December 2015. This identified areas for improvement that included how people were treated and activities. With regard to activities the audit stated 'Haven't got an activities coordinator, a plan for weekly activities needs to be sorted and published. Each day something needs to be offered.' Although aspects of this were in place the quality of activities was lacking as evidenced from our inspection.

There was a monthly falls register in place for each person who fell. This considered any common factors and actions taken to reduce the falls for individuals. The registered manager did not then analyse the findings and look for overall themes or trends that could be relevant to everyone who lived at the home.

Monthly visits from the area general manager were undertaken to monitor and drive improvement. The meetings since our last inspection were focused around their action plan in response to our previous inspection. The general manager commented in the April 2016 managers audit, 'The home continues to follow the action plan developed following CQC's inspection report and it is felt that progress has been made in aiming to achieve full compliance.' Our findings at this inspection have demonstrated this was not the case, and that the monitoring of the improvement processes by the provider and registered manager were not always robust.

As a result of the feedback given on the first day of inspection an updated action plan was put in place.

Although the plan evidenced that steps had been taken and were planned there was no evidence that the registered manager was proactive in identifying areas for improvement.

Records relating to care and treatment of people were not always accurate or up to date. Risk assessments had not always been updated or implemented when risks of harm to people had been identified. Care plans gave conflicting information. The registered manager told us that as a result of the feedback from the first day of our inspection night time checks and cleaning had been introduced for wheelchairs, hoists, stand aids and pressure relieving cushions. Records confirmed that they had not been completed at the required frequency. For example there were gaps on 4 and 31 June and 2 July 2016.

Feedback from relatives and staff was not used to make positive changes to the home. Relatives told us they were unaware that relatives/residents meetings were arranged or took place. The registered manager said that there had not been a high attendance at resident/relative meetings. She explained that these were advertised on the noticeboard in the home and arranged as and when needed. The area manager said that a more formal approach to meetings was going to be introduced so that these were planned in advance. This would give people and their relative's better opportunities to share their views. This was not in place at the time of our inspection.

As a result of the feedback given on the first day of our inspection more robust fluid and weight monitoring systems had been introduced. These included the registered manager auditing and reporting on a weekly basis. Evidence from the second day of our inspection indicated that the nutritional and hydration needs of people were being managed more effectively as a result.

The above evidence demonstrates that the registered person had not ensured robust quality assurances processes were in place to improve the quality and safety of service to people. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

People said that the culture within the home was starting to improve. People told us they would like to see the manager more. One person said "The manager never comes and speaks to me." Another person said "We don't see the manager; I think she should put her head around the corner to see if everything is all right." On the second day of inspection people again said that they did not see the registered manager. However when we mentioned the registered manager by name people responded more positively. One person said, "X (registered manager) is very nice." A second person said, "X (registered manager) is kind." Some people did not recognise the registered manager in that role but viewed her as a member of the care team. We spoke with the registered manager about some of the comments made by people and relatives about her not being visible. She said that she had been spending too much time in the office "Buried under paperwork" and that she had been guilty of "Not delegating."

The registered manager said that she was now getting enough support from the provider and the new general manager. The general manager attends the home at least twice a week and the service provider visits once a month. The registered manager said that the methods of auditing in the home had been changed and that they had "Been complacent in not ensuring we are compliant". This was confirmed by the general manager who told us that when he first visited the home his impression was that it was "Unloved" and he said that he had given a new perspective. He added that "We dropped the ball". The registered manager added that the home had "Drifted into still water" and that she had been "Struggling to manage two roles". She said that a lot her time was taken up with her NMC revalidation last year which affected how she managed the home. The registered manager informed us that she now wanted to complete her level 5 NVQ.

On the first day of inspection staff said that they felt unsupported by the management in the home. One staff member told us "The manager doesn't go to see people. I don't feel valued; only get told when you are doing something wrong, there is no incentive. Staff said that there had been improvements at the home since the first day of our inspection. One member of staff said, "Everything has gone up, they (management) are starting to get on the ball and on top of everything. Before communication was an issue. It was conflicting between each other and management. Now it's much better. Handovers have started again. Things are becoming more structured and more organised."

A second member of staff said that leadership of the home had improved since the new general manager had started. A third member of staff said communication had improved and that there had been a staff meeting where the registered manager had explained infection control and manual handling. She confirmed that there were now handovers which gave staff updates on people's most current health needs. She said that everyone was more involved than before and that incidents that occurred were now discussed.

As a result of the feedback given on the first day of our inspection a staff meeting was held and the findings discussed with staff. During this the need for a positive culture was discussed. Staff were reminded that people should be offered choices, and that the provider's values of dignity and respect should be promoted.

The registered manager sent us notifications about important events that occurred at the home in line with her legal responsibilities. We use information in notifications to monitor that registered persons have taken appropriate action when events occur. Whilst at the home we saw that the latest CQC inspection report and rating was on display. This information helps people to understand the quality of service provided.

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	The registered person had not ensured that all people received personalised care that met their individual needs and preferences (9).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect
	The registered person had not ensured that people were consistently treated with dignity and respect and that their privacy was promoted (10).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	The registered person had not ensured that people's rights to consent were upheld or that the Mental Capacity Act was followed when they lacked capacity to make decisions about their care (11).
Regulated activity	Regulation
Accommodation for persons who require nursing or	Regulation 12 HSCA RA Regulations 2014 Safe

personal care

Treatment of disease, disorder or injury

care and treatment

The registered person had not ensure that care and treatment was always provided in a safe way (12).

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 The registered person had not ensured robust quality assurances processes were in place to improve the quality and safety of service to people (17).

The enforcement action we took:

Warning Notice