

Leonard Cheshire Disability

Alne Hall - Care Home with Nursing Physical Disabilities

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

We inspected the service on 22 November, 11 and 13 December 2017. The inspection was unannounced on the first day and we told the registered provider we would be visiting on subsequent days.

At the last inspection in July 2017 we found the provider had breached four regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to the safe delivery of care and treatment, person centred care, staffing and overall oversight of the governance of the service. A warning notice was issued in relation to the governance of the service. The service was rated Requires Improvement.

At this inspection we found insufficient improvements had been made to ensure the provider was compliant with all regulations. The service remained rated as Requires Improvement and this is the fourth consecutive time it has been rated as such. We will meet with the provider outside of the inspection process to determine the action they will take to drive improvements. Breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were found during this inspection in areas of good governance, staffing, person centred care and safe care and treatment. You can see the action we have taken at the end of this report.

Alne Hall - Care Home with Nursing Physical Disabilities is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service accommodates up to 30 people in one adapted building. At the time we inspected 28 people lived at the service. The service provides support to adults of all ages who have a physical disability.

The provider is required as a condition of their registration to have a registered manager in post. At the time of this inspection they did not have a registered manager. A manager from one of the provider's other services had been assigned to carry out the day to day management until a new manager was recruited. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had not implemented effective quality assurance systems since the last inspection. Although we saw improvements they were not robust enough to prevent continued breaches of regulations. The provider had not ensured their full quality assurance process was carried out alongside changes being made from an on-going action plan. This meant they had not recognised the quality of some changes was poor and that some areas such as medicines support had deteriorated. We have discussed this with the nominated individual and they demonstrated a commitment to making improvements over the coming months.

Appropriate systems were not in place for the management of medicines. People were at risk of not receiving their medicines safely. Overall the recruitment of staff was safe, however records relating to staff's full work history's and risk assessments where staff commenced employment before a full DBS check was received had not always been completed.

Improvements were seen in relation to staff support, supervisions and training. A process was now in place to understand progress and to monitor this area. We saw induction for permanent staff and agency workers was not always evidenced, which meant we could not determine the quality of induction they had received to enable them to keep people safe and respond in an emergency during their induction period.

Each person had a care plan which outlined the care they required and described the way in which they wanted their care to be delivered. This meant they were person centred. Reviews had taken place but the staff did not review whether the outcome or goal a person wanted to achieve had progressed. It was difficult to determine from records whether people were receiving care which afforded them to achieve outcomes such as access to activities and social stimulation.

People had access to a wide range of activities if they chose this. People told us they enjoyed them and where possible people were supported to access the community. Staffing levels enabled people to have their care needs met, but not always to access activities or to develop / maintain relationships needed to prevent social isolation.

Staff were able to tell us about different types of abuse and were aware of action they should take if abuse was suspected. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety. Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. This enabled staff to have the guidance they needed to help people to remain safe.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice. We made a recommendation that the provider use best practice information about promoting environments for people with physical disabilities which afford them maximum independence.

We saw people were provided with a choice of healthy food and drinks which helped to ensure their nutritional needs were met. People were supported to maintain good health and had access to healthcare professionals and services.

There were positive interactions between people and staff. We saw staff treated people with dignity and respect. Observation of the staff showed they knew the people very well and could anticipate their needs. People told us they were happy and felt very well cared for.

The registered provider had a system in place for responding to people's concerns and complaints. Relatives knew how to raise concerns but some people who used the service were not sure. The manager was working to improve people's understanding and ensure complaints documents were available in the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Arrangements in place to ensure people received medication in a safe way were not robust.

People told us the number of staff on shift met their care needs. Overall recruitment of staff was safe. The building was well maintained and safe.

Risks associated with delivering support to people had been assessed and reviewed. Staff had appropriate information to enable them to keep people safe. This included knowledge of how to recognise and reports signs of abuse.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff had not received an induction which was recorded by the provider. This included agency workers. Improvements were seen in the amount of training and support received to enable them to fulfil their role.

We made a recommendation that the provider use best practice to ensure the design of the building maximises independence for people with physical disabilities.

People were supported to maintain good health and nutrition. People had access to healthcare professionals and services.

Is the service caring?

Good ●

The service was caring.

People were supported by caring staff who respected their privacy and dignity.

Staff were able to describe the likes, dislikes and preferences of people who used the service including their personal histories.

People and their relatives were involved in developing care plans

which empowered people to receive care in the way they chose to.

Is the service responsive?

The service was not consistently responsive.

It was difficult to determine if people were receiving support which achieved their chosen outcomes or goals.

People had opportunities to take part in activities of their choice inside the service and where possible in the community. The levels of staff impacted on people's access to activities if they chose not to join planned events.

People and their families felt confident any concerns they raised would be taken seriously and acted upon.

Requires Improvement ●

Is the service well-led?

The service was not well led.

The provider had not implemented systems and arrangements. This meant they had not ensured people received safe and quality support. The provider had not achieved compliance with regulations.

People, their relatives and staff felt the service had not been well led in the past two years. The manager now in day to day control had improved morale in the service recently.

Staff felt morale was low and that at times their view about the quality of the service had not been listened to or responded to by the provider.

Inadequate ●

Alne Hall - Care Home with Nursing Physical Disabilities

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 checked 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.

We inspected the service on 22 November, 11 and 13 December 2017. The inspection was unannounced on the first day and we told the registered provider we would be visiting on subsequent days.

The inspection team consisted of two adult social care inspectors on all days. On day three a specialist advisor in governance and an expert by experience also visited. 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 reviewed all of the information we held about the service. This included information we received from outside agencies and statutory notifications since the last inspection. Notifications are when providers send us information about certain changes, events or incidents that occur within the service. We sought feedback from the commissioners of the service prior to our visit. We used this information to plan our inspection.

The provider was not asked to complete a provider information return (PIR) prior to this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with eight people and four of their relatives. We spent time in the communal areas and observed how staff interacted with people and some people showed us their bedrooms.

During the inspection we spoke with the manager covering day to day management of the service, the

temporary deputy manager, two nurses, two team leaders, the chef and four other members of staff including care workers and activities workers. Following the inspection we spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with the head of quality improvement and the area manager also.

During the inspection we reviewed a range of records. This included five people's care records, such as care plan documentation and medication records. We also looked at four staff files, including staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

At the inspection in July 2017 the provider had not ensured records such as risk assessments in people's care plans and accident forms were completed effectively to ensure risks to people's safety were mitigated. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had developed an action plan to review care plans and risk assessments for each person. They had done this based on risk so that people with more complex needs had their care plan reviewed first. We saw that 69% of care plans had been reviewed since the last inspection.

On day one of the inspection we saw the risk assessments did not match the actual support required in two people's care plans. For example; a person who could not eat or drink orally had a care plan which stated they required their food cut into small pieces and drinks needed to be thickened. When we spoke with staff they knew the person could not eat or drink and therefore practice was safe. A new member of staff may not know this information and therefore the records being incorrect meant there was a risk the person would be offered food or drink.

We discussed this with the manager. A process to check the quality of care plans, including risk assessments was not in place and therefore the issues had not been picked up by the provider. The manager told us they would review the care plans we highlighted and we saw they were correctly in place on day two of the inspection.

All other risk assessments we saw were recorded correctly and gave staff the information they needed to support people safely. We saw where people were able to make their own decisions they were afforded the opportunity to take risks to allow them more freedom when they had been supported to understand the hazards. For example one person travelled independently on public transport, another person chose not to use the harness recommended when seated in their wheelchair.

We looked at the arrangements in place for managing accidents and incidents and preventing the risk of reoccurrence. All known accidents and incidents were now recorded on the provider's forms and electronic system. The manager had a system in the service to collate all of the accidents and incidents and had delegated actions to prevent a reoccurrence to members of the team where required.

We tracked one accident where a person had suffered a fall. We saw the member of staff delegated to update the risk assessment had not done so. Instead they had communicated the changes required at staff handover. We discussed this with the manager who told us they would monitor more closely the system to ensure all actions following incidents were completed until the senior team understood the expectations of them. On day two we saw the risk assessment had been updated.

Overall we felt the work to improve records around risk assessment, care plans and accident/ incidents had improved. This meant the provider had achieved compliance with Regulation 12 in this area.

We looked at the arrangements in place for the safe management, storage, recording and administration of medicines. We saw all staff delegated the task of medicines management had been deemed competent by the provider.

We saw where people were prescribed topical medicine such as creams or lotions that topical medicine administration records (TMARs) were either not in use or not completed correctly. Not all 'as and when required' (PRN) medicines prescribed had protocols in place to describe to staff the full details of when to administer the medicine. We saw there were gaps in recordings on people's medicine administration records MARs. We saw the correct balance of medicine in stock could not be determined because the balance of stock carried over from previous months onto new MARs was not recorded. All of this meant it was difficult to determine if people had received their medicines as prescribed.

We saw where the MARs had gaps in recording of medicines administration that nursing staff had not raised the concern or investigated the issue when they noticed this. This meant individual errors were not recorded and we could not determine if people had received their medicines.

We found no evidence that people had been harmed because of the above issues. However, all of the above demonstrated there was a risk that people may not have received medicines when required and as prescribed, or that medicines were not handled and stored safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The provider had implemented a medicines audit following the last inspection in November 2017. An action plan was in place to make improvements. They planned to introduce a new medication system and to monitor the system closely through more frequent checks to understand if changes required had been embedded and if safety had been improved.

We looked at four staff files and saw the staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS). The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. Where nurses were employed a check with the Nursing and Midwifery Council (NMC) had been conducted to ensure they were fit to practice.

Employers receive an initial check alerting them whether a candidate's name is held on the barring list. On two occasions we saw members of staff had commenced duty following this initial check being received but before the criminal records check had been completed. The provider had assessed the situation and made the decision it was safe for the staff members to commence their induction under supervision. The provider had not recorded their decision. We saw a full employment history was not always recorded in staff files. The manager told us they would ensure they recorded their decisions and a full work history in future.

The service was using agency workers to cover staff sickness and vacancies. We looked at the profiles the provider had received prior to an agency worker commencing duty. We saw full information and photo identification was not always provided. The manager told us they always checked the nurse's fitness to practice against the NMC and that basic information about agency workers DBS check was seen. We discussed with the manager the need to evidence the same recruitment checks for agency workers as they did with permanent employees. On day three they told us this piece of work had already started with the agencies they used.

People told us they felt there were enough staff to meet their care needs. Relatives and people said staff responded in a timely way when they requested support. One person told us, "Staff don't come straight

away but they're not too bad." A relative told us, "My family member will say staff have been working hard and are busy. I assume they are on minimum levels. It has not affected their care and they have never been left waiting. Staff always respond when I am present."

Staff told us they felt the staffing levels kept people safe. They explained they delivered task orientated care because of the staffing levels. They felt that the staffing levels and using agency workers restricted people having time with them, accessing activities and achieving their personal outcomes.

Staff felt the minimum numbers were safe if all staff were in the building. On occasions the afternoon shift was covered with five staff. When people had to attend appointments with staff this reduced the numbers and this had impacted on areas such as people's mealtime support on at least one occasion. The manager explained they were working with the team to think more proactively about the times they booked appointments for people.

We discussed staffing levels with the manager, area manager and nominated individual. They confirmed the minimum staffing levels including nurses and based on people's dependency was seven staff in the morning, five in the afternoon and three overnight. The manager told us about the issues they had faced recruiting staff and that they continued to advertise to attract candidates. The nominated individual agreed to review the staffing levels to facilitate people receiving a more person centred service. The rota records demonstrated staffing levels were improving and the number of times minimum staffing levels were deployed had reduced.

We spoke with the manager about safeguarding adults and action they would take if they witnessed or suspected abuse. The manager told us all incidences were recorded and the service investigated concerns. Records we saw confirmed this. Where staff practices were recognised as poor the provider had challenged such behaviours via the disciplinary or performance process.

Staff said they would have no hesitation in reporting safeguarding concerns and they described the process to follow. They told us they had been trained to recognise and understand all types of abuse. Staff had recently been asked to complete their safeguarding refresher training and 80% of staff had completed this.

Records confirmed checks of the building and equipment were carried out to ensure health and safety. Personal emergency evacuation plans (PEEPS) were in place for each of the people who used the service. PEEPS provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency.

The building was clean and free from malodour. The provider had a refurbishment plan in place to ensure areas which would benefit from redecoration were improved alongside major works such as roof repairs and external decoration.

Is the service effective?

Our findings

At the inspection in July 2017 the provider had not ensured staff received appropriate induction, training and support to enable them to fulfil their role. This was a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we asked to look at the induction records for four new members of staff employed since the last inspection. The manager told us they had not ensured inductions had been recorded. This meant we were not able to determine the standard of induction each member of staff had received.

We looked at the inductions agency workers had received. We saw not every agency worker had received an induction. Some of the agency workers were nurses who were in charge of the shift

When staff do not have effective induction this increases the risk that people will not receive safe support and that the member of staff will not be able to respond effectively particularly in an emergency situation. This was a continued breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had worked to improve their compliance with training since our last inspection and aimed to have 85% of all staff compliant. We saw the service was 78% compliant. There had been a particular focus on moving and handling and safeguarding and compliance had improved in these areas.

Nurses and team leaders had received support via mentoring, coaching and training to improve their knowledge of the systems they used such as care planning and in the management of the staff. The manager told us the nurse and team leaders confidence and competence was not yet achieved but that they were continuing with support to enable them to fulfil their role.

A programme of clinical training had started for the nursing team and they had received some training in areas such as catheters. The temporary deputy manager was supporting the clinical development of the nurses alongside a clinical lead delegated to help by the provider.

Support for staff had been delivered in a variety of ways since the last inspection which included coaching, mentoring, and group reflection and one to one meetings with individual line managers. This approach had helped to improve morale and staff were appreciative of the manager and temporary deputy working with them to make improvements. The manager told us the provider had a policy which outlined that each person must receive at least four supervision sessions to provide support in every 12 months. A matrix was in place and the service was 64% compliant in this area. The manager was working with the members of staff delegated to be line managers to improve this area.

The service supported people with physical disabilities some of whom had electronic or self-propelled wheelchairs to enable them to independently move around. We saw the environment did not contain technology to maximise people's independence, for example, people did not have automatic open and close devices on the bedroom or bathroom doors. This meant they had to call for staff assistance to access

those rooms at times. We recommend the provider use current best practice to assess the environment for people with physical disabilities to promote independence.

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 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 and whether any conditions on authorisations to deprive a person of their liberty were being met.

86% of staff had received training in MCA and DoLS and they understood the practicalities around how to make 'best interest' decisions. We saw the staff team empowered people to make their own decisions and that where people were unable staff knew people well and could contribute effectively to ensure people received support in their 'best interests'. Records to evidence capacity assessments for people unable to make their own decisions and subsequent records relating to 'best interest' decisions were not always completed correctly. We discussed with one nurse how they were being supported to understand the recording system and another nurse was able to tell us about the coaching they had received to improve care plans in this area.

We saw staff ensured they sought consent before they supported a person and that they offered choices which meant people's rights were respected. People who had capacity had been supported to sign and consent to the care they received.

Staff had a good understanding of DoLS. We saw four people were authorised to be deprived of their liberty and further applications were pending with the local authority.

People who used the service told us they liked the food on offer. At times they told us breakfast was late and then lunch was too early for them. People knew there was a new chef and said that changes were positive. One person told us, "There is a main dish on offer but a baked potato or omelette would be provided as an alternative if we wanted it." A relative told us, "The food is very good and my family member likes it on the whole. When we have had appointments near mealtimes it has been nice that staff altered things to eat before or after. The staff are very aware of my family member's needs."

We saw the chef had used details about what people liked to develop a new menu which included two choices at each meal. They had implemented pictures of each meal they prepared to show people what was on offer and to help them make their choice. A member of staff told us, "People get a fantastic choice of food, it is fabulous now. It has come on leaps and bounds. For people who cannot talk we show them pictures to make a choice."

The dining area was the main hub of the service and it was used as a communal area for most of the day for people to sit and chat or watch TV. At mealtimes people received one to one support where required which was respectful. Where people ate their meals in their own rooms assistance was provided for them. The mealtime was a social event with plenty of catching up about people's day and friendly banter between everyone. People were supported to have adapted cutlery and plates where required to promote their independence.

People who required specialist diets such as food prepared to ease swallowing were catered for. The chef had a list of each person's needs to ensure they received the correct type of food. A new system to monitor each person's weight had been introduced since the last inspection. This involved each person being weighed at different frequencies based on risk. Records relating to this area had improved and where people had lost weight or there were concerns appropriate professionals had been involved to offer advice and guidance.

We saw records to confirm people had visited or had received visits from the dentist, optician, chiroprapist, dietician and their doctor. At our previous inspection in July 2017 we reported that some people had not received re-assessment of their needs around swallowing and the risk of choking. Appropriate referrals for assessments had been made and new advice received had been incorporated into people's care plans.

People had 'hospital passports' which are documents a person would take to hospital in an emergency to help paramedics and hospital staff know their needs and preferences. A relative told us, "My family member gets all their medical needs sorted."

Is the service caring?

Our findings

People and their relatives we spoke with told us they were happy with the care they received. One person said, "Staff are so nice to me, they are lovely people." A relative told us, "The care is very good at Alne Hall; I cannot rate the staff enough. They are dedicated; they work long hours but keep their chins up. It has been very difficult (during the recent changes) but they are excellent people."

We spent time observing staff interact with people who used the service. Interactions were caring, friendly and staff displayed patience and compassion. There was a calm and relaxed atmosphere. Where people showed signs of anxiety staff responded quickly and were able to support people to relax because they knew their needs and preferences. Staff were aware of people's preferences including their life history, likes and dislikes. They were confident when describing their approach to caring for people. One member of staff said, "We are caring for the whole person and what makes a person unique. We get to know them, it is good to find out what a person's take on life is, build up trust and maintain good relationships." Another member of staff told us, "I always say good morning to people, check they are ok and chat. I don't do any support before we both have a smile on our faces. I treat people how I know I would like to be treated."

We saw people were supported to communicate their needs in various different ways where they were not able to verbally speak. This included using people's own personal sign language, developed and recorded so all staff knew, also the use of technology to support a person to write what they wanted to communicate. A relative told us they observed the effort staff made to include people and listen, they said, "A lot of hard work takes place with those who cannot communicate. I always see a caring approach from staff."

We saw people had free movement around the service and could choose where to sit and spend their recreational time. The service was spacious and allowed people to spend time on their own if they wanted to. We saw people were able to go to their rooms at any time during the day to spend time on their own. Staff had taken time to listen to people's preferences around privacy and one person used a 'do not disturb' sign to show they wanted no interruptions. Another person had signed to say they did not want frequent checks during the night and wanted their privacy respected. This helped to ensure people received care and support in the way they wanted to.

Staff we spoke with said where possible they encouraged people to be independent and make choices such as what they wanted to wear, eat, and drink and how they wanted to spend their day. We saw people made such choices during the inspection. One person had been supported to become independent with their medication administration which meant they could access the community alone and also make plans to move to more independent living. Staff told us how they worked in a way which protected people's privacy and dignity. For example, they told us about the importance of knocking on people's doors and asking permission to come in before opening the door. This showed the staff team was committed to delivering a service which had compassion and respect for people.

People used advocacy when they needed it. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. We saw one example where a

person had used an advocate to complete applications for different benefits to enable them to move to more independent living.

People's relatives were fully involved in their care if they chose this and the person wanted them to be. Relatives told us they were always welcomed to the service at any time of day or night. One person's relative who lived a long way away was supported to spend a few days at a time visiting their family member. A relative told us, "I am an active part in the care planning. I know I can go to someone and always get an answer and they respond. I am very involved." Another relative told us, "No matter what time you visit everything is happening as it normally would be. Whenever we go in people seem happy. Nobody is distressed or abused. We just turn up and it is always the same."

We spoke with the manager and staff responsible for the rota. We discussed how staff were allocated based on people's preferences and needs. Staff told us, "We always give people time where we can and especially if they are upset" and "I work with staff and people to allocate and adapt the rota so the skills of staff are recognised and if they work better with a particular person." A relative confirmed this happens, they said, "I think my family member is well looked after. Staff treat them well. If they see one of the staff they know they have a big smile when they appear to support them."

Is the service responsive?

Our findings

At the inspection in July 2017 the provider had not ensured care files contained up to date information about each person to ensure they received a quality and safe service. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw improvements had been made at this inspection. This meant the provider had achieved compliance with Regulation 17 in this area.

Work had started and was on-going since the last inspection to ensure people's care plans contained up to date information about risk and support people required to keep them safe. We saw this had improved. Appropriate monitoring records were in place and improvements were seen in the level of detail recorded which allowed the nurses and managers to understand progress.

At the inspection in July 2017 the provider had not ensured people received person centred care based on their preferences. This was a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was reported on in the caring section of the report at the last inspection, but has moved into this section at this inspection.

At this inspection we saw the provider's care plan documents were repetitive with the same topic of care being written about numerous times within the care records. For example, nutrition, eating and drinking was mentioned three times within people's care plans. This made the records difficult to navigate and connect the risk assessment with the support required. Not all care plans contained details about a person's preferences in relation to end of life care. Nobody was being supported with palliative care when we visited, however understanding people's preferences in this area is essential in case this occurred. We discussed this with the nominated individual and they told us the format would be changing because all of these issues had already been recognised.

Care plans outlined what outcome the person wanted to achieve, for example, 'I want to develop and maintain friendships'. The care plans went on to describe how staff should support the person to achieve this which included person centred detail around people's preferences, likes and dislikes. We saw details included such things as their like to have breakfast in bed, and that they wanted nice toiletries and make-up applied each day. Alongside this we saw people had goals such as being supported to access church or to live independently.

Reviews were completed but they did not assess the progress towards achieving the outcome or goals for people. Staff reviewed if the person centred detail was correct. Records completed, such as daily notes, activity records and monitoring forms we seen. They were not used during review to assess if the person had been successfully supported to achieve their goals, outcomes or needs. We looked at two people's records to see if we could determine if their social needs had been met. We were not able to determine this from the records we saw.

This was a continued breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's known preferences and life history were used to design activities and social opportunities they chose. For example, one person told us they had a shed on the grounds and that they were supported to go fishing. Another person was supported to maintain links with the RAF locally as they were an ex-service person. The RAF welcomed the person to the local barracks and took part in activities available for the whole service. The person's relative told us, "The RAF look after their own and are still involved, it is nice for them still to have that link."

A team of staff were employed just to provide activities for people. Volunteers also supported this team. We saw a weekly programme was on offer which included quiz's, dominoes, arts and crafts, computers, visits to a Christmas carol service and exercises. We spoke with one person who had attended a Christmas carol service whilst we were on site. They told us they had had the opportunity to sing and they were that good they told us, "I have been booked for next year." Everyone who attended this event told us they enjoyed it.

The activities were varied and people who chose to access them enjoyed what was on offer. Other people told us they did not want to join those activities and felt bored. People and staff felt more opportunity to access the community would be positive. We saw other people who could not communicate seemingly did not join any activities and were not offered activity or social stimulation. Records completed by staff did not help us understand if people were socially isolated or not.

The lead member of staff for activities told us they would be focusing on people who tended to spend more time in their own rooms to understand their preferences around activities. They told us that they would be working with one person to do 'lad' things such as watching Top Gear because they knew the person liked cars. A relative told us the activities team had worked hard to offer their family member activities they said, "Staff have worked hard to promote my family member to engage. [Name of care worker] in particular has been proactive and set up the patio area and plans to support them to have a raised flower bed in the spring."

We saw the complaints policy but were not able to find this advertised where people could access it. Relatives told us they felt able to complain. People told us they felt confident to raise concerns, but not everyone knew where to go. One person told us, "I don't have any complaints but I wouldn't know who to go to." People had told the provider this previously when a regional customer support advisor visited and the manager had started work to make the complaints process more understood.

One complaint had been received since the last inspection. The provider had acknowledged the concern and had set a date to meet the complainant to discuss a resolution. Discussions with the manager, area manager and nominated individual confirmed any concerns or complaints would be taken seriously.

Is the service well-led?

Our findings

At the inspection in July 2017 the provider had not ensured appropriate and effective systems were in place to monitor the quality and safety of the service and act on concerns to mitigate risk. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A warning notice was issued to the provider to improve in this area. Sufficient and sustained improvements were not made to achieve compliance.

Since the last inspection the provider had implemented a service improvement plan (SIP) which listed the main tasks the provider expected to be completed to improve on the areas we had noted in the last inspection. The SIP had been regularly updated to demonstrate progress towards achieving the tasks.

We were given a list of the visits representatives from the provider had conducted since the last inspection. Those visits focused on developing the SIP and coaching staff to enable them to complete the tasks expected. However, the visits made by the provider were not specific enough or measured to ensure improvements were made. This had led to an inconsistent approach to quality assurance with no real shared vision underpinning the improvements required.

At this inspection the provider had not ensured that their governance checks had been completed to ensure regulations had been met. For example, we were unable to determine if people had received their medicines as prescribed.

The standard of work completed towards improvements had not been checked for quality. On day one we saw a person's care plan indicated they could eat food when in actual fact they were 'nil by mouth'. This meant staff were provided with inconsistent information and placed this person at risk. Where incidents occurred such as medicines errors these were not recorded or investigated by the provider to understand the root cause and learn lessons to prevent a reoccurrence.

Where checks had been completed and issues found we saw action plans had not always been developed to demonstrate how the provider intended to tackle the situation. For example, who had been delegated to carry out the work, the timeframe for completion and whether progress had been made towards making improvements. The provider had an electronic dashboard which outlined dates when audits such as infection control had been completed. The manager and provider were unable to provide copies of all of the audits listed for us to view.

The provider did not have an effective quality assurance system which ensured compliance with regulations and that people received a quality and safe service. We found continued breaches of regulations relating to safe care and treatment, person centred care and staffing. This meant the provider continued to be in breach of multiple regulations and had not improved their overall rating of Requires Improvement in the past three inspections. This was a continued breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since the last inspection the registered manager had left employment with the provider. Staff described the leadership from the managers and providers in the past two years as inconsistent. Staff told us they felt overworked at times and that they had not been listened to. Morale of the team had been low, but they said it was getting better. Relatives also told us they felt the recent leadership in the service had been poor.

The provider had deployed an experienced manager and deputy from their other services to manage day to day operations and work to improve the service since October 2017. They understood, as did the area manager, that one of the keys to improvements was up skilling the nurses and team leaders to work differently and to empower them to carry out their role effectively. They both told us about the work they had completed to support and coach the team to improve morale and develop the quality of provision.

This focus had achieved a better team morale since our last inspection. Members of staff told us, "I feel a lot happier now the new manager and deputy are here. The support is now good. The manager will delegate with clear instructions and I can go to them and I am confident they will have an answer" and "[Name of manager and deputy] are pulling together and doing a better job. [Name of deputy] is learning how to motivate me and I am working through the lists I am delegated."

People and their relatives told us they felt the manager had made a positive impact on the service. One relative told us, "The new manager sorts issues straight away. There have been constant changes since they came. They communicated with us via a meeting and we discussed their plans. An example of changes made is that we asked for 'visitor facilities' to make a drink and this has been organised by the kitchen. The general shake up has made the place more efficient." Another relative told us, "One evidence of change already is that staff have clearer responsibilities."

The provider had delegated a regional customer support advisor to visit and seek feedback about the service from people who lived there. We saw visits had taken place in August and September 2017 where people had told them their views openly and they had observed practices during their visit. The provider had used the feedback to influence changes to the mealtime experience amongst others.

The manager had ensured regular staff meetings, relatives meetings and 'service user' meetings were planned and carried out. Everyone appreciated this and one member of staff told us there had been lots of changes in the past 12 months and said "The team is open and honest; we have worked hard to create this culture." This was something we observed on this inspection and the whole team were keen to show the improvements they had made and their commitment to making the service better for people.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Diagnostic and screening procedures	The provider had failed to ensure people received person centred care.
Treatment of disease, disorder or injury	

The enforcement action we took:

Condition was placed on the providers registration

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The provider had not ensured arrangements were robust enough to ensure the storage, management and administration of prescribed medicines was safe.
Treatment of disease, disorder or injury	

The enforcement action we took:

Condition was placed on the providers registration

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The provider had failed to implement systems and arrangements to ensure people received a safe and quality service.
Treatment of disease, disorder or injury	

The enforcement action we took:

Condition was placed on the providers registration

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Diagnostic and screening procedures	The provider had failed to ensure new staff members and agency workers received an appropriate induction to enable them to support people safely and deal with any emergencies which may occur.

The enforcement action we took:

Condition was placed on the providers registration