ADR Care Homes Limited

St Nicholas Care Home

Inspection report

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Date of inspection visit:
19 June 2017

Date of publication:
08 August 2017

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 19 June 2017 and was unannounced. It was carried out in order to follow up enforcement action we took following our inspection of 30 January and 1 February 2017, where we found significant concerns and risks to people's health and welfare.

St Nicholas Nursing Home is not a nursing home and does not provide nursing care to people. The provider has not amended the name of their service on their registration since they ceased to provide nursing care. St Nicholas' provides accommodation and care for up to 39 people, some of whom may be living with dementia. At the time of our inspection visit 13 people were living in the home.

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. There was not a registered manager in post, however a manager was in the process of registering with CQC and will be referred to as 'manager' throughout this report. The providers had also employed a consultant to support them in making improvements to the home. Both were present during the inspection.

At our inspection on 30 January and 1 February 2017 we found breaches of nine regulations. We found serious and widespread concerns. There were significant shortfalls in the care and service provided to people. During this inspection on 19 June 2017, we found whilst improvements to the service had been made the provider was still in breach of four regulations. You can see what action we told the provider to take at the back of the full version of this report.

The management and leadership were improving however it had not yet been sustained over a period of time. Systems had not yet been implemented to monitor the service, and therefore we could not judge their effectiveness and sustainability. Some issues which we found previously in our inspection in January and February 2017 had not been fully resolved. Therefore the provider was still in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However, concerns had been identified and the manager had worked closely with the external consultant to devise and begin to implement a suitable action plan in order to resolve the concerns associated with this service.

There was not always adequate guidance in place for staff to administer medicines to ensure they were not used inappropriately. Improvements were needed to the risk assessment of medicines people administered themselves, and oversight of medicines administration. This meant the provider remained in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People did not always receive care that was individualised and met their specific health needs, and staff had not always followed recommendations from healthcare professionals. This meant that the provider remained in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014. Staff had not always fully assessed people's capacity to make specific decisions, and recorded how decisions had been made in people's best interests. This meant that the provider was still in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risks to people's welfare had not always been identified. Risk assessments were sometimes generic and not specific to individuals. There was not always clear guidance provided to staff about how to mitigate risks to people. However, we found at this inspection that the management of some risks had improved and staff were aware of risks to individual people and how to manage these.

Staff had received further training and supervision and there were enough staff to meet people's needs. Staff delivered compassionate care to people and there were enough of them to meet people's needs safely.

Improvements had been made to the housekeeping procedures and the home was cleaner, however further improvements were still required.

People were positive about the food they received and there was choice available. Drinks were made available to people throughout the day.

The overall rating for this service following our inspection in January and February 2017 was 'Inadequate' and the service was therefore in 'special measures'. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

At this inspection in June 2017, we found that the service had made improvements and the overall rating has changed to Requires Improvement.. However, the service remains inadequate in well-led. This means that the service remains 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.

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.

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.

There was not always sufficient guidance for staff with regards to administering medicines, and medicines were not always handled and recorded accurately.

Risks to the health, safety and wellbeing of people who used the service had not always been identified, assessed or planned for. There was not always sufficient guidance for staff about how to support people in a safe manner.

There were enough staff available to meet people's needs. Recruitment processes contributed towards ensuring people's safety.

Is the service effective?

Requires Improvement

The service was not always effective.

Mental capacity assessments had not been carried out for specific decisions. People's consent to care was not always determined.

Staff received training and supervision in order to be competent in their roles.

People received enough to eat and drink and had access to healthcare.

Is the service caring?

Requires Improvement

The service was not always caring.

People were not always supported to maintain their dignity and independence.

People received care from compassionate staff.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's needs were not always met in a person centred way as staff did not always follow care plans and preferences when delivering care to people. There were some inconsistencies and inaccuracies in the care records.

There were activities available for people to engage in and a member of staff to provide social stimulation for people.

A complaints system was in place and people knew how to complain.

Is the service well-led?

Inadequate

The service was not well-led.

There were limited systems in place for auditing and monitoring the service, and the management team was still working on improvements.

The culture of the staff team was becoming more positive.

St Nicholas 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 19 June 2017 and was unannounced. The inspection team comprised of two inspectors and a pharmacy inspector.

Prior to this inspection we reviewed statutory notifications we had received from the service. Providers are required to notify us about events and incidents that occur in the home including deaths, serious injuries sustained and safeguarding matters. We also liaised with social care professionals from the local authority's safeguarding and quality monitoring team.

During the inspection we spoke with two people living in the home, relatives of two people and one health professional who visited the service regularly. We made general observations of the care and support people received at the service throughout both days of our inspection. We also spoke with the manager, an external consultant employed by the provider, three care staff and the activities coordinator.

We reviewed four people's care records and the medicines administration records (MARs) for the people living in the home. We viewed records relating to staff supervision and observation, and daily care records for three people. We also reviewed a range of records and documentation monitoring the quality of the service.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in January and February 2017 we found significant concerns with regards to the administration of medicines, and the service was rated 'inadequate' in this area. At this inspection in June 2017, we found that although improvements had been made to the accuracy of recording, further improvements were still needed with regard to medicines management.

Records were in place to show people living at the service received their medicines as prescribed and to enable staff to monitor medicine administration records. However, we noted an incident where staff had recently given a person two of their oral medicines in error when they were not needed. We also found that for another person a medicine that had been discontinued remained in the medicine trolley and had not been removed to reduce the risk of it being given. We noted that ophthalmic medicines prescribed to be applied to people's eyes were not handled in a way that identified their opening date and to ensure they were only used within their short expiry times. Whilst there were audits in place carried out by the manager, we found these were insufficiently frequent to identify issues promptly and resolve them. Errors were not logged and then reviewed to help make sure appropriate actions were taken to minimise the chance of similar errors occurring again.

Some supporting information was available for staff to refer to when handling and giving people their medicines. There was personal identification and information about known allergies and medicine sensitivities. However, there was insufficient care planned information about people's medicines, for example, about authorised staff giving people their insulin by injection. When people were prescribed oral medicines on a when required basis, there was also insufficient written information to show staff how and when to give them to people consistently and appropriately. For people prescribed pain-relief medicines on this basis and who were unable to tell staff about their pain levels, pain assessment tools were not in use. In addition, for people prescribed medicines for external application, body maps were not being used to indicate the areas to which they should be applied.

For a person who managed one of their own medicines, records did not show sufficient details of assessments of risk around this or the support needed by staff to ensure the person used their medicine appropriately. We spoke to the person about this medicine, and they said, "I don't really know what it does, I just take it when I feel puffy." The medicine was in an inhaler.

These concerns meant that the provider was still in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found during this inspection that medicines were stored at a safe temperature. We also saw that staff recorded when they administered topical medicines to people, such as creams and lotions. The manager told us that they were aware of some improvements that were still required with regards to medicines administration and competence. They had completed observations and competency testing of all staff giving medicines within the home, and had reported any errors appropriately.

At our last inspection in January and February 2017 we found that there was inadequate guidance in place to support staff to move people safely. People who used services were not protected against unsafe care and treatment because risks to their welfare were not always identified, or appropriately mitigated. We found during this inspection that staff were aware of risks to people, and mitigated risk, but that the recorded guidance around this still required improvement. At this inspection we saw staff using appropriate techniques to support people to move around safely. We looked at people's moving and handling support plans and found that these contained some detail to guide staff with regards to how to support people to move around. We observed some people had walking aids removed from them whilst sitting in the lounge. Staff were able to explain the valid reasons for this although this was not fully detailed in people's care plans.

At our last inspection in January and February 2017 risk assessments in relation to individuals were incomplete. They did not contain adequate consideration of risks or guidance for staff on how to mitigate risks to people. On this inspection we found that the risk assessments we looked at for three out of four people had yet to be updated. Falls risk assessments were generic and did not contain information about people's conditions that may affect their risk. Previous falls history was not recorded in these risk assessments, or sufficient guidance to staff on how to mitigate any risks other than pre-printed generic information. However, we did find during this inspection that the staff we spoke with were aware of risks to people, such as pressure areas. We also saw that where healthcare professionals had recommended equipment to be used for one person in relation to their risk of developing pressure areas, this was in place. Not everyone living in the home had fire risk assessments in place. For example, one person did not have an individual fire evacuation plan and for two others, their fire risk assessments did not reflect the person's current evacuation needs with regard to their mobility. The manager and consultant told us that they were focussing on the practice of staff to improve before moving onto auditing and improving the individual care plans.

We saw during this inspection that where one person required equipment to mitigate their risk of developing pressure areas, this was in place. We also saw that staff were supporting people to reposition regularly. However, we saw that for one person, staff had not consistently recorded that they had supported them during the night. Out of eleven full days' records we looked at, staff had only recorded that they had supported the person as per their care plan for one night. Therefore improvements were needed in the recording in the daily documentation.

Some improvements were still required with regards to actions to mitigate risks in the home itself. Whilst the results of sample testing of the water system for the legionella bacteria were negative, the provider had not carried out a full risk assessment to determine what risks were present in the home's water system. Actions to monitor and mitigate against possible risks from the water system were not being taken. For example, water outlet and boiler temperatures were not being recorded and outlets not in use were not flushed through regularly. The manager and external consultant told us, and we saw evidence that, they were in the process of putting in place a full risk assessment which included taking the identified and necessary actions. They also said they were in the process of recruiting a member of staff responsible for maintenance in the home who would undertake the checks required.

We found at the last inspection in January and February 2017 that where people had received additional input from healthcare professionals, staff had not always followed their recommendations and instructions. We found during this inspection further improvements were needed. We saw for two people, that a dietician had responded to referrals back in March 2017 to ask for more information about people's weights and diets, and measures already in place. This was so that they could take next steps to further assess someone with regards to their risk of losing weight. The manager told us that this request for information had been

missed. This meant the dietician had not been provided with the information required in order to fully assess the risks posed to each person. Whilst we saw that people identified as at risk of losing weight were being adequately supported, we could not be assured that this was being provided in the safest way. This was because the manager had not ensured the dietician had sufficient information for them to provide accurate advice on the management of this risk.

As part of our inspection visit, we looked around the home to see if areas were kept clean. One person living in the home said, "The home is a lot cleaner." A relative said, "It's a lot cleaner and tidier than it used to be." We found that cleanliness in the rooms people were using as well as the communal areas of the home had improved. The manager told us that they had more hours dedicated for cleaning each day. One relative we spoke with told us that some chairs still needed cleaning, whilst another relative said they had seen a great improvement in the management of their relative's laundry. We noted during our visit that some areas of the home still required some improvement in relation to their cleanliness and infection. For example, we found one room whilst not in use had not been fully cleaned and the bed bumpers were soiled. In another area of the home we found a chair in a communal area was heavily soiled. The manager dealt with this immediately and told us that the spare rooms were due to be cleaned soon. However, we remained concerned about the management of infection control in the home.

During our last inspection in January and February 2017 we found that there were not enough competent staff deployed throughout the home. This meant that people did not always get assistance when they needed it, putting them at risk. Therefore they were in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that there were enough competent staff available to meet people's needs, and they were no longer in breach of this regulation. We observed that a member of staff checked on people within the communal areas regularly. The relatives we spoke with said that in recent months there had been enough staff to keep people safe. The dependency tool used to calculate how many staffing hours were needed had been updated and improved. We found that this effectively represented what support people required.

The staff we spoke with were knowledgeable about safeguarding people from harm and understood about different types of abuse that could occur and what action they would need to take if they had any concerns.

There were systems in place to ensure that staff were recruited safely, such as DBS (Disclosure and Barring Services checks, which provided any relevant criminal records information so that the service could make an informed decision about whether potential staff were suitable to work with people living there. They also obtained two references for staff.

Requires Improvement

Is the service effective?

Our findings

At our last inspection in January and February 2017 we found that this key area was rated 'requires improvement.' At this inspection in June 2017 we found that further improvements were still required.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. Mental capacity assessments were in place for day to day tasks, and showed where staff could support people by making decisions in their best interests if necessary. However, there were no assessments in relation to any specific decisions that needed to be made that could restrict people's freedoms or were needed to ensure their welfare. For example, one person had been prescribed a splint to wear, however they and staff told us this was not worn according to the health professional recommendations. There had been no capacity assessment in place to assess whether the person could make the informed decision to wear it or not and no record that the relevant health professional had been advised or consulted regarding this. We saw recorded assessments of people's capacity to use call bells, along with risk assessments that were in place. However, where two people were deemed not to have capacity to be able to use the call bell to ask for assistance, it was also recorded '[person] has been told to call out' if they require assistance. There was no evidence of assessment of their capacity to be able to call out for help, and no further care plans around this. This meant we were concerned that the MCA was not fully understood and properly implemented.

Some people had varying capacity as the mental capacity assessments had detailed that they could make some decisions, however it did not guide staff about how to empower people to make decisions, for example, regarding their communication needs. This meant that the provider could not be assured that they were making decisions in the best interests of people or giving the opportunity to make them themselves. There were no records in place if best interests' decisions were made where the person lacked the capacity to make a decision. The staff were able to tell us about the decisions they made in people's best interests. The manager and consultant had implemented a plan to provide additional training in the MCA, and to review care planning around MCA and the tools used. They had begun to work through the care plans reviewing the records with regards to MCA.

The manager had submitted DoLS applications to the local authority in relation to some people living in the home. These applications had yet to be determined by the local authority. Where people were deprived of their liberty, we could not always see that the least restrictive methods had been considered and used. We

saw two people were effectively restrained in their seats in the lounge. One person had their walking frame removed from them whilst another person was sat in a tilted chair. This meant neither person was able to mobilise independently for some time. Staff told us that these actions were in people's best interests, however, there was no documentation to support how these decisions were made in the person's best interests and if less restrictive practices had been considered. We looked at the DoLS applications for these two people and saw these measures were not included in their DoLS application. This meant we were not confident that these practices had been identified as a potential deprivation of people's liberty and additionally meant there was a risk the local authority would not have all the relevant information in order to identify appropriately if a DoLS authorisation was required.

We found during our last inspection in January and February 2017 that the provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that staff understood that that they needed to obtain people's consent in some instances, however the provider was still in breach of this regulation. We concluded that further improvements were needed to ensure that where people lacked capacity, decisions were assessed properly and made in people's best interests.

At our previous inspection in January and February 2017 we found that staff were not always competent in their roles. For example, they demonstrated poor practice with regards to moving and handling, which put themselves and people living in the home at risk. We found that the competency of staff had not been observed or checked, so the provider could not be assured they were competent. These concerns had resulted in a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found during this inspection in June 2017 that the competence of staff had improved. The provider was no longer in breach of this regulation, however further improvements were needed to ensure that competence was sustained.

The manager had implemented supervisions for staff since being in post and had completed a large proportion of these. Supervisions provide an opportunity for staff to discuss their role, training requirements and any concerns they may have. Staff told us they felt well-supported with the new manager. We looked at some records of staff supervisions and saw that they had discussed aspects of care delivery such as dignity and respect and further training needs.

The manager and consultant had also developed a plan to ensure staff went through renewed training in all areas. They had also developed, as part of their action plan, observation tools to ensure that staff carried out moving and handling, and supporting people to eat, in a safe and dignified manner. One staff member said, "I've had more training now." We saw that the manager and consultant planned to provide further training to staff in various areas relevant to the home to increase staff competence.

The consultant and the manager had reviewed the induction process which was in place. We spoke with a new member of staff, who told us about their induction. They told us that they had shadowed a more experienced member of staff prior to working independently with people, and that they were supported by the team to ask any questions. They said, "After my shadow shifts I came in and had supervision." They were able to give details of training they had undertaken with regards to areas such as mental capacity and safeguarding.

Twelve team members had undertaken refresher moving and handling training since our last inspection and we saw that staff supported people to move around safely with their walking frames, with appropriate prompting. The manager informed us that the deputy manager was due to undergo a course in delivering manual handling training imminently following the inspection in order to provide improved practical

training in this area.

We found during our last inspection in January and February 2017 that the nutritional and hydration needs of people were not being met, which constituted a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the provider was no longer in breach of this regulation.

People told us that the food was good. We saw that the manager had obtained foods with additional calories for one person who was at risk of losing weight, and we saw that the person had these throughout the day. We saw people received the support they required over the lunch time period. Where one person did not eat their lunch, they were offered different alternatives and as they refused, they were left with a sandwich which we saw that they ate later in the afternoon. We could see that efforts were in place to ensure that people who were at risk of weight loss were provided with sufficient snacks, and that people's specialist diets were adhered to.

One person living in the home told us, "I like all my food, I get choices." A relative said that the cook knew about their relative's food preferences and gave them foods they enjoyed. They said, "[Cook] comes in and gives [relative] a choice of what they'd like, [cook] gives [relative] time and doesn't rush." We saw that the cook offered people choices, however, where one person was deemed to have limited capacity to understand information, there was no provision in place such as pictures, to empower them to choose. We saw that people were offered an alternative if they did not like what was on offer at the time.

We saw that drinks were available throughout the day within the communal areas of the home, and people were also encouraged to have hot drinks throughout the day. One relative told us that they arrived at times when their relative's water jug was empty and they remained concerned that staff did not always encourage fluids enough. We reviewed daily records for three people and saw that staff had recorded regular fluid intake for people. However, not all meals had been recorded consistently. Where people's food intake was recorded, this was because they were at risk of weight loss or not eating enough. Therefore the lack of consistent recording posed a risk that the manager could not assure themselves that people were receiving enough food.

People had access to healthcare and there were healthcare professionals who visited regularly. One relative told us that they had requested for a chiropodist to visit and this had not been done in a timely manner. A healthcare professional we spoke with said that the service had improved with regards to staff knowing about people's needs, and following recommendations. However, we saw that the home had not always followed or recorded healthcare professionals' recommendations. For example, in responding to recommendations given by the dietician, physiotherapist or the occupational therapist.

Requires Improvement

Is the service caring?

Our findings

At our previous inspection in January and February 2017, we found that the service did not take sufficient steps to ensure people's dignity or promote their independence, and it was rated 'inadequate' in this area. This had resulted in a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that the provider was no longer in breach of this regulation.

At our inspection in January and February 2017, we found that staff were not always responsive to requests for support to use the toilet and this affected people's dignity. Some relatives had also told us that their relative had not always received personal care when they needed. On this inspection in June 2017, we saw that for two people who required supervision to mobilise, their care plans stated that staff should offer them the opportunity to go to the toilet regularly throughout the day. We observed communal areas for long periods at a time and saw that the two people were not offered this regularly by staff.

One relative we spoke with also told us they felt that staff did not offer their relative the opportunity to go to the toilet and expected them to use their incontinence aids. We spoke with a member of staff about this and they told us they felt there had been a culture in the home of not regularly offering people assistance to use the toilet. They said this was beginning to change as staff became more aware of people's dignity and independence. A healthcare professional we spoke with said that they had reiterated to staff the importance of recording support with personal care and continence management, as they were unsure how often this happened.

A relative we spoke with said that they had recently visited, and they told us that their relative had been left in an undignified way within a communal area of the home, with their underwear showing and their night clothes on. They felt that this was undignified for both their relative, and the other people within the home. We concluded from this inspection that improvements were still required in order to promote people's dignity and independence.

One person living in the home said, "The carers are lovely, they're brilliant." A relative gave us an example of staff being kind to their relative, "They all welcome [relative] back and make quite a fuss of [relative] when they arrive home from the hospital. They'll give [relative] a cuddle and sitting them down in their chair and talk." Two members of staff we spoke with told us that they felt that not all staff had a caring attitude towards people. One member of staff said this was improving with changes in staffing across the home. We spoke with the activities coordinator, who gave us an example of building a relationship and communicating effectively with one person, who was living with dementia. They told us, "I've made a connection with [person]. I can go to them and just be calm and hold her hand." We saw that staff joked with some people in an appropriate manner, and interacted with them at times. However, we also saw some missed opportunities for staff to interact with people in a meaningful way. One member of staff felt that the home was moving from a highly task-led approach to a more compassionate one, and that this was still an area for improvement.

One relative we spoke with told us they felt that the care staff did not always adapt their communication

effectively with their relative who was living with dementia. They said this resulted in their relative refusing personal care. We noted that the manager had identified a further need for practical training in dementia as part of their action plan and this was due to be implemented shortly following our inspection.

A relative we spoke with said that they had been consulted by the manager and involved in reviewing their relative's care since the new manager had been in post. They said they had gone through aspects of the care plan that had not yet been planned for with the new manager. They said that staff contacted them when appropriate, "They're on the phone as soon as there's anything wrong."

Requires Improvement

Is the service responsive?

Our findings

At our last inspection in January and February 2017, we found that the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and it was rated 'inadequate' in this area. This was because people did not receive care that was centred on their individual needs, and there was no support for people to maintain their hobbies and interests. At this inspection, whilst some significant improvements had been made, further improvements were still required to individualised care planning, wand we found that the provider was still in breach of this regulation.

We found that when people's care needs changed their care plans were not always updated and actions were not always taken in response. For example, we saw that one person had been recommended a certain sling from a healthcare professional in December 2016 to assist them with moving around safely and comfortably using equipment. At the time of our inspection this was still not in place. We also saw that healthcare professionals had advised one person to wear a splint for seven hours per day on their upper limb. When we asked staff about whether the person was wearing this and for how long, we received conflicting answers. One staff member told us they wore it for a couple of hours during the day, and one said they wore it a couple of times a week. On the day of our inspection the person was not wearing this splint, and there was no guidance or mention of this in the person's care plans. Two of the care staff we spoke with told us that the person found the splint uncomfortable, however there was no record of this. It was not clear how staff had responded to this in a way that ensured the underlying need for the splint was addressed. We saw a third person had been given daily exercises from their physiotherapist to improve their mobility, for which they required staff support. The manager said that the instructions were kept in the person's room, and that some care staff completed them with the person. However there was no record of these having been completed. We were not confident that people received personalised care which met their needs.

We also found that there was inconsistent information within the care plans we looked at, and this was also reflected to us by a healthcare professional who had recently reviewed people living at the home. As care plans did not always record people's individual needs, people were at risk of receiving inappropriate care. The healthcare professional we spoke with also felt that the home did not always supply the equipment for individuals based on their needs. They gave an example of one person who was mobile having a pressure relieving mattress, and another who was cared for in bed and at risk of pressure areas, having a normal mattress.

A relative we spoke with told us that they felt staff did not always prompt their relative in an effective way for them to participate in personal care. They said this meant that their relative did not always receive the care they felt was needed and in the person's best interests.

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

We noted that the reviewing of all care plans had been identified as a need within the action plan and that this work was in progress. The manager told us that they had not yet reviewed all of the care plans. We

looked at one care plan that the manager had reviewed and updated and found that the information within it was current and accurate, with appropriate guidance in place for staff to meet the person's individual needs and preferences. The consultant and manager planned to complete all care plans by the end of June 2017, as well as implementing a new audit tool to help ensure care plans were accurate and kept up to date.

During our previous inspection in January and February 2017, there were no care plans to guide staff how to support people with their mental health. There were no assessments to identify what might trigger behaviours that challenged so that staff could act to reduce people's concerns or anxieties. We found during this inspection in June 2017 care plans had been developed for two people's mental health and emotional needs, with guidance in place for staff on how best to reassure people according to their individual needs. There was an activities co-ordinator in place, which had led to significant improvements in supporting people to maintain hobbies and interests. A relative told us, "The activities lady who's there now goes in and paints [relative's] nails and chats with her and things." We spoke with the activities coordinator and they told us about ways in which they supported people to engage in hobbies, interests and interaction. An example of this was that they had started a cooking group. They gave an example of how people enjoyed this, "[Person] was happy and smiley throughout the whole thing. [Another person] was very engaged." They explained that they adapted activities to what people's preferences were, "Some people just want to have a chat. [Another person] likes to go for a walk." They had also supported some people to go out to the seafront and get ice cream or fish and chips. The activities coordinator showed us personalised invitations they had made for people to invite them to activities in order to encourage people to engage with them. They also told us that staff had improved in interacting with people due to the culture moving away from a task-led approach to care. One care staff member told us, "Everybody [staff] tries to spend more time with the people."

The service had a complaints process in place and we found that written complaints had been responded to. One relative told us that they had confidence in the new manager and that they felt any issues were responded to appropriately. There was a meeting in place for people who lived in the home and their relatives, where they were invited to discuss the home and any issues they had.

Inadequate

Is the service well-led?

Our findings

At our last inspection in January and February 2017, we found that the service was not well-led and it was rated 'inadequate' in this area. This was because the systems in place were ineffective in identifying issues within the home, including those we identified at our last inspection. Since our last inspection in January 2017 we remained in regular contact with the new manager and the external consultant employed by the providers. We were aware that they had an action plan in place in order to make sustainable improvements to the running and safety of the service. At this inspection in June 2017 we found that improvements regarding the development of audits and systems to drive improvement were not fully in place. This meant the provider remained in breach of this regulation and remained inadequate in this area.

At this inspection we found the provider remained in breach of Regulations 12, 9, 11 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In addition, the provider had consistently failed to make and sustain improvements where non-compliance and breaches of regulations had been identified during previous inspections. This meant the provider had failed to take sufficient action to maintain standards in the home and ensure the service was compliant with these regulations. This meant the systems in place had not yet been effective at driving the improvement required.

The manager and external consultant told us there were no current audits across the home as they had been working on putting in place systems, such as a new care plan format and additional training for staff, prior to carrying out any audits. They had also been focussing on improvements to staff performance. This meant areas such as care plans or the home environment had not yet been audited. This meant not all the issues we identified at this inspection had been identified and that subsequent action to make improvements had not been taken. For example, the manager was not aware or had not taken action to address a number of instances where further information needed to be provided to health professionals or where equipment for people needed to be in place.

Further oversight was needed with regards to the daily records filled in by care staff. No audit of these was yet in place, and we saw that where staff recorded topical creams, food, fluid and repositioning, this was not always consistent. Therefore there were not always complete and accurate records in relation to each person. A healthcare professional we spoke with said that this remained a concern for them as they were not always accurately able to see how the people they reviewed had been supported.

We found that governance systems were lacking and required in relation to a number of areas in the home. For example, although the manager was increasing their oversight of the administration of medicines, and reporting concerns, further improvements were needed to this in order to ensure that medicines were managed safely. Not all errors had been logged and reviewed immediately, and there were no protocols in place for 'as required' medicines. We found that further auditing and reviewing of the records and guidelines with regards to medicines were needed.

Whilst the manager and external consultant were able to show us some new systems they had developed to monitor and make improvements in the home these were not yet in place. This meant we could not be

confident that an effective system was in place to ensure good governance of the home. In addition this meant we were not able to judge the sustainability and effectiveness of the governance systems.

This constituted a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since our last inspection a new manager was in place in the home, who was in the process of registering with CQC. We found some improvements had been made. The manager had analysed incidents and accidents and taken action when needed. The manager had notified CQC and the local authorities of any safeguarding concerns within the home. The manager had also been open and transparent regarding any issues in the home ensuring regular communication with appropriate authorities with regards to actions they were taking to overcome any problems within the home and ongoing issues.

We found that there was an improving culture within the home. A relative told us, "We visit every day and we think it's improved very well." The manager had taken appropriate disciplinary action to challenge poor practice when needed which had helped to improve the culture within the home. Two members of staff we spoke with said that recent changes had been helpful for the morale of the home, and we found that the atmosphere was more positive.

We received mixed views about whether the manager was visible throughout the home and had spent time with people living in the home. One person said, "I've no idea who the manager is." A relative we spoke with also felt that the manager was not always visible throughout the home. However, another relative said, "If you want to go in and sit and talk to the manager they're there, very accommodating."

One member of staff said, "We feel more supported." All of the staff we spoke with said that they found the manager supportive and felt that improvements had been made to the running of the home. The relatives we spoke with as part of this inspection had mixed views regarding their confidence in the home, however they had seen some positive changes. One felt that concerns were not always dealt with in an effective and timely manner, whereas one felt that this had improved and that concerns were dealt with properly.

The manager was actively seeking the views of people using the service and their relatives through offering regular meetings for those living in the home and their relatives.
The manager was supported in creating and working to the action plan created, by an external consultant who was employed by the providers. We found that the action plan had led to significant improvements in the way people were cared for and had been effective in identifying problems.

One member of staff told us the director who visited the home at times was approachable, supportive, and ensured staff had the correct tools and resources to do their job. An external consultant had been employed by the providers, as the provider was not local and therefore not able to visit the home regularly. The external consultant and the manager told us that they felt supported by the directors and had regular communication with them.

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 The provider had failed to ensure that the care people received was appropriate, met their needs and reflected their preferences. Regulation 9 (1) (3) (a)(c) and (d)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Where people lacked the mental capacity to make a specific decision the provider had not acted in accordance with the requirements of the Mental Capacity Act 2005. Regulation 11 (3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not always appropriately managed and recorded, with the correct guidance and risk assessments in place where needed. Regulation 12 (1) (2) (g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to implement systems and processes that effectively assess, monitor and determine risks to people or maintain accurate, complete up to date records. Regulation 17 (1) (2) (a) (b) and (c)