

Lifestyle Care Management Ltd

Coplands Nursing Home

Inspection report

1 Copland Avenue
Wembley
Middlesex
HA0 2EN

Tel: 02087330430
Website: www.lifestylecare.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 2 June 2016 and was unannounced. Coplands Nursing Home is a care home with nursing operated by Life Style care (2011) plc. It is registered to provide accommodation with personal and nursing care for seventy nine older people who may also have dementia.

At our last inspection on 19 September 2014 the service met the regulations inspected. There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

On the day of our inspection we observed that people were well cared for and appropriately dressed. People using the service said that they felt safe in the home and around staff.

Relatives of people who used the service told us that they were confident that people were safe in the home.

Systems and processes were in place to help protect people from the risk of harm and staff demonstrated that they were aware of these. Staff had received training in safeguarding adults and knew how to recognise and report any concerns or allegations of abuse.

Comprehensive risk assessments had been carried out and staff were aware of potential risks to people and how to protect people from harm. People's care needs and potential risks to them were assessed.

Staff prepared appropriate care plans to ensure that people received safe and appropriate care. Their healthcare needs were closely monitored and attended to. Staff were caring and knowledgeable regarding the individual choices and preferences of people.

People living in the home were elderly people who may have dementia. During the inspection we also noted there were people who had varied needs including mental health, physical disabilities and learning disabilities. There were 79 people using the person and 39 of those people had either mental health, physical and learning disabilities. The home did not have effective arrangements to manage the needs of people with such various conditions.

Records showed that staff had not received the received training to support people with learning and physical disabilities which meant people were at risk of receiving care that was not appropriate to their needs.

The home was not catering to people's needs effectively. The floors which catered for people with dementia, elderly people, younger people with learning and disabilities were identical which made it made it difficult to differentiate between the units. The décor looked the same, there was no clear signage as to what each

unit was, no extra lighting or contrasting colour scheme so people could easily navigate and be familiar with their surrounding environment.

There were some activities available for people using the service. The activities plan for the home included generic activities such as ball games, bingo, floor games. Although there were some activities going on in the home during the inspection, we did not observe any activities catered specifically to people with mental health, physical and learning disabilities.

During the inspection, we observed people taking part in a food tasting and smelling activity. Care workers during this social activity were very kind and compassionate however some people found it difficult to engage and were just sitting there. On the second day of the inspection, people were engaged with light exercises which was conducted by one of the relatives who volunteered to do this every Friday. In the afternoon, people were watching a film in the lounge area.

On the day of the inspection, there were sufficient numbers of staff. Most staff told us that shifts were adequately covered and they were supported. During the inspection staff were not rushed or under any pressure. The registered manager told us that they did not use agency staff to ensure consistency and recruited extra staff if needed.

Systems were in place to make sure people received their medicines safely. Arrangements were in place for the recording of medicines received into the home and for their storage, administration and disposal.

There was an infection control policy and measures were in place for infection prevention and control. Infection control audits had been carried out and a cleaning schedule was in place which allocated cleaning responsibilities to housekeeping staff to ensure that the home was kept clean

Although the home was adequately clean, there was a musty odour throughout the home and it felt stuffy. The registered manager told us the home was in the process of being totally refurbished and issues raised with regards to the premises would be rectified once the refurbishment was completed.

Staff had been carefully recruited and provided with induction and training to enable them to care effectively for people. They had the necessary support, supervision and appraisals from management.

Staff we spoke with had an understanding of the principles of the Mental Capacity Act (MCA 2005). Capacity to make specific decisions was recorded in people's care plans.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensure that an individual being deprived of their liberty is monitored and the reasons why they are being restricted is regularly reviewed to make sure it is still in the person's best interests. The home had made necessary applications for DoLS and we saw evidence that authorisations had been granted and some were awaiting approval.

There were suitable arrangements for the provision of food to ensure that people's dietary needs were met. People were mostly satisfied with the meals provided. However during the inspection, there were instances in which people were not being supported effectively with their lunch. We discussed this with the registered manager who told us she would review the arrangements for mealtimes to ensure the atmosphere was improved.

Staff were informed of changes occurring within the home through daily staff meetings as well as quarterly

staff meetings. Staff told us that they received up to date information about the service and had an opportunity to share good practice and any concerns they had at these meetings.

There was a management structure in place with a team of care workers, kitchen staff, domestic staff, maintenance staff, receptionist, activity co-ordinators, an administrator, deputy manager, registered manager and the provider. Staff spoke positively about working at the home. They told us management staff were approachable. They said that they did not hesitate about bringing any concerns to the registered manager.

There were systems in place to monitor the quality of the service however we found some deficiencies in the service had not been identified.

Relatives spoke positively about management in the home and staff. They said that the registered manager was approachable and willing to listen. Complaints had been appropriately responded to in accordance with the home's policy.

We made one recommendation about seeking advice and guidance from a reputable source about adjustments required to meet the needs of people living with dementia.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the registered manager to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. People who used the service and relatives we spoke with said that they were confident the home was safe.

Staff were aware of different types of abuse and what steps they would take to protect people.

Risks to people were identified and managed so that people were safe and their freedom supported and protected.

We saw that appropriate arrangements were in place in relation to the management and administration of medicines.

There was a record of essential maintenance carried out in the home.

Is the service effective?

Requires Improvement ●

Some aspects of the service were not effective. Staff had not been trained to provide care and support for people with mental health, physical and learning disabilities.

Although the home was clean the home's appearance was dated and in some rooms the paint was peeling. There was a musty odour throughout the home. The registered manager told us the home was in the process of being refurbished.

People were able to make their own choices and decisions. Staff and the registered manager were aware of the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) and the implications for people living in the home.

People were provided with choices of food and drink. People's nutrition was monitored and dietary needs were accounted for.

People had access to healthcare professionals to make sure they received appropriate care and treatment.

Is the service caring?

Good ●

The service was caring. We saw that people were treated with

kindness and compassion when we observed staff interacting with people who used service.
However some of the level of English spoken and understood by some care workers was quite poor. The registered manager told us that staff whose English was not their first language have enrolled on English classes to enhance their English.

People were treated with respect and dignity.

Staff had a good understanding of people's care and support needs.

Is the service responsive?

Some aspects of the service were not responsive. People using the service had varied needs. People living in the home are elderly people who may have dementia. However there were people with mental health, physical disabilities and learning disabilities. There were some instances during the inspection which showed the home was not managing people's needs effectively.

There were activities available to people but were not catered specifically to people with mental health, physical and learning disabilities.

Care plans were person-centred, detailed and specific to each person's individual needs. People's care preferences were noted in the care plans.

The home had a complaints policy in place and there were procedures for receiving, handling and responding to comments and complaints.

Requires Improvement ●

Is the service well-led?

Some aspects of the service were not led. The home admitted people into the home with people with different needs and ages. However this was not being managed effectively. People received a generic service rather than a service tailored to meet their specific needs.

There were systems in place to monitor the quality of the service however we found some deficiencies in the service had not been identified.

Staff were supported by the registered manager and told us they felt able to have open and transparent discussions with her.

Requires Improvement ●

Coplands Nursing 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, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced inspection on 2 June 2016. The inspection team consisted of two inspectors, a pharmacy inspector, a specialist advisor and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service

Before we visited the home we checked the information that we held about the service and the service provider including notifications about significant incidents affecting the safety and wellbeing of people who used the service.

The provider also completed a Provider Information Return (PIR). The PIR 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. The PIR also provides data about the organisation and service.

Some people could not let us know what they thought about the home because they could not always communicate with us verbally. We used the Short Observational Framework for Inspection (SOFI), which is a specific way of observing care to help to understand the experience of people who could not talk with us. We wanted to check that the way staff spoke and interacted with people had a positive effect on their wellbeing

We spoke with five people using the service and three relatives. We also spoke with eight care workers, four nurses, two domestic cleaners, two chefs, an activities co coordinator, deputy manager and registered manager.

We reviewed nine people's care plans, seven staff files, training records and records relating to the management of the service such as audits, policies and procedures.

Is the service safe?

Our findings

People using the service and relatives told us they felt people were safe in the home.

There were safeguarding and whistleblowing policies in place and records showed care workers had received training in how to safeguard adults and were aware of actions to take in response to suspected abuse. They were able to describe the process for identifying and reporting concerns and were able to give examples of types of abuse that may occur. They told us that if they saw something of concern they would report it to the registered manager. Staff were familiar with the whistleblowing procedure and were confident about raising concerns about any poor practices witnessed. One staff member told us "I would report and whistle blow. Residents come first."

People's care needs had been carefully assessed. Care plans we reviewed included relevant risk assessments, such as the Malnutrition Universal Screening Tool (MUST) risk assessment, used to assess people with a history of weight loss or poor appetite. Pressure ulcer risk assessments included the use of the Waterlow scoring tool and falls risk assessment. Care plans of people using the service detailed information about people's skin integrity and the support they needed to minimise the risks of developing pressure sores.

There were suitable arrangements in place to manage medicines safely and appropriately. During this inspection, we checked the medicines storage, medicines administration record (MAR) charts and medicines supplies in the home. All prescribed medicines were available at the service and were mostly stored securely in a locked medicines trolley (within a locked room). This assured us that medicines were available at the point of need. When the medicines trolleys were not in use, they were secured to the walls in an appropriate manner. We found two eye drops and an inhaler for a newly admitted person outside of a medicines cabinet on the first floor unit. However, these were placed inside the cabinets by the end of the inspection.

Records showed, the fridge temperature was found to be in the appropriate safe range. The fridge temperatures were taken each day. People received their medicines as prescribed, including controlled drugs. We looked at 18 medicines administration records (MAR) charts and found no gaps in the recording of medicines administered, which provided a level of assurance that people were receiving their medicines safely, consistently and as prescribed. We spoke with one person who reported that they received their medicines in a timely and correct manner.

Running balances were kept for medicines that were not dispensed in the monitored dosage system. This meant that staff were aware when a medicine was due to run out and could make arrangements to order more. Where a variable dose of a medicine was prescribed (e.g. one or two paracetamol tablets), we saw a record of the actual dose administered to the person.. For entries that were handwritten on the MAR chart, we saw evidence of two signatures to authorise this.

Medicines to be disposed of were placed in appropriate pharmaceutical waste bins and there were suitable arrangements in place for their collection by a contractor. Controlled drugs were appropriately stored in

accordance with legal requirements, with daily audits of stock quantities of controlled medicines being carried out by two nurses.

We observed that people were able to obtain their 'when required' (PRN) medicines at a time that was suitable for them. People's behaviour was not controlled by excessive or inappropriate use of medicines. For example, we saw eight PRN forms for pain-relief/laxative medicines. These were mostly appropriate, up to date and protocols were in place which covered the reasons for giving the medicine, what to expect and what to do in the event the medicine does not have its intended benefit.

Medicines were administered by nurses that had been trained in medicines administration. We observed a medicines round and observed that staff had a caring attitude whilst administering of medicines for people. We saw that nurses on the ground and first floor wore a task protective vest to ensure that they were not disturbed during the medicines round. We found that a member of staff did not wear a protective vest on the second floor when administering medicines. However, we observed they were not disturbed when they administered medicines.

We looked at seven MARs for people who were administered their medicines covertly. We found that all these people had the appropriate authorisation and input from professionals to enable them to have their medicines covertly. For example, there was evidence of a best interests meeting, DOLS, mental capacity assessment and a medicines form which was signed by the GP. This meant people were administered medicines covertly in an appropriate manner and in accordance with legislation and recommended guidance.

The provider followed current and relevant professional guidance about the management and review of medicines. For example, we saw evidence of several recent audits carried out by the supplying pharmacy and the provider, including safe storage of medicines, room and fridge temperatures and stock quantities on a daily basis. When asked, the registered manager stated that no medicines incidents/ near misses had been reported recently. However, they demonstrated the correct process verbally of what to do should an incident/near miss arise in the future (including who to contact). This was in-line with the provider's policy.

The registered manager confirmed they were happy with the arrangement with the supplying community pharmacy and GP, and felt that the provider received good support with regards to the training of nursing staff about high risk medicines (such as warfarin) and medicines' reviews. This was evidenced by checking the record of several medicines reviews that had been carried out within the last six months.

Records showed that medicines competency assessments had been completed for staff who administered medicines to ensure they were competent to do so and staff had also received medicines training.

We looked at the staff rota and discussed staffing levels with the registered manager. On the day of the inspection there were a total of 79 people using the service. The home had three floors and staffing levels usually consisted of one nurse and a team of care workers on each floor. Rotas were provided four weeks in advance. Records showed there were nurses also on duty during the night shifts.

On the day of the inspection the atmosphere was calm in the home and there were sufficient numbers of staff. Staff were not observed to be rushed or under any pressure. Generally staff told us that shifts were adequately covered and they were supported. One staff member told us "It has improved a lot here. We have enough staff here and we can cope." Another staff member told us "There is enough staff. But the manager needs to come round to the units more often and see how we are doing. Speak to the care workers and the nurses. They all work hard here. Some people need more support than others." However, one staff member

told us "There is not enough cover. I have spoken to management before. The needs are complex, and there is only one nurse." One relative told us "There is inconsistency in the level of care from the nurses. Care workers are lovely and are so good. They seem overworked and could do with a helping hand." The registered manager told us that they did not use agency staff to ensure consistency. She told us that there was always cover available when needed as extra numbers of staff were recruited.

There were effective recruitment and selection procedures in place to ensure people were safe and not at risk of being supported by people who were unsuitable. We looked at the recruitment records for seven care workers and found appropriate background checks for safer recruitment including enhanced criminal record checks had been undertaken to ensure staff were not barred from working with vulnerable adults. Two written references and evidence of their identity had also been obtained.

Records showed the fire alarm was tested weekly to ensure it was in working condition and monthly fire drills took place. The home had a fire risk assessment and a general evacuation plan in place. Records showed a fire evacuation dependency risk assessment tool had been completed which detailed the level of risk to each person using the service in the event of a fire and the support they needed in case of an evacuation. Fire equipment was appropriately stored and easily accessible in the home. The home also had an emergency grab bag. There was a list of trained fire wardens and first aiders displayed.

There was a record of essential maintenance carried out. These included safety inspections of the portable appliances, hoists, lifts, gas boiler and electrical installations. The hot water temperatures had been checked weekly and recorded. There was a notice in the two assisted bathrooms to alert care workers for the need to check the water temperature before people entered the bath. The registered manager told us the water temperature was controlled to ensure the water temperature did not exceed the recommended safe water temperatures.

Is the service effective?

Our findings

Staff told us that they felt supported by their colleagues and management. One staff member told us "I understand what the needs of the residents are" and "Yes I had an induction and we do have training."

Records showed that staff had undertaken an induction when they started working at the service. Records showed the service had implemented the new Care Certificate for their staff which is the benchmark set in April 2015 for the induction of new care workers. There was evidence that staff had received regular supervision sessions and this was confirmed by staff we spoke with. Supervision sessions enabled staff to discuss their personal development objectives and goals. We also saw evidence that staff had received an annual appraisal about their individual performance and had an opportunity to review their personal development and progress.

Training records showed that staff had completed training in areas that helped them to meet people's needs. Topics included dementia awareness, first aid, fire safety, food safety, health and safety, infection control, MCA and DoLs, moving and positioning and dignity in care. Training also included practical competency assessments in areas such as moving and handling and infection control. There was a training matrix in place which clearly showed what training staff had completed and when the next refresher training was due. This ensured staff's training was being monitored to ensure staff received the appropriate training to carry out their roles and responsibilities.

During the inspection we observed there were people using the service who had varied needs including mental health, physical and learning disabilities. Training records showed that care workers had received training in understanding and managing behaviour that challenges which included a practical skills assessment of non aggressive techniques to manage behaviours that challenged.

However training records showed that staff had not received any training in mental health and supporting people with physical and learning disabilities. There were 39 people using the service who had these conditions. We spoke with one staff member who was supporting a person with learning disabilities and they confirmed they had not received any training in supporting people with learning disabilities. The staff member us told they found out about the person's needs from their care plan and their social worker.

The above evidence demonstrates that staff had not received the appropriate training to enable them to effectively support people with mental health, physical disabilities and learning disabilities. This may place people at risk of receiving care and support which was not appropriate to their needs.

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

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

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We noted that care plans contained information about people's mental state and cognition. Areas in which a person was unable to give verbal consent, records showed the person's next of kin and relevant health professionals were involved to ensure decisions were made in the person's best interest.

Records showed the registered manager had applied for DoLS authorisations for the people using the service. We saw the relevant processes had been followed and standard authorisations were in place for people using the service as it was recognised that there were areas of the person's care in which the person's liberties were being deprived.

People had their healthcare needs closely monitored. Care plans of people contained information regarding medical conditions and any allergies people may have. There was evidence of recent appointments with healthcare professionals such as dentists, opticians and GPs. People generally told us they were happy with the medical care they received. During the inspection, a GP came to the home to visit people.

Care records showed that nutritional needs of the people who used the service were assessed. People's weights were recorded monthly so that the service was able to monitor people's nutritional requirements, and there was information about people's nutritional needs in their care plans.

The arrangements for the provision of meals were satisfactory. The home employed two chefs. Some of the people using the service were Hindu and Gujarati and we found the home catered for their cultural needs as well. One chef was responsible for making the meat dishes and the other for vegetarian Asian food. There was a standard menu in place but alternatives for people were always available. Similarly the home catered for different dietary needs, such as English, Asian, Muslim, Caribbean, Halal and Jewish cuisines, covering vegetarian, meat, residents with dysphagia- puree diet, Phenylketonuria (PKU) and vegan diet. Kitchen staff indicated that due to the varied needs of people an extra kitchen staff would be helpful to help with the washing and cleaning. There was one kitchen assistant also working with in the kitchen. We discussed with the registered manager that due to the number of people using the service and their varied needs that should consider another kitchen staff member. The registered manager told us she would take this into consideration and review the kitchen staff levels.

During the inspection, we observed people having their lunch on each of the units. Specific dietary requirements for people had been accommodated for such as pureed and vegetarian food. However, one relative told us "The food could be better It is like frozen stuff, pre cooked and re heated." Records showed food was discussed at relatives and residents meetings. People were asked for their feedback, any suggestions were noted and menu changes had been actioned.

People who chose to eat in their bedrooms were accommodated and they received their meals promptly. Some people ate in the dining area or lounge areas. People sat with other people however we found the atmosphere was dull as there was a lack of interaction from staff. Staff tended to be more task focused and did not have the time to sit with people and interact with people to ensure lunchtime was an enjoyable and sociable experience.

There were instances in which people were not being supported effectively. For example we observed one

person had a plate of food placed in front of them but the person was not eating. Care workers when passing by prompted the person verbally to eat but the person continued not to eat. The food was taken away from the person and one care worker commented "[Person] had a good breakfast anyway." Care workers had not offered or asked the person whether they needed any support with their meal neither was the person offered an alternative meal or a lighter snack. The care worker told us this would be documented in the person's food intake monitoring chart but no further mention that the person would be asked later in the day as to whether they want to eat something. In another instance, we observed a care worker did not maintain eye contact with one person with complex needs when supporting with them with their lunch..

We discussed this with the registered manager who told us she would review the arrangements for mealtimes to ensure the atmosphere was improved.

Care plans showed that some aspects of end of life care had been discussed with people using the service and relatives. However the information was limited to whether the person preferred a burial or wished to be cremated. The information did not detail how and where people wished to be cared for. The registered manager told us she would review this area and add more information for people's end of life care and requirements. There were thirteen people using the service who had "Do not attempt cardiopulmonary resuscitation" (DNACPR) forms in place. We reviewed five of these forms which had been signed by a GP and detailed they had been discussed with relatives to ensure this decision was made in the person's best interest. However the DNACPR forms had not been signed by family members to evidence their agreement. The registered manager told us she would review the forms and ensure family involvement was correctly recorded and forms were signed by them.

We spoke to a relative whose family member was receiving end of life care at the home. She told us she was very happy with the care that was being provided and told us "I knew they would care for [person] but they went above and beyond to support them." Records showed that the home worked with the local palliative team and hospice to ensure the people received the appropriate end of life support they needed and their wishes were accommodated for wherever possible.

There was an infection control policy and measures were in place for infection prevention and control. Infection audits had been carried out and a cleaning schedule was in place which allocated cleaning responsibilities to staff to ensure that the home was kept clean. Substances that could be potentially hazardous to people's health (Control of substances hazardous to health (COSHH) were locked away and kept safely away from people. We observed cleaners were on duty during the inspection. We spoke to the domestic cleaners but English was not their first language and they needed quite a lot of prompting to answer our questions. The staff were able to show us the disinfectant however the bottle was not clearly labelled. The registered manager told us she would ensure this matter was addressed and cleaning products were clearly labelled. Shortly after the inspection, the registered manager told us they had contacted a specialist sanitation company to visit the home and deliver training for the staff on product storage.

We observed some adjustments had been made in the home in response to people's specific needs. There were lifts in the home to support people with their mobility. Hoists and bath and shower equipment were available to assist when providing people with personal care.

However the home's appearance was dated and in some rooms the paint was peeling. The staffing offices appeared chaotic and lacked space as they were very small. Although the home was adequately clean, there was a musty odour throughout the home and it felt stuffy. There were no adjustments made to the home to ensure it was a dementia friendly environment. There was no signage, contrasting colours and pictures that

could help people with their memory but also help people to recognise and navigate around the home. There was poor lighting in home which could be of risk for people with dementia, visual and mobility needs. This made it difficult to differentiate between the units and did not reflect the needs of people using the units.

The registered manager told us the home was in the process of being totally refurbished and did acknowledge that the home was old. We noted during the inspection one corridor was being refurbished on the day of the inspection. This area was cornered off by plastic sheets so people were safe. The registered manager told us the issues raised with regards to the premises would be rectified once the refurbishment was completed.

We recommend that the service seek advice and guidance from a reputable source about adjustments required to meet the needs of people using the service.

Is the service caring?

Our findings

People and relatives we spoke with were generally positive about the care workers and the care they received. One relative told us "The care from staff at Coplands is second to none – they are terrific. They are on the ball." One person did tell us however "One or two are shirty but seem nice."

During the inspection, people were relaxed and were free to come and go as they pleased in the home. Care workers were patient and we observed people were comfortable with staff around. Care workers treated people with respect and dignity and attended to people promptly.

Care plans set out how people should be supported to promote their independence. During the inspection, we observed care workers provided prompt assistance but also encouraged and prompted people to build and retain their independence. For example people went to the dining area and bedrooms themselves and chose what they wanted to do throughout the day. People were free to come and go as they pleased in the home. We observed staff respected people's decisions and privacy if they wanted to stay in their rooms.

Care plans set out information on how people were able to communicate and for staff to ensure they were able to communicate with people effectively. For example in one person's care plan, it stated 'Praise [person] and take time to communicate with them. Speak in slow calm manner, speak clearly and unhurriedly. Slow down according to facial expressions and body language.'

However during the inspection, we observed the level of English spoken and understood by some care workers was quite poor which limited the level of engagement they had with people using the service. Overall the manner of staff when supporting people was respectful, compassionate and were proactive when people needed support. However care workers in some instances did not engage with people in a meaningful manner. Feedback from relatives indicated this was an area that could be improved. One relative told us "If staff are available, it would be nice if they could spend more time with [person] as [person] likes speaking with staff."

When speaking to some care workers, we noted they struggled to understand some of the questions that were asked and had difficulty answering the questions. In some instances, care workers needed prompting before they were able to answer the question. Care workers should have the appropriate skills to communicate effectively to carry out their roles and responsibilities and to be able to understand and relay information clearly especially in a case of emergency.

We discussed this with the registered manager who told us that staff whose English was not their first language have enrolled on English classes to enhance their English.

Is the service responsive?

Our findings

People living in the home were elderly people who may have dementia. During the inspection we also noted there were people who had varied needs including mental health, physical disabilities and learning disabilities. There were 79 people using the service and 39 of those people had either mental health, physical and learning disabilities. The home did not have effective arrangements in the home to manage the needs of people with such various conditions.

Staff had not received any training in supporting people with mental health, physical disabilities and learning disabilities which could risk people receive care and support which was not appropriate to their needs.

During the inspection, we observed instances which had a negative impact on people as their needs were not being managed effectively. For example, some people using the service had behaviours that challenged the service. We observed some of those behaviours were displayed at lunchtime by a person shouting loudly in a derogatory manner and swearing at another person using the service. This made the atmosphere uncomfortable for other people using the service. The person eventually stopped and carried on eating their meal. This created an unpleasant environment for people to have their lunch in. Records showed that care workers had received training in understanding and managing behaviour, however care workers were not able to intervene and the person's behaviour continued. The home did not ensure this person was supported at lunchtime with behaviours that challenged which could place the safety of the person and other people using the service at risk

We also observed that, one person who had a learning disability was sat in the lounge area at 12.41pm for lunch. The person was left on their own for 39 minutes and was left waiting. A care worker eventually came at 13.20pm and supported them with their lunch. We observed the care worker sat with the person however the care worker was unable to interact with the person. The care worker did not speak with the person or use any specific gestures that may enable the person to communicate their wishes.

Although there were some activities going on in the home during the inspection, we did not observe any activities catered specifically to people with mental health, physical and learning disabilities. The activities plan for the home included generic activities such as ball games, bingo, floor games, exercise, film and quizzes, newspapers and outdoor activities.

The home has a Multi-Sensory room but on the day of the inspection this was locked and was not in use by people using the service. We asked to have a look in the room and saw it had some pretty lighting when turned on but there was no window and it was very hot and stuffy. The registered manager told us the sensory room was in use every day and was locked when not in use. During the inspection, we did not see the sensory room in use. On one floor, we observed a care worker reading the newspaper to three people with learning disabilities. The people were sat around the care worker but there was no participation from people and it was unclear how this was mentally stimulating for people with learning and physical disabilities.

Care plans were detailed and specific to people's needs. The care plans detailed the support people needed in all areas of their care such as nutritional and hydration needs, skin integrity, mobility, communication, falls, continence and mental state and cognition. The care plans also contained a 'My Life Story' section which reflected who the person was, what and who was important to them and previous occupations. The care plans showed how people communicated and encouraged people's independence by providing prompts for staff to support people to do tasks by themselves.

Care plans were reviewed monthly by staff and were updated when people's needs changed. Care workers told us and records showed there was a handover after each of their shifts and daily records of people's progress were completed each day. This demonstrated the registered manager was aware of people's specific needs and provided appropriate information for care workers to enable them to provide the care and support effectively and safely. When speaking with care workers, they were able to tell us about people's personal and individual needs.

However, some of the care plans were difficult to read and follow. The care plans contained a 'snapshot' care plan which was at the front of people's care plans which in some instances lacked detailed and provided confusing information. For example, in one person's snapshot care plan, it stated 'Emotional and psychological needs –His wife supporting and staff during the day. It is unclear as to what this meant. On the person's Waterlow chart for pressure sores, the score added up to 15 which indicated a high risk. However, the high risk box was not ticked. In another person's care plan, it stated 'Person is at high risk to have their skin dry', yet moderate risk was ticked overall.

The registered manager told us that they were in the process of changing over to a new care plan format which would make information more clearer and be would reviewed to ensure information was accurate. Records seen during the inspection confirmed this.

There were some arrangements in place to ensure people were involved in expressing their views. Records showed there was involvement from family members when people needed support to make certain decisions about the care where they were unable to do so. However, there had been no formal review meetings with people using the service and relatives in which people's care was discussed and reviewed to ensure people's needs were being met effectively. One relative told us they had not seen the person's care plan. The registered manager told us there was regular contact with relatives and it was more on an informal basis but she will ensure a formal review system will be in place.

There were procedures for receiving, handling and responding to comments and complaints. We saw the policy also made reference to contacting the Local Government Ombudsman and the CQC if people felt their complaints had not been handled appropriately by the home. The service had a system for recording complaints and we observed that complaints had been dealt with appropriately in accordance with their policy. One relative told us "I have no complaints. What I see is okay."

Is the service well-led?

Our findings

People using the service and relatives spoke positively about the management of the home. They told us "It's okay. They work hard. I am very grateful for their help."

However, there were aspects about the service which were not well led. Since our last inspection of 19 September 2014 the people using the service had changed from the provider's stated aim of providing care for older people and people with dementia. Almost half the people using the service had either mental health needs, a learning disability or a physical disability. It was not clear to us how this had happened, how it had been managed and planned for. The registered manager did not clearly articulate why this change had happened and how it was being managed. There was no new statement of purpose, for example, and we had not received details of this change from the provider in a notification to us. We saw that people with different needs and ages were living altogether and receiving a generic service rather than a service tailored to meet specific needs.

During the inspection we observed negative impact on the older people using the service. For example, some of the people using the service had behaviour that challenged such as the shouting and swearing we witnessed at lunchtime. We also saw care workers unable to communicate effectively with people with learning disabilities.

There was no clear training plan to equip staff to meet the needs of the new people using the service. We saw that staff tried their best and were well intentioned but they had not received training to care for people with mental health, learning disability and physical disability needs.

We were told that the provider had recently changed and the registered manager and staff told us that this had been a positive change. We were told there were plans to refurbish and redecorate the home which should lead to a much improved physical environment. There were some positive initiatives to involve people in the running of the service. For example, one person sat on a staff interview panel. And there was a quality initiative about food provision where staff observed practice and suggested improvements. There was also a thorough quality system which involved a provider audit and checks completed in the home.

However, we identified some areas where this could be improved. The audits had not identified the areas we found needed improvement in our inspection for example staff training, infection control, lack of information in relation to end of life care and the décor and layout of the home. Records showed a food quality audit had been completed however this was limited to the used of ticks and did not identify good practice.

Staff had a positive attitude and were of the opinion that the service was well managed and the registered manager was supportive and approachable. Staff told us "The manager is good. She listens to you. Talks to you nicely and you learn from her. She is very fair to everyone. If you ask her, she will do it", "I really enjoy it here. They are nice people. The manager is very good. Everyone helps each other and covers each other" and "I feel good here. Any problem, the manager looks after you. Staff here are very friendly. We help each

other. We get supervision and training. It's all going smoothly. Company is good. Any problem they will sort it out."

The service had a system in place for ensuring effective communication amongst staff and this was confirmed by staff we spoke with. Records showed there were staff meetings where staff received up to date information and had an opportunity to share good practice and any other concerns. Staff surveys were also conducted. We reviewed five responses received and noted feedback was overall positive.

We found the service obtained feedback from people via questionnaires on different areas of the home. We noted the feedback was generally positive. There were monthly residents' and relatives meetings at the home where they could give their views on how the home was run. Minutes of the meetings showed a variety of topics were discussed with people such as food, infection control, activities, MCA and end of life. Records showed some action was taken in response to the feedback.

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 18 HSCA RA Regulations 2014 Staffing Care workers did not receive the appropriate training to enable them to carry out their roles and responsibilities effectively. Regulation 18 (1) (2) (a)