KRG Care Homes Limited

Manor Farm Care Home

Inspection report

82 Church Road
Kessingland
Lowestoft
Suffolk
NR33 7SJ

Tel: 01502740161
Website: www.manorfarmcarehome.com

Date of inspection visit:
05 September 2017

Date of publication:
20 December 2017

Ratings

Overall rating for this service	Inadequate

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

Summary of findings

Overall summary

Manor Farm Care Home provides care and support to a maximum of 25 older people, some of whom were living with dementia. At the time of our visit there were 21 people using the service.

The inspection was unannounced and took place on 5 September 2017.

At our previous inspection on 3 and 7 February 2017, we identified widespread failings which put people at risk of harm. The service was found to be in breach of regulations 9, 11, 12, 17 and 18 of the Health and Social Care Act 2010 (Regulated Activities) Regulations 2014. We rated the service inadequate. At this inspection we found that the service continued to breach these regulations and remains inadequate.

The home had a manager in place who was in the process of registering with us. 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 requirements in the Health and Social Care Act 2008 and associated regulations about the service is run.

Three weeks prior to our inspection the registered manager resigned from their role and a new manager began working at the service. The deputy manager had also stopped working for the service and a new deputy manager had started a week prior to our inspection. Whilst significant progress had been made in the three weeks since the new manager started at the service, there were still significant shortfalls in the care provided to people. This was linked to a lack of oversight from the previous registered manager, deputy manager and the provider. In our report when we refer to the failings of the 'previous management team', this includes the provider of the service.

People were put at the risk of significant harm in the absence of clear records and assessments which reflected all current areas of risk and how these should be managed to protect the person from harm. Whilst the new management team was prioritising writing new care plans, the documents in place at the time of our inspection were not fit for purpose.

People were supported by staff to have maximum choice and control of their lives. However, assessments of people's capacity and Deprivation of Liberty Safeguards applications had not been completed appropriately.

People were not supported to maintain good nutrition, and action had not been taken by the service to reduce the risk of people becoming malnourished.

People were not supported to live full, active lives and to engage in meaningful activity within the service. We observed that some people were socially isolated and disengaged from their surroundings. The new management team had plans in place to address this shortfall, which included the recruitment of two new activities staff.

The care plans and assessments currently in place for people were generic and not person centred. Care planning did not include enough information about people's past lives and experiences for staff to understand them. People and their representatives were not consistently involved in the planning of their care, and their views were not reflected in their care records. The new management team was rewriting all the care plans at the time of our visit and planned to involve people in this process.

The staffing level in the service had improved and the new manger had in place a system to ensure effective deployment of staff.

The previous management team had not made improvements to the training and knowledge of staff. Staff were not consistently supported to develop their skills within the caring role. There was no system in place to assess staff competency and performance. The new management team had implemented a supervision system and had identified shortfalls in staff training which were being addressed. Plans were in place to carry out staff appraisals.

There was a failure of the previous management team to ensure that systems in place to monitor the quality of the service were effective in identifying shortfalls and areas for improvement. Limited improvement had been made following our previous inspection and this had not been identified by the provider.

The new management team had made improvements to the culture of the service. Staff were positive about the new management team and were enthusiastic about the positive changes taking place in the service.

Staff recruitment was conducted in such a way that ensured prospective staff had the skills, background, experience and knowledge for the role.

Medicines were managed and administered safely by staff. Improvements were required to ensure protocols for the administration of 'as and when' (PRN) medicines were available to staff.

Throughout our inspection we fed back concerns and shortfalls to the new management team. They were proactive in ensuring that action was taken to mitigate risks and have provided us with an action plan which they update and send us weekly.

The overall rating for this service is 'Inadequate' and the service therefore continues to be in 'special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

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

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe.

There remained shortfalls in risk management and systems in place to protect people from harm.

Improvements were required around Food Safety practices and in ensuring the cleanliness of the service.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Deprivation of Liberty Safeguards (DoLS) applications were out of date and people's capacity was not assessed.

Care staff did not have the appropriate training to carry out their role.

Is the service caring?

Requires Improvement

The service was not consistently caring.

Staff were kind and caring towards people.

Shortfalls in the cleanliness of the service and in the décor and appearance of the service meant that people's dignity was not always upheld.

People and their representatives were not consistently involved in the planning of their care.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Some people were disengaged, bored and did not have access to appropriate stimulation and activity. The new manager had plans in place to improve this.

People's care records were not consistently person centred, and did not reflect in sufficient detail people's preferences or

interests.

People had opportunities to feed back their views and people's views and preferences were being taken into account by the new management team.

Is the service well-led?

Inadequate

The service was not well-led.

The previous management team failed to make sufficient improvements which meant the service continues to provide people with care that does not meet the Regulations under the Health and Social Care Act 2010 (Regulated Activities) Regulations 2014.

The new management team had a detailed action plan in place to address concerns and make improvements to the service.

Manor Farm Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 5 September 2017 and was unannounced. The inspection was carried out by two inspectors 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 the inspection we examined previous inspection records and notifications we had received. A notification is information about important events which the service is required to tell us about by law.

We spoke with seven people who used the service, one relative, four members of care staff, the manager and the deputy manager. We looked at the care records for five people, including their care plans and risk assessments. We looked at staff recruitment files, medicine administration records, minutes of meetings and documents relating to the quality monitoring of the service. 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.

Inadequate

Is the service safe?

Our findings

At our inspection on 3 and 7 February 2017 we rated the service inadequate in 'Safe'. At this inspection we found that the service remains inadequate in this area.
At our last inspection we identified widespread issues which impacted upon the safety and welfare of people using the service. This constituted a breach of Regulation 12 of the Health and Social Care Act 2010 (Regulated Activities) Regulations 2014. At this inspection we found that the service continued to breach this Regulation.

Three weeks prior to our inspection the registered manager resigned from their role and a new manager started working for the service. A new deputy manager started working for the service a week prior to our inspection. Whilst the new management team had already made significant progress in such a short time, we found that continual failings by the previous management team and the provider meant that people had continued to be put at serious risk of harm in the seven months between our inspections. Limited improvements had been made by the previous management team to ensure people were provided with safe and appropriate care. The provider had not identified that there continued to be shortfalls in this area.

The new management team was working hard to write new care plans for people and told us that they knew the care plans in place currently were not fit for purpose and did not reflect people's needs accurately. Little progress had been made by the previous management team to ensure that people's care records reflected their current needs, areas of risk and how to control these risks. This meant that staff still did not have access to the information they needed to provide safe and appropriate care to people. For example, at our previous inspection we identified that there was very limited care planning around nutrition for people at risk of malnutrition. At this inspection we found that there were still no adequate care plans in place to guide staff on how to support people to reach and maintain a healthy weight and protect them from malnutrition. This meant that people had continued to be at risk of harm in the seven months between our inspections.

At the time of our visit four people were identified as being underweight or being at risk of malnutrition. There was no care planning for these people to guide staff on how to reduce the risk of them losing further weight and becoming malnourished. One person was significantly underweight and frequently refused meals. At the last inspection there was no care planning around supporting them to maintain good nutrition. At this inspection there was still no adequate care planning in place to guide staff on how to support the person to maintain good nutrition. For example, offering them snacks or meals at regular intervals or fortifying their food. This person continued to lose weight between our inspections and lost a further seven kilograms which accounted for 21% of their body weight. This placed this person at serious risk of malnutrition.

A report prepared by Suffolk County Council following a visit on 13 June 2017 stated that a dietician had contacted the service and advised that one person needed to be placed on a high calorie diet. The report states that on their visit, they found that this information had not been recorded in their care records. In addition, the kitchen staff and care staff were not aware of this persons need for a high calorie diet. This meant that the person continued to be put at significant risk of losing further weight and becoming

malnourished.

Where people using the service had diabetes, there was no care planning around how staff should support them with this, or how staff would recognise they were becoming unwell. One person with diabetes had a brief diet care plan, but this did not state they had diabetes and required a special diet. This meant the person was put at the potential risk of receiving food which could compromise their health.

There were no care plans in place for people at risk of pressure ulcers to instruct staff on how to reduce this risk and identify changes in skin integrity. For example, we were told two people were on repositioning charts. However, there was no care planning around this. Assessments of people's risk of pressure ulcers had not been carried out consistently which meant that the service was unable to identify when a person's risk was increasing and take action to protect them from harm. For example, care records didn't state what action should be taken to protect them from developing a pressure ulcer. Whilst staff we spoke with knew about repositioning people at risk, we were concerned that the absence of this information in care records could mean new staff would not have this knowledge. At the time of our visit the new management team had just implemented a new electronic system which now prompted staff to reposition people who required it.

People's care records continued to contain conflicting information which could cause confusion for staff. For example, one person's washing and dressing care plan stated they were unable to use the toilet because they could not be hoisted safely at this time. However, their mobility care plan instructed staff to use a hoist to support them to mobilise. This put the person at the potential risk of harm when being supported to mobilise.

This was a breach of Regulation 12: Safe Care and Treatment of the Health and Social Care Act 2010 (Regulated Activities) Regulations 2014.

We found that risk assessments in place for people continued to be generalised. Little or no improvement had been made to ensure that risk assessments in place for people reflected the risks to them as an individual. These assessments still did not include enough information to guide staff on how to reduce the risks to the person.

The information in risk assessments conflicted with information in care plans. For example, one person's manual handling risk assessment stated they could use the shower but their care plan stated they needed to be washed in bed due to poor mobility. This meant that people were at potential risk of having care delivered in an inappropriate way which could cause them harm.

The previous management team had failed to put in place a formal system to analyse incident records following our inspection in February 2017. This meant that between our inspections they had not kept track of incidents such as falls to ensure they could identify trends which could inform risk assessments. The new management team were in the process of implementing a system for analysing incidents at the time of our inspection. This included the introduction of an electronic reporting system.

This was a breach of Regulation 12: Safe Care and Treatment of the Health and Social Care Act 2010 (Regulated Activities) Regulations 2014.

The previous management team had continually failed to ensure that safety checks were carried out throughout the service. This included conducting fire drills to test staff's ability to evacuate the building in an emergency. At our previous inspection we identified that safety checks on equipment such as walking

frames and wheelchairs had not been carried out. At this inspection we found that these checks had still not been carried out. In particular checks on the rubber feet (ferrules) on walking frames had not been completed, despite this being highlighted to the previous management team at our last inspection as a risk. We found that the ferrules on several walking frames were very worn. This meant that their grip on the flooring was compromised which could lead to the frame slipping and the person falling. The new management team was in the process of recruiting new maintenance staff to carry out these checks.

During our visit we identified that two gates in one of the garden areas did not have locks fitted to them. Doors from the living area of the home opened into this garden area and were open during our visit. There was a risk that unauthorised persons could enter the service without the knowledge of staff. There was also a risk that people living with dementia could leave the service without the support or knowledge of staff and come to harm. This had not been identified by the previous management team nor the provider. However, when we highlighted this risk to the new manager they immediately ensured that locks were fitted to the gates to reduce this risk.

We identified that the two staircases in the service did not have gates at the bottom to ensure people with poor mobility did not attempt to climb them without the support of staff. There were no risk assessments in place to assure us that measures were in place to reduce this risk. This meant we were not reassured that people were protected from the risk of falling down the stairs and incurring an injury.

On 10 August 2017 staff from the Clinical Commissioning Group's (CCG) Infection Prevention and Control Team visited the service to carry out an assessment of its infection control practices. They identified widespread cleanliness issues and concerns around the practice of staff. These included dirty mobility equipment and concerns around the cleanliness of the laundry area. During our visit we identified that the laundry room did not have flooring which meant that it could not be easily disinfected. We observed that dirty laundry was piled up and was close to clean laundry. We observed that staff and people using the service walked through this area to access the garden.

The service was awarded a rating of 'very good' at their inspection by the Food Standards Agency on 13 June 2017. However, at our visit we found that food safety standards had deteriorated. For example, food products inside the fridges and freezers were not labelled to indicate when they had been placed there. Cooked food inside the fridge was not labelled or dated to show when it had been cooked. Similarly, jars of food were not dated to show when they were opened and indicate when they required disposal. This meant that staff would not know when this food required disposal and people were could be placed at risk of being given food which was no longer fit for consumption. There was a food storage area in a metal shed connected to the laundry room by a walkway. The sliding doors to this shed were ajar and we observed that there were open packages of food stored in containers with open lids. The floor in this area was not clean, nor was the exterior of a fridge and freezer in this area.

This was a breach of Regulation 12: Safe Care and Treatment of the Health and Social Care Act 2010 (Regulated Activities) Regulations 2014.

People told us they felt safe living in the service. One person said, "Yes I do feel safe. Nobody gives me any concerns." Another person commented, "I think it's safe here." A relative said, "I think my relative is safe here. I have no concerns." Staff we spoke with were knowledgeable about safeguarding people from abuse and knew who to report concerns to.

People told us they felt there were enough staff available to support them. One person said, "They [care staff] are very good at coming if you press the buzzer. It's no more than three or four minutes." Another

person told us, "They [care staff] always respond well if I press the buzzer." Another person commented," If I ring the buzzer when I need the toilet they [care staff] are pretty sharp at turning up."

We found that improvements had been made to the staffing level which ensured people received appropriate care at the time they needed it. The new manager was in the process of developing a dependency tool, which would be used to assess how many staff were required to meet the needs of people using the service. The manager told us about plans they had in place to increase the effectiveness of the staffing level and provide better personalised care. These included the introduction of 'work allocation' sheets. The purpose of these was to assign tasks to certain staff on a daily basis and to pair staff with people using the service. We were told that these staff would then be solely responsible for assisting the people allocated to them throughout the day according to their individual preferences. Care staff were positive about this change and a senior member of care staff told us they felt it would make staff more accountable for the care they provided.

The manager told us that they had recruited two members of activities staff who were due to start shortly. One member of activities staff would be available seven days per week, with both members of activity staff working on Thursdays to facilitate a weekly outing. Care staff we spoke with were positive about this and said it would mean they had more time to dedicate to direct care duties.

The service practiced safe recruitment procedures. This included obtaining references and criminal records checks before staff commenced work to ensure they had an appropriate character for the role.

People told us they received their medicines when they needed them. One person said, "I get my tablets morning and night and [care staff] always make sure I take them." Another person told us, "They [care staff] always make sure that I get my tablets on time and make sure that I take them." We reviewed medicines administration records (MAR) and audited the stocks of medicines in the medicines trolley. We did not identify any issues during this audit and concluded that medicines were stored and administered safely.

The service had protocols for 'as and when' (PRN) prescribed medicines in place. A PRN protocol is a document which sets out information about a medicine that a person may only need to take on certain occasions. These clearly set out what the medicine is for, the reasons the person may need the medicine and how it should be administered.

Requires Improvement

Is the service effective?

Our findings

At the last inspection we rated the service inadequate in 'effective'. At this inspection we found that some improvements had been made which meant the service is now rated Requires Improvement in this area.

At our last inspection we found that improvements were required to the training provided to staff. This constituted a breach of Regulation 18 of the Health and Social Care Act 2010 (Regulated Activities) Regulations 2014. At this inspection the service remained in breach of this Regulation. There had been a failure of the previous management team and the provider to ensure that staff had appropriate up to date training to provide safe and effective care to people. A system to assess the competency of staff had not been implemented despite this being raised as a concern during our last inspection visit. The new manager showed us a training matrix where they had identified that many staff were overdue for important training in area's such as first aid and safeguarding.

This was a continued breach of Regulation 18: Staffing of the Health and Social Care Act 2010 (Regulated Activities) Regulations 2014.

The majority of people told us that they felt staff had the training required to provide care to them. One person said, "I think they [care staff] know what they are doing." Another person told us, "The [care staff] are good here and know how to do things for me." Another person commented, "I think the staff know how to look after me." One person told us they felt staff training could be improved. They said, "Staff are not well trained. They don't know how to lift people, particularly me." However, during our visit we did not observe any inappropriate moving and handling procedures.

The new management team provided us with evidence that reassured us staff were due to have updates to their training in area's such as first aid, safeguarding, manual handling and food hygiene in the near future. We observed that some staff were attending a training course in first aid during our inspection. The manager told us that all staff would also be having updates in their dementia training. The manager told us they would provide this training as they had a 'train the trainer qualification' in this area. This qualification means they are qualified to deliver training on this subject.

The manager told us that all staff would receive the same training regardless of duties they carried out in the service. The manager also confirmed that staff administering medicines were due to have further training provided by an external professional. Assessments and observations of staff competency were due to start shortly to ensure that training staff completed was effective.

The new management team had implemented a supervision system where staff receive a one to one supervision session every six weeks. Eight supervisions had already been carried out in the days prior to our inspection. A member of care staff told us that they had found this initial supervision session helpful and commented that they had 'not really had one before'.

There were plans in place to complete an appraisal for each staff member by the end of this year with a view

to looking at how the knowledge of the staff team can be developed.

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). We checked whether the service was working within the principles of the MCA.

At our last inspection, we found that improvements were required to ensure people were supported and encouraged to make decisions and to ensure that people's liberties were not restricted. This constituted a breach of Regulation 11 of the Health and Social Care Act 2010 (Regulated Activities) Regulations 2014. At this inspection we found that the service remained in breach of this Regulation.

The previous management team had made little progress with regard to ensuring people's care records reflected their capacity to make decisions. Formal assessments of people's capacity had not been carried out and records did not demonstrate that best interest's decisions had been made appropriately. One person's care plan stated they did not have capacity to make decisions and said their relative would make these decisions for them. However, this relative did not have Lasting Power of Attorney over care which meant that they were not authorised to make these decisions alone. A 'lasting power of attorney' is someone a person has appointed to make decisions on their behalf if they are unable to make these themselves. Decisions made about this persons care should have been made jointly by relatives and other professionals involved in the persons care. This ensures that decisions made are in the person's best interest.

DoLS applications were out of date and the previous management team had failed to make new applications when these were required. This was identified in a visit by Suffolk County Council in June 2017 but action was still not taken to make these applications.

This was a continued breach of Regulation 11: Need for consent of the Health and Social Care Act 2010 (Regulated Activities) Regulations 2014.

People told us that staff asked for their consent before providing them with care. One said, "They [care staff] always ask before they do anything for me, particularly when it's personal." Another person told us, "They [care staff] always ask before they do any personal care for me."

Staff we spoke with demonstrated a good knowledge of the MCA and DoLS and how this applied to the people they cared for. We observed that staff asked for people's consent before providing them with care. We observed that staff supported people with limited verbal communication to make day to day choices and decisions. Care plans that had been written by the new manager for four people were clear about their ability to make decisions and the support they required with this.

People had mixed views about the food they were served in the service. One person said, "I'm not keen on the lunches." Another person told us, "The food is passable." One other person commented, "The food has improved lately since we have had the agency chef." The new management team were aware of people's dissatisfaction with the food and were already taking steps to address this.

Where people required support to eat and drink, we observed that they were provided with this support. We observed that people were provided with equipment which enabled them to eat and drink independently. Those who required staff support to eat their meals were supported in a way which upheld their dignity.

Significant improvements had been made to the meal time experience. People were provided with a menu from which to choose their meals. These menu's included a picture of the meal to support people living with dementia to make a choice. Where people had poor eyesight or did not verbally communicate, we observed that staff showed them each meal option on the plate so they could make a choice. Food was now served from a hot trolley in the dining area. This was introduced by the new management team because people had complained that their food was not hot enough. The new manager and deputy manager observed the lunch time meal and we saw them directing staff and giving advice. We saw that they were constructive in instructing staff on how to support people. Staff now ate alongside people. The manager told us they felt this would encourage people using the service to eat and also meant that staff could feedback on the quality of the food. We observed that this made for a pleasant and relaxed meal time experience.

We observed that where one person refused their meal, staff made an effort to offer them lots of different options to encourage them to eat. This reassured us that staff took action to ensure people ate and drank sufficient amounts.

The service was using the Malnutrition Universal Screening Tool (MUST) to assess the risk of people becoming malnourished. We saw that this had led the service to placing people on food and fluid charts to monitor their intake and making referrals to dieticians.

People told us they could have support from external healthcare professionals such as GP's when they required it. One person said, "I can see the doctor if need one." Another person told us, "The GP comes on a Wednesday so if we need to see them we can." A relative commented, "I know my [relative] can see the doctor who comes round." Records of the input people had from external healthcare professionals were recorded and we saw that advice from these professionals was acted upon.

Requires Improvement

Is the service caring?

Our findings

At our last inspection the service was rated Requires Improvement in 'Caring'. At this inspection the service remains Requires Improvement in this area.

Little improvement had been made to the care records for people, which meant they still did not reflect how staff should promote people's independence. For example, care records still did not make clear what personal care tasks people could complete themselves and what they required support with. This meant people were still at risk of being over supported and having their independence limited. The new management team was in the process of rewriting people's care plans to include this information.

The previous management team had still not ensured people were given the opportunity to participate in the planning or reviewing of their care. One person told us, "I have no memory of a meeting to plan my care." Another person said, "I don't remember any planning but if there was anything then I would ask." One other person commented, "Nobody talks to us about our care plan." At the time of our visit the new management team was in the process of inviting people and other appropriate persons to meetings to discuss care planning.

A lack of attention to the cleanliness and environment in the home meant people's dignity was not consistently upheld. The décor in parts of the home, including people's bedrooms, required updating. For example, we observed wallpaper in places coming away from the walls and water damage from a leak which had not been repaired.

We observed that items such as towels, flannels and bedding were significantly worn and required replacement. In addition, we observed that staff had left clean items on the floor in the communal hallways during the morning shift. These were intended to be used to wash and dry people and to replace bedding in people's bedrooms. This did not uphold people's dignity.

People told us they felt the staff were caring and kind towards them. One said, "I am very well cared for when I come in." Another person said, "The care I get is really good and they [care staff] are very thoughtful. They are very polite and they laugh and joke. They are very sociable." One other person commented, "The care I get is very good and what I want. The girls treat me with real dignity and nothing is too much trouble."

The input and caring attitude of the new management team meant that outcomes for people were improving. It was clear from our observations that the new management team cared deeply for the people using the service and the new manager told us about the measures they were taking to improve the wellbeing of people using the service. This included changes to the environment but more importantly changes to the culture among the staff team.

Our observations concluded that the culture had already changed for the positive since our previous inspection. Staff were available to spend more time with people and felt able to do so. The manager had put in place a system where they required that staff asked every person using the service how their day was and

recorded this detail so it could be reviewed. We could already see staff doing this during our visit and saw that people responded positively to this attention from staff. Where one person made a negative comment about their day, we saw that staff went out of their way to actively try and improve it for them. For example, by engaging them in an activity or simply sitting down with them and having a chat.

We observed that staff were kind to people and treated them with respect. It was clear from our observations and our discussions with staff that they knew people very well. We observed that staff took a genuine interest in people's wellbeing and in people's individual interests.

We observed that the new management team were making an effort to get to know people using the service as individuals. One person told us how the manager had heard they liked France and had brought them a cup with the Eiffel Tower on it. The manager also showed us a canvas print of a giraffe they had purchased for one person who they heard liked giraffes.

We observed that staff responded quickly when people requested support. They were intuitive to support people may need but not communicate to the staff. For example, one staff member thought a person looked cold and offered them a blanket, which they accepted.

We observed that staff respected and upheld people's right to privacy. For example, they knocked on people's doors before entering and asked if it was okay to come in and help them. Staff ensured people's dignity wasn't compromised by carrying out personal care and sensitive tasks in private and by ensuring discussions around people's care were discreet. New signs were in use at the service which hung on bedroom door handles to alert people that the occupant was receiving personal care. This ensured people's dignity was upheld during these times.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection we rated the service Requires Improvement in 'Responsive'. At this inspection we found they remain Requires Improvement in this area.

At our last inspection in February 2017 we identified widespread issues with care planning, including a lack of personalisation and a lack of information about people living with dementia. This constituted a breach of Regulation 9 of the Health and Social Care Act 2010 (Regulated Activities) Regulations 2014. At this inspection we found that the service continued to breach this Regulation. The previous management team had made little improvement between our inspections. The provider had not identified this. This meant that care records continued to contain insufficient information to guide staff on how to provide people with person centred individualised care. For example, there was limited information in people's care records about their hobbies and interests. The staff we spoke with had worked for the service for an extended period of time and knew about the needs of people. However, we were concerned that new or less experienced staff would not have knowledge of this information.

Where people were living with dementia, there was limited information about their life history. This information would help staff to better understand the person and respond to their needs more effectively.

There was limited information about how people who did not verbally communicate would engage with staff and express their views. For example, care plans stated people may communicate via facial expression. However, the care plan didn't set out what these expressions were and what they might mean. This meant staff didn't have the information they needed to recognise when people may be trying to communicate something to them, such as if they were experiencing pain.

People were not consistently protected from the risks of social isolation or loneliness because the previous management team and the provider had not taken steps to address this shortfall. Whilst we observed staff made a clear effort to converse with people, we saw that care staff were busy with other tasks which meant they were unable to spend as much time with people as they would like. We observed that people were still left seated in communal areas for extended periods of time with no engagement from staff and with no staff present. Some people still remained disengaged with their surroundings and were not engaged in any stimulating activity. This meant that people were still not consistently supported to live full and active lives.

The new management team was in the process of writing new care plans for people. However, we were concerned that newer staff members would not have the information they needed to deliver people with safe and appropriate care which met their needs.

This was a continued breach of Regulation 9: Person centred care of the Health and Social Care Act 2010 (Regulated Activities) Regulations 2014.

The new management team had identified that people were at risk of social isolation and were disengaged with their surroundings. They had taken steps to recruit two members of activity staff, with one activities

member of staff available seven days a week. They told us that they were looking at ways they could ensure everyone using the service was supported to be engaged in meaningful activity daily, including those who chose to stay in their bedrooms. The new manager told us that two members of activity staff would be available every Thursday to facilitate a trip out to a place of people's choice. The manager had already offered people the opportunity to go out on one trip to Southwold since they started working at the service three weeks prior to our inspection. This was a positive step in improving the lives of people using the service.

People told us they had been invited to a meeting with the new manager a few days prior to our inspection. The minutes of this meeting demonstrated that people had been given the opportunity to feed back on their experiences and make comments about improvements they would like to see. We saw that people had made comments about improvements they would like to see to the food served at the service. This included the provision of certain foods. The new manager told us they were currently recruiting a new cook and had also planned a themed Chinese food night where they would get a Chinese take away for people if they chose this option. They also had plans to ensure one person of a different nationality had access to the types of food eaten in their country of origin. This was something the person had requested in the meeting.

There was a complaints procedure in place and people told us they knew how to complain, but did not feel the need to. At the time of our inspection the service had not received any complaints. One person said, "I have no complaints." Another person told us, "I have never had to complain." The new management team told us they were in the process of sourcing an external company to write new policies and procedures for the service. This included a new policy and procedure for complaints.

Inadequate

Is the service well-led?

Our findings

At our previous inspection on 3 and 7 February 2017 we identified widespread shortfalls in the service which meant people were not provided with safe, effective care which met their needs. The service was rated Inadequate overall and was placed into special measures. We found the service to be in breach of Regulations 9, 11, 12, 17 and 18 of the Health and Social Care Act 2010 (Regulated Activities) Regulations 2014. This had not been identified by the management team in place at the time, nor had it been identified by the provider. At this inspection we found that the service continued to breach these Regulations.

We found that in the seven months since our last inspection very little improvement had been made. The provider had not identified this because they had not implemented a system whereby they assessed the quality of the service and the performance of the management team. This was despite us meeting with the provider in May 2017 to discuss their accountability for ensuring the suitability and competency of the management team and their accountability for assessing the quality of the service.

Three weeks prior to our inspection a new manager had started working for the service after the previous registered manager chose to resign from their role. The previous deputy manager had also chosen to resign, and a new deputy manager had started a week prior to our inspection.

The previous management team had failed to put into place robust systems to identify where the service fell short of the regulations. Quality monitoring processes remained ineffective and had been incapable of identifying poor care which put people's health, safety and welfare at risk. For example, there was still no formal system in place to monitor and analyse incidents, or to monitor people's weights. This meant that clear action had not been taken where incidents occurred or where people were at risk of malnutrition.

Limited improvement had been made to care records to ensure that they reflected people's current needs. This is despite the service receiving support from Suffolk County Council's quality improvement team. Care records still contained conflicting information in areas such as how people mobilised and the equipment they required to mobilise. This meant that people remained at risk of harm through receiving inappropriate care.

The previous management team had not actively involved staff, people using the service or relatives in discussions about the improvements that needed to be made to the service. This meant that staff, some people using the service and relatives were unaware of the challenges faced by the service. They had not been given the opportunity to make suggestions or to have input into the development of the service going forward. This meant that the previous management team had not encouraged a culture of openness and transparency.

This was a continued breach of Regulation 17: Good Governance of the Health and Social Care Act 2010 (Regulated Activities) Regulations 2014.

The new manager contacted us when they started in their role and provided us with a detailed action plan

stating all the issues they had identified and the action they intended to take. The manager has continued to be proactive in keeping in touch with us and has provided us with an update to this action plan on a weekly basis. This reassured us that the new management team had effective oversight of the poor quality of the service and were actively taking steps to improve the care people received.

Despite only working for the service for such a short time, the new management team had already made significant changes within the service which we observed was having a positive impact. We observed that the management team was visible within the service and directed staff in a supportive manner. For example, they had implemented a new system at meal times and we saw them providing guidance to staff on how they could improve their practice. Staff told us that the new management team were 'always in the home' and were available to support them when needed.

A new electronic care planning and recording system had been implemented by the new management team. They told us this new system was sourced because they had identified that the care records currently in place for people were not fit for purpose and did not reflect people's current needs. As a result of this they told us they were completely rewriting people's care records with the input of the person and other appropriate individuals.

As part of the new electronic system, all care staff had access to a tablet where they could record care interventions in real time. For example, they could record what food or drink a person had consumed or record when they repositioned someone. This information fed into a central system which the manager could oversee.

Care staff recorded incidents within the home on this system. The manager told us that the system would flag up to them when an incident had been recorded and there were tools to analyse these incidents for trends.

This system also enabled the management team to access tools such as graphs of people's weight. This meant they could easily track where people had lost weight and implement actions. The manager told us that the system prompts staff to take the action necessary. For example, if someone had lost weight it would prompt staff to make a referral to a dietician.

Staff we spoke with were positive and enthusiastic about this new system and felt it was simplistic to use. They said they had received training on how to use it and felt well supported to use the system.

Although minor, improvements to the décor had been made with the addition of things such as wall stickers. One person we spoke with was positive about this, and said they had been involved in placing these around the service.

The new management team had already begun involving people using the service and staff in discussions about the improvements that needed to be made. We saw that their views were recorded and taken on board by the management team. A meeting with relatives was planned for the week after our inspection. The new manager had implemented a number of other ways to obtain people's views on the service and what they would like to see change in the future. For example, they had implemented a 'dot feedback poster'. This was where a poster with a number of different options, for example for trips out, was put up in a communal area. People then had the opportunity to place a dot next to the option they most liked. We saw that people's engagement with this method had been good. The manager had also designed surveys to be sent out to external health professionals, staff, people using the service and relatives. This reassured us that the new management team was promoting a culture of openness and transparency within the service.

We could already observe a more positive and transparent culture within the service. Staff were more willing to speak with us and tell us what they thought. They were positive about the new management team and the changes that were being made.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Regulation 9.— 1.The care and treatment of service users must— a.be appropriate, b. meet their needs, and c. reflect their preferences.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Regulation 11.— 1.Care and treatment of service users must only be provided with the consent of the relevant person. 2.Paragraph (1) is subject to paragraphs (3) and (4). 3.If the service user is 16 or over and is unable to give such consent because they lack capacity to do so, the registered person must act in accordance with the 2005 Act*.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Regulation 18.— 2.Persons employed by the service provider in the provision of a regulated activity must— a. receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to

perform,
b.be enabled where appropriate to obtain further qualifications appropriate to the work they perform, and

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12.— 1.Care and treatment must be provided in a safe way for service users. 2.Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include— a.assessing the risks to the health and safety of service users of receiving the care or treatment; b.doing all that is reasonably practicable to mitigate any such risks; c.ensuring that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely; d.ensuring that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way; e.ensuring that the equipment used by the service provider for providing care or treatment to a service user is safe for such use and is used in a safe way; f.where equipment or medicines are supplied by the service provider, ensuring that there are sufficient quantities of these to ensure the safety of service users and to meet their needs; h.assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated;

The enforcement action we took:

NOP to restrict admissions.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17.—

1.Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part.
2.Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to— a. assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services);
b. assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;
c. maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided;

The enforcement action we took:

NOP to restrict admissions.