Mariposa Care Limited

Cedar Lodge

Inspection report

South Road
Norton
Stockton On Tees
Cleveland
TS20 2TB

Tel: 01642530750
Website: www.executivecaregroup.co.uk

Date of inspection visit:
10 January 2017
12 January 2017
03 February 2017

Date of publication:
03 May 2018

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?	Requires Improvement

Summary of findings

Overall summary

We inspected Cedar Lodge on 10, 12 January and 3 February 2017. This was an unannounced inspection which meant that the staff and registered provider did not know that we would be visiting.

We completed the inspection as concerns were raised by Stockton local authority, South Tees Clinical Commissioning Group and some relatives about the operation of the home. The inspection was also prompted. in part by a notification of an incident following which a person died. This is subject to an investigation and as a result of this we did not examine the circumstances of the incident. However the information shared with CQC about the incident indicated potential concerns about the management of the risk of choking. The inspection examined those risks.

We last inspected the service on 29 June and 5 July 2015 and found there were gaps in staff training and action needed to be taken to ensure all of the relevant checks were made of the building and equipment. We found that the home was breaching regulation 15 (Safety and suitability of the premises) and regulation 17 (Good Governance). We rated Cedar Lodge as 'Requires improvement' overall and in four domains.

In between our inspection visits, on 1 February 2017, the registered provider changed their name from Dolphin Property Company Limited to Mariposa Care Limited.

Cedar Lodge is a two storey building situated in the village of Norton, Stockton on Tees. The service is a modern purpose built building, which is registered to provide residential and nursing care for up to 54 people. The service provides nursing care for older people and nursing care for people living with a dementia. It is close to the village high street, local shops and other amenities that the community offers. When we commenced the inspection 39 people used the service.

The home has not had a registered manager since November 2016. 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. Mariposa Care Limited had recruited a person to be the registered manager.

We found that since November 2016 the service had been heavily reliant on the use of agency staff, particularly nurses for the top floor, and although action was being taken to recruit sufficient nurses this remained the case. The registered provider was ensuring there were sufficient numbers of nursing and care staff deployed at the home. They tried to ensure the same agency staff came to the home so there was some consistency but this was not always achievable.

The two floors operated very differently and like they were not a part of the same home. The downstairs unit for people living with dementia who required nursing care were fully staffed and this had led to the team addressing issues on the unit as they arose. This had not been the case on the upstairs nursing unit for older

people.

The instability in the management team and high turnover of staff had led to the training objectives not being met and staff had not had supervision since the summer.

Every day we visited we found the home to be clean and infection measures such as access to antibacterial gels, aprons were in place. We heard from other visiting healthcare professionals that this was not always the case when they went to the service.

We found that overall the administration and management of medication on the downstairs unit was in line with people's prescriptions. However action needed to be taken to improve this on the upstairs unit. We found the nurses who had recently been recruited for the upstairs unit were in the process of critically reviewing medication practices on this unit and taking action to make improvements. .

People's care records were cumbersome, extremely difficult to navigate and we often found it difficult to get a sense of the person's needs. Staff needed to improve the accuracy of their recording when monitoring food intake, as they merely recorded menu choice and not the specific meal given such as adapted diets for people who required a soft or pureed diet.

We found that over 50% of the people who lived at the service needed either a soft or pureed diet. However the menu design did not assist the catering staff to meet the demand. The majority of meals were bread, pasta or pastry based, which cannot be readily turned into soft or pureed foods. In order to make the meals into the consistency needed for the adapted diet the catering staff were either combining all the ingredients into one or offering soup. This meant people either lived off soup or had unappetising bowls of a coloured material. We discussed this on the first day of the inspection and when we returned the regional manager told us that their head of catering had visited the staff to show them how to puree each part of the meal separately. However we saw the catering staff continued to combine it all together rather than puree each part of the meal.

Two kitchen staff worked each day and we found that this was insufficient numbers to give them time to ensure the adapted diets were provided.

Since October 2016 representatives from the senior management team and the internal quality compliance team had been working at the home. They had identified the issues we found and were actively putting measures in place to resolve these issues. They had also identified a number of other issues such as broken furniture, storage of equipment that was no longer needed, the need for permanent staff, staff not addressing peoples' personal care needs appropriately and taken action to deal with these matters.

We heard from visiting community matrons that since September 2016 they had observed marked improvement in staff practices and found that people who had fungal conditions, skin was cleaned more frequently. This had led to the conditions improving and being resolved in some cases.

The interactions between people and staff were jovial and supportive. Staff respected people's privacy and dignity. People told us they felt the care staff did a good job. People's rights under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) were protected but records needed to be improved.

Safeguarding and whistleblowing procedures were in place. Staff reported concerns but needed to take ownership for reporting matters to the local safeguarding team. The registered provider's recruitment processes minimised the risk of unsuitable staff being employed.

A complaints process was in place and any concerns were investigated by the regional manager or the quality compliance team.

We identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the registered provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Insufficient skilled and experienced staff had been on duty to meet people's needs.

Action was needed to improve the care assessments and record keeping.

Staff were knowledgeable in recognising signs of potential abuse and reported any concerns to senior staff.

Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

People lived in a clean and well maintained home.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff needed to update their skills through regular training and supervision.

The choice of nutritious food needed to be improved for people who required a soft or pureed diet.

People's consent was sought at all times. Staff followed the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguard authorisations.

Peoples' on-going healthcare needs were managed and staff were working with healthcare professionals in the community.

Is the service caring?

Good

The service was caring.

Staff knew people really well and used this knowledge to care for them and support them in achieving their goals.

Staff were considerate of people's feeling at all times and always

treated people with the greatest respect and dignity.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's needs were assessed and care plans were produced but these were confusing, inaccurate and difficult to use.

We saw people were encouraged and supported to take part in activities.

The people we spoke with were aware of how to make a complaint or raise a concern

Is the service well-led?

Requires Improvement

The service was not always well-led.

The registered provider was developing better systems for assessing and monitoring the performance of the service.

Although the registered provider was taking action to improve the operation of the home further work was needed.

There was no registered manager.

Cedar Lodge

Detailed findings

Background to this inspection

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

The unannounced inspection was carried out on 10, 12 January and 3 February 2017. On the first day the visit commenced at 6am so we could meet the night staff and look at nightshift practices.

The inspection team consisted of two adult social care inspectors and two experts by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed information we held about the service, including the notifications we had received from the registered provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

The registered provider completed a provider information return (PIR). 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 contacted the relevant local commissioners, the local safeguarding team and other professionals who worked with the service to gain their views of the care provided. We also spoke with healthcare professionals who were visiting the service.

During the inspection we spoke with nine people who used the service and five relatives. We spoke with the regional manager, peripatetic manager, a quality and compliance officer, five nurses, eight care staff, the cook, a domestic staff member and maintenance person. We looked at six care plans, medicine administration records (MARs) and handover sheers. We also looked at staff files and records relating to the management of the home.

Requires Improvement

Is the service safe?

Our findings

At the last inspection we found the external maintenance checks of fire-fighting equipment were up to date. Fire checks [by the service], had been carried out by the maintenance person and fire drills had been undertaken. However the fire record book had not been reviewed every month by the management team. We found that the shower room and staff room doors [on opposite sides of the corridor] had been wedged open together [door handles interlocked] which meant that the fire door at the end of the corridor was blocked and could not be accessed quickly in an emergency.

We found doors which should have been locked were accessible to people, this included the sluice and cleaning cupboard which contained products deemed hazardous to health. Some certificates had expired and we could not be sure if some of the premises and all equipment were safe for use.

We also made a recommendation that the service consider the current guidance on managing medicines that need to be administered 'when required' and take action to update their practice accordingly. We also recommended action was taken to ensure infection control and prevention procedures were kept up to date.

At this inspection we found that the previously identified issues had on the whole been rectified.

We saw evidence of Personal Emergency Evacuation Plans (PEEPs) for all of the people living at the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. However we found that PEEPs were generic and did not provide enough information. One PEEPS stated a person was 'mobile and would require reassurance and to walk to an area of safety'. However, this person required one to one support and was unable to mobilise safely without the support from staff so the PEEP was inaccurate.

We looked at the medication practices on both units and found marked differences.

On the downstairs unit a consistent team of nurses were in post and we saw that they administered medication in a timely manner and in line with the prescription. Adequate stocks of medicines were securely maintained to allow continuity of treatment. We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly. A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered.

We saw where people who lacked capacity to make decisions received medication covertly (without their knowledge) action had been taken to ensure this action was agreed via a best interest decision. However we highlighted to the nurse that if they crushed tablets they needed to seek guidance from the pharmacist as some tablets could not be crushed. Also we saw that a pharmacist had suggested alternative liquid forms of medication for one person but they continued to receive the tablet form.

On the top floor unit we found administration signatures on the MAR charts did not match with the quantities of medicines left to be dispensed. The home had a system of recording the medicines left following each administration. The countdown figures did not tally for instance one person was prescribed Laxido twice a day and on 23 January 2017 it was recorded that 30 were in stock and the MAR recorded that 22 were given but there were 26 in stock. Another person was receiving Mirtazapine 25mg at night and on 28 January 2017 there were 22 tablets recorded as left. The medicine was signed as given for every entry on the MARS but on 2 February 2016 there were 19 tablets left instead of the 17 if all were given. Thus we could not be assured that people were receiving their prescribed medication.

On two of the three days we inspected, agency nurses were on duty. Each of these nurses had been to the service infrequently or were completing their first shift. We observed their practice and found both nurses were still giving morning medication out at 11am and then started giving the lunchtime medicines at 1pm. The late finish of the morning medication round meant that at times people would be receiving medicines without a sufficiently long enough gap. For instance Paracetomol must not be given within four hours of the last dose. We discussed this with the nurses who told us they did try to give medication with a required gap towards the end of the medicine round. However we observed that it only took an hour to complete the lunchtime medicine round so therefore it would remain a possibility that sufficient gaps were not provided.

When 'as required' medicines were given these were not always recorded on the back of the MAR, as detailed in the medicines policy. This meant staff would be unaware of why they had been administered and if they had been effective, this is an unsafe practice. Also there were not body charts in place to record where medication patches such as fentanyl had last been placed. Patch medication needs to be rotated and for some, the same site cannot be used within the next fortnight so it is imperative that staff have this information.

We looked at the guidance information kept about medicines to be administered 'when required'. Arrangements for recording this information were in place for some people however some of these records were not accurate. For example we looked at one record for a person who had 'when required' guidance in place for a medicine prescribed for antibiotics; however this medicine was no longer prescribed on their MAR.

We looked in the diary and saw an entry querying the use of opiates for one person with the GP and being instructed not to administer their fentanyl patch until further clarification was sought. We could not find any reference to this instruction in the handover sheet or the person's care record.

We looked at how the registered provider monitored and checked medicines to make sure they were being handled properly and that systems were safe. We found that an audit had been carried out in October 2016, which had picked up these issues and more. Areas for improvement were identified on both floors. We saw that action had been taken to rectify the issues and this had occurred on the downstairs unit but the lack of permanent nurses upstairs had hindered them improving practice upstairs. The quality compliance manager discussed at length the action they were taking to ensure the same improvement occurred on the upstairs unit.

A new permanent nurse had recently come into post on the upstairs unit. We discussed medication issues with them and found they had a good understanding of the areas for improvement and had started to complete regular checks of the medication. They had put measures in place to review the administration of medication and make sure this was in line with peoples' prescription. They were working three days a week and there was a permanent night nurse working on the unit. We heard from both of them how they were working collaboratively to ensure the administration of medication improved.

Medicines which required cold storage were kept securely in fridges within the medicines store rooms. Staff knew the required procedures for managing controlled drugs. We saw that controlled drugs were appropriately stored and signed for when they were administered.

There was inconsistency in the way risks to people were managed. Some people had appropriate plans of risk assessments in place such as plans for ensuring action was taken to manage pressure area care, malnutrition and choking. Whilst for other people the risk had not been identified such as potential overdose from having opioids above the recommended dose or the assessments had not been updated when individual's needs changed. The risk assessments we looked at had not always been reviewed and updated on a monthly basis and some had not been evaluated since November 2016.

Charts were used to document change of position and food and hydration but action was needed to ensure these were clearly and accurately maintained. We found that where people received adapted diet such as soft or pureed foods this was inaccurately recorded on their food charts. On the first day we saw that food charts recorded that people had eaten, for instance a full cooked breakfast but they were on a pureed or soft diet. We observed people receiving adapted diets over that day and the following two days we visited. We saw that people had the appropriate diet but staff when recording this were listing what had been their menu choice and not making it clear that the meal had been soft or pureed. We discussed this with the regional manager and by our third visit staff were starting to record accurately that the meal was soft or pureed.

This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that personal protective equipment (PPE) was available around the service and staff could explain to us when they needed to use protective equipment. Ample stocks of cleaning materials were available. We found the home was clean when we visited but heard from other visiting healthcare professionals that this was not always the case. They also found that staff did not always have PPE or use it if available. The regional manager was aware of the inconsistency of practices and was taking action to address the concerns.

People we spoke with had mixed views about the home. Most people told us they were pleased to be living at the service. They told us there were generally enough staff on duty to care for them safely but on occasions due to staff sickness this could change. Some people found more action was needed to oversee the whereabouts of other individuals. They described occasions when people had entered their bedrooms uninvited and this had distressed them.

One person said, "Staff are really nice, can't fault the cleaner she is wonderful and very helpful." Another person said, "Two weeks ago there was more staff but this week there has only been one nurse and one carer during the night." Another person said, "The service I receive is 1st class, some are better than others, but overall they are very good." Another person said, "I like my room but live in fear and can't relax but I don't want to move upstairs." Another person said, "I have been here a couple of years. Six months ago there not enough staff were on shifts but this is starting to improve and there are more carers. I am reassured by this however, I don't feel the nurses know enough about diabetes and that there are different levels of care due to the use of bank workers and agency staff." Another person said, "I don't think there is enough staff at night."

Relatives also had mixed views about the service with some being very satisfied whilst others were unhappy with the care and treatment being delivered.

One relative said "I feel as if there has been an improvement since October 2016. The building is clean, clutter free, no smell of urine and the girls are doing the laundry and cleaning now." Another relative said, "I don't feel there are always enough staff on duty." Another relative said, "There are not enough staff on duty and many are temporary so do not have an understanding of [relative's name] needs. Her food and fluid intake is not monitored accurately and I am not confident that she is being positioned correctly. Also, we have noted some unhygienic practices that need to be addressed."

We found information about people's needs had been used to determine the number of care staff needed to support people safely. Through our observations, review of the rotas and discussions with people and staff members, we found that generally there were enough care staff to meet people's needs. For the 39 people who lived at the service there were two nurses, one healthcare assistant (a person trained to complete dressings and basic nursing care) and eight care staff during the day plus two care staff providing one-to-one support also during the day. Overnight there were two nurses, four care staff. In addition to this a regional manager and peripatetic manager were on duty during the week and a quality and compliance officer had been working at the home.

We noted that the service had a high sickness level and lack of permanently employed nurses. Staff told us that although action was taken to provide sufficient cover, at times staff rang in at short notice. On the first day of our inspection we found this had been the case overnight as the second nurse had rang in sick. The nurse told us that the regional manager had attempted to get cover but this could not be arranged so they had put additional care staff on duty. The nurse was a permanent member of the staff team so was fully aware of people's care needs across the home but recognised this would be more of an issue when agency staff were covering the shifts. We discussed this with the regional manager and found that over recent weeks three nurses had been employed to work at the service and more were being recruited plus action was being taken to ensure sufficient care staff were deployed. They expected to have a full complement of staff in place by the end of March 2017.

Prior to our visit an infection prevention and control nurse has visited the home to review practices and had been concerned that staff were not adhering to the appropriate guidance. Subsequent to this visit the registered provider had begun to tackle this and monitored staff practices. All areas we observed over the three days were very clean but other visiting healthcare professionals, over the same time period had noticed issues. They had found hand gel dispensers were empty and the home was not clean. We discussed cleaning practices with the domestic staff who acknowledged there had been some slippage in cleaning when staff were on holiday but they had subsequently taken action to ensure the home was thoroughly cleaned.

We saw maintenance records which confirmed that the necessary checks of the building and equipment were regularly carried out. Equipment such as hoists had been regularly serviced. The home had an up to date gas safety certificate and comprehensive COSHH (control of substances hazardous to health) assessments were carried out six monthly. Portable appliances testing (PAT) had also been completed on all relevant electrical items. These checks helped to protect the health and safety of the people using the service.

Staff were able to clearly outline the steps they would take if they witnessed abuse and we found these were in line with expected practice. We asked staff to tell us about their understanding of the safeguarding process. Staff were able to describe how they ensured the welfare of vulnerable people was protected through the organisation's whistle blowing [telling someone] and safeguarding procedures. However, they needed to become more confident about sending safeguarding documentation to the local authority team rather than relying on the manager to do this. The regional manager was addressing this issue.

The registered provider confirmed safeguarding and whistleblowing policies and procedures were in place. We saw these were last reviewed in August 2016. Staff had received safeguarding adults training and safeguarding training was planned for 2017.

We saw that accidents and incidents involving the people who used the service or staff members were recorded appropriately. Falls were monitored and staff outlined how they had used the information to assist them to look at measures such as pressure mats that could be put in place.

We looked at the recruitment records for six staff members. We found recruitment practices were safe and relevant checks had been completed before staff had worked unsupervised at the service. We saw evidence to show prospective staff had attended interview and the registered manager had obtained information from referees. A Disclosure and Barring Service (DBS) check had been completed before they started work in the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also minimises the risk of unsuitable people working with vulnerable adults.

Requires Improvement

Is the service effective?

Our findings

At the last inspection we found that all staff had not had an appraisal in 2014. We could see that the acting manager had put an appraisal planner in place to ensure that all [57] staff received their appraisal before the end of the year but only 12 staff had received an appraisal at the time. We recommended that the timescales for completing appraisals were reviewed.

We also made a recommendation that the mental capacity assessments always show the people who have been involved in this decision making process.

At this inspection we found that the previously identified issues had not been fully addressed.

We noted that the matrix suggested there insufficient staff with first aid at work qualifications. It showed only one person had a valid first aid at work qualification and only one person had completed emergency first aid in the last year. However, we found from a review of information the matrix was incorrect and there were sufficient qualified first aiders to cover each shift.

The regional manager discussed the problems they had experienced since July 2016 ensuring all the refresher training was completed. There had been issues with the training provider and a new one had to be sourced. The staff we spoke with told us that they were supported to access mandatory training and recognised staff required their annual refresher training. Staff were able to list training that they had received over previous years such as moving and handling, health and safety, infection control, meeting people's nutritional needs and safeguarding, amongst others. We saw from the training matrix that the majority of staff had attended a range of training such as customer care, food safety level 2, health and safety, moving and handling, safeguarding and advanced dementia care.

The refresher training was due and the nursing staff had not completed competency assessments around their safe handling of medication since 2015. The regional manager was able to show us a range of training that was planned and we found that this programme had started to be implemented.

Staff had been supported with supervision and appraisals. However, supervisions had not been consistent. We looked at four staff files relating to supervision and appraisal. We could see that staff had received regular supervisions until July 2016 and no further supervisions had been completed since that date. The regional manager accepted this was an area they needed to prioritise, as over recent months supervisions had not been occurring.

When new staff commenced work at the home they were provided with access to the Care Certificate. The Care Certificate sets out learning outcomes, competences and standards of care that are expected. The registered provider had ensured the Care Certificate formed the basis for a comprehensive induction when new starters commenced work.

In terms of food, choice and variety the people we spoke with had very mixed views with some finding the

food good but others describing it as "disgusting", "Bland" and "unpalatable."

One person said, "When I first came here the food was really nice but now the soup is horrible, there is very little choice but the chef does try to help." Another person said, "The food is really nice, normally get a choice of two meals."

Another person said, "I have an egg allergy and get very little choice. My allergy doesn't seem to be taken into account, for example, one day it was scrambled egg for dinner and omelette for tea."

One person who had resided in the home for ten years said, "The food is disgusting, bland and tasteless, the same thing over and over again. They never have decent meat. I would love it if there was more home cooking, more grills and less stews."

A relative said 'The choice of food had not improved. There are no alternatives available if when mam doesn't like what is on offer."

We found that over 50% of the people using the service required either a soft or pureed diet.

We saw that Malnutrition universal screening tool (MUST) tools, which are used to monitor whether people's weight were within healthy ranges were being accurately completed. We found that people were at risk of malnutrition and action was taken to contact relevant healthcare professionals such as dieticians. But the adapted food for soft and pureed meals was difficult to fortify and some people were having soup for each meal.

Staff told us that the provision of appropriate adapted food needed to be reviewed, as all of these meals looked unappetising. They discussed how they would repeatedly send meals back but it never looked any better. We discussed the catering arrangements with the cook. They acknowledged the current difficulties they had converting the menu choices into palatable options. They told us that the gluten in pasta, bread and pastry made it impossible to blend down to soft and pureed consistency. Cook told us that they had asked if the menu could be changed but this had yet to occur so they were often faced with just having to offer egg based meals or soup. This meant people did not have an adequate diet and posed risks around them becoming malnourished.

We discussed with the cook the fact that the pureed meal was blended together and how this meant it appeared very unpalatable and gave no opportunity for the individual to exclude foods they did not like. The cook accepted this was a problem and told us that in 2015 they had purchased moulds to assist them make pureed foods look like the item it was intended to be. For instance fish shaped moulds that when used would make the item appear to be a fish. However, the cook told us that, although they had asked, no training had been provided around how to use the moulds so these had remained unused.

This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also saw that a cook and kitchen assistant were on duty each shift and queried how this number of staff was sufficient to ensure that adapted diets were completed in a timely manner and presented in ways that made them look appetising. We raised this with the regional manager on the first day and they assured us action would be taken to ensure improvements were made to the soft and blended diet. On the third day of our visit we heard that the regional head of catering had visited the home and offered support. However, we saw that the menu had not changed and the pureed meal continued to be blended all together.

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

We reviewed the care provided to people who were fed via a percutaneous endoscopic gastrostomy (PEG). A PEG is a tube which is passed into a person's stomach to provide a means of providing nutrition when oral intake is not adequate or possible. We found that the care plan referenced the type of feed, how to give the feed and amount to be given in each person's care records. However for one person who now takes food orally as well as via PEG it was unclear from the plans and MAR how staff would determine the PEG feed was required. At times the daily records showed this person felt nauseous because they had eaten and then had a PEG feed. We discussed this with the regional manager who acknowledged that without the clarity around determining when feeds were not needed it was difficult for agency staff to make a decision not to give a feed. They undertook to rectify this immediately.

People told us that they found the staff were helpful and ensured their needs were met.

One person said, "The girls are wonderful, one in particular [name of staff member] takes me out on her day off and we sometimes go shopping and the kitchen staff are very good." Another person said, "The cleaners are really nice, they'll do anything for you and the agency staff always treat me with dignity. All of the staff are my friends." And another person said, "The service I receive is 1st class, some are better than others, but overall they are very good and I've built up a good relationship with them, they have a good sense of humour."

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of the inspection, when appropriate, people were subject to DoLS authorisations. People subject to DoLS had this recorded in their care records and the service maintained an audit of people subject to a DoLS so they knew when they were to expire. The nursing staff were aware of the person's right to contest the DoLS and apply to the Court of Protection for a review of this order.

Mental capacity assessments were available within the care records we looked at, however at times they were not decision specific and best interest decisions were not always recorded within care plans. Yet other best interest decisions were clearly recorded. We pointed this out to the regional manager at the time of the inspection who told us they had identified this training need and had sourced additional support for staff completing these assessments.

The staff we spoke with had a good knowledge and understanding of people's care needs. However the care records, although very full, were extremely difficult to navigate and it has hard to find relevant information. We struggled to identify individual's primary needs or the action being taken to meet these in records, as much of the most pertinent information was at the back of the folder. We had to traverse some 20 to 30 care plans and risk assessments first before getting to these really relevant documents. We questioned whether

the agency staff and care staff had time to read and digest this information. The agency nurses we spoke with told us they relied heavily on the handover information as it was too difficult to find the information quickly in the care records.

We saw records to confirm that people had access to the dentist, optician, chiropodist, dietician, their doctor and other health and social care professionals as needed.

We spoke with a community matron who told us that since September 2016 they had seen improvements in the care staff delivered. The community matrons are experienced nurses who work closely with GPs, District Nurses and other community based services such as therapists to help people stay as well as possible, for as long as possible. The matron told us they visited daily and saw that staff attention to individuals' personal care needs had improved, which in turn had improved the person's overall health. They told us the staff made appropriate referrals to them, such as highlighting when people had lost weight, which they ensured were followed up.

Good

Is the service caring?

Our findings

All of the people we spoke with felt they were well cared for and that staff were very respectful of their privacy and dignity. People told us all of the staff were kind and thoughtful.

One person said "[Name of a staff member] is excellent and [Names of two other staff members] are very good and they are very helpful and help me to get changed." Another person said, "The new ones are not as experienced but are coming on and are very pleasant." Another person said, "I'd rate the care staff as 8 or 9 out of 10. They are good and treat me as a normal person. They are very caring." And another person said, "I have been here a couple of years and I am very well looked after. The carers are really nice and respect my privacy and 'if I am poorly I can just press the buzzer and the staff are here is seconds."

Relatives told us they thought the staff were very kind. One relative said, "I always find the staff are pleasant and seem to know people well."

The staff explained how they maintained the privacy and dignity of the people they cared for and told us that this was a fundamental part of their role. We saw that staff knocked on people's bedroom doors and waited to be invited in before opening the door.

We found the staff were warm and friendly. Staff were very respectful. All of the staff talked about the people who used the service being at the centre of the care. Staff showed genuine concern for people's wellbeing. It was evident from discussion that all staff knew people very well, including their personal history, preferences, likes and dislikes. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs. People were encouraged to remain as independent as possible.

During the inspection we observed positive interactions between staff and people who used the service. One person was plaiting a staff member's hair. Staff were also appropriately affectionate with people and offered reassuring touches when individuals were distressed or needed comfort.

We visited the service early in the morning and found that people were able to get up when they wanted. One staff member told us, "This is the persons' home so it is only right that they get up when they want."

The agency staff we spoke with told us they found the staff were always very attentive and made sure people got the right care. They found the staff were inclusive and actively supported them, which gave the agency staff confidence that they were meeting each individual's needs properly.

We saw that information about advocacy services and when needed the registered manager accessed these services.

The environment was designed to support people's privacy and dignity. On the downstairs unit for people living with a dementia there was nothing available to help people navigate to their rooms or to stimulate a person living with a dementia occupy themselves such as fidget muffs, doll therapy or activity boards. The

regional manager told us the registered provider had recognised this gap in practice and action was being taken to make the environment dementia friendly.

Requires Improvement

Is the service responsive?

Our findings

At the last inspection in 2015 and the July 2014 inspection we noted that there was limited opportunity for people to engage in activities. There were activity timetables on display at the service; however on both days of our inspection we did not see any planned activities taking place. We spoke with the activities co-ordinator who told us that activities often changed due to the demands in the service or because people chose to do something different.

We also noted at the last inspection that care records were inconsistently completed. For example, oral healthcare assessments for four people had not been completed since January 2013. We spoke to the acting manager and they told us that these assessments were no longer completed and would take action to remove these records from people's care plans. We found a continence assessment for one person had been carried out in October 2014 and had not been completed since. Fluid balance charts were not being completed appropriately so either staff miscalculated the amount of fluid someone needed or did not take action when people had not consumed the required number of drinks.

At this inspection we reviewed the care records of six people. Each person had a series of care plans and risk assessments that detailed each aspect of their daily living needs. These were all in place for everyone irrespective as to whether they needed support in this area or not. The design of the care records system had led to copious documents being produced. It was difficult to find current information or to get a sense of each person's needs. Also as the documents were so cumbersome staff were not updating them or adhering to the guidance.

All the people we looked at had care plans for continence, personal care, and skin integrity. The information in these could be contradictory and alongside the repetitive generation of overlapping care plans staff had inappropriately completed risk assessments for each of these areas. For one person we saw multiple care plans for wound care but struggled to determine what the current treatment rationale was as each care plan provided different information about the treatment.

In another instance a specialist nurse had completed an assessment for one person. This stated that due to concerns around female staff providing support to the person, supporting staff must be male. Throughout the inspection we saw that the person was supported by male staff during the day but female staff had been use during the night.

On the downstairs unit some peoples' weights were last record in November 2016. For one person, staff had been proactive and contacted the dietician in a timely manner when the person had suffered weight loss. The dietician had recommended that this person received three times 40mls calogan extra shots per day. However, information provided by the dietician had not been updated in the nutrition care plan.

One person had moved bedrooms but their care records indicated they remained in the original room. Other people had four to five admission sheets and relevant information about their needs or if they had capacity were at the back of the lever arch folder of documents.

We spoke with staff about their knowledge of people who required a special diet and how they were kept informed with any changes that may occur. One staff member told us, "The cook usually gives staff a list on a morning which tells us who is on a special diet, pureed, thickened or soft. They must have been running late this morning as I didn't get a list so I popped down to the nurse's office and got the information from the board." The staff member went on to say, "Information is also in people's care plans about what type of diet they need."

Some staff we spoke with could not tell us how they ensured they had up to date information about people's special diets. One staff member told us, "Well I just know because I do the refreshment trolley quite often. I know that [person] needs thickened fluids and [person] needs a pureed diet. I would presume we would get told during handover if anything had changed."

Handovers were used to ensure staff coming onto shift had the latest information on people in order to provide responsive care. However, we found the agency nurse were not aware of where these records were stored so for one person who the locum GP had requested one of their medications was stopped they could not find where this was written. We saw an entry in the diary but when we checked their care plan found no new information had been included to reflect this change on the care plan or in the daily notes.

This was a breach of regulation 9 (Person-centre care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we saw that people were engaged in a programme of activities. From our discussion with the activity coordinator we found that the activities were designed to be engaging. We saw lots of activities occurred downstairs throughout the first day of our visit but this was markedly less for people who used the upstairs unit. One person on the nursing unit said, "I don't think there is an activity person now." We spoke with the activities coordinator about the difference and they told us they rotated across the home. Two staff were employed as activity coordinators and offered activities over seven days a week. They invited people to join activities from upstairs and told us they tried to be as inclusive as possible. Over the next two visits we saw that activities were offered on both floors and various times during the day.

We saw that staff promptly responded to any indications that people were experiencing problems or their care needs had changed.

Staff were able to explain what to do if they received a complaint but commented that they rarely received complaints. The registered manager showed us the complaints policy which was in the office on all floors. We looked at the complaints procedure and saw it informed people how and who to make a complaint to and gave people timescales for action.

Relatives and people we spoke with during the visit who told us that if they were unhappy they would not hesitate in raising this with the staff. People told us about complaints they had raised and how the staff had dealt with the issues. Relatives who contacted us following the inspection also discussed complaints they had about the way the home was run. We heard that they felt staff did not understand people's dietary needs and complaints were never resolved. We looked at this and found that the recording of what people ate needed to be clearer and show if an adapted diet had been taken. Also the menu for people on adapted diets needed to be improved. The regional manager accepted that action needed to be taken to improve the dining experience and ensure staff kept an accurate record. By the third day of our visit we saw that staff were recording whether people had a normal, soft, thickened or pureed diet of the food charts.

The regional manager was able to discuss how they would thoroughly investigate issues. We found the

registered provider had critically reviewed the actions of staff and the outcomes were clearly reported to the complainant.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection we were provided with various audits such as kitchen audits, infection control audits and medication audits. However the registered provider was not completing regular visits, with the last available record being from April 2015. A service rolling action plan was in place. We found that none of these systems had picked up the issues we found.

At this inspection we found that the registered manager had left in November 2016. The registered provider was currently in the process of recruiting a new manager.

The registered provider had changed their trading name in February 2017 from Dolphin Property Company Limited to Mariposa Care Limited. This was not a change of registered provider and we saw that the Company House number remained the same. We also noted that at the same time a company called Mariposa Care Limited had changed their trading to Dolphin Property Company Limited but kept their company house number the same. In the home we saw that much of the paperwork referred to a company called Careport, which was a management team. The staff from Careport now formed the senior management team of Mariposa.

Following concerns being raised about the operation of the service the senior management team undertook a full assessment of the service. They found multiple issues with the operation of the home and had put plans in place to address the issues. The registered provider's quality and compliance officer had been based at the home and discussed the action they had taken. We heard that they had cleared out broken and damaged equipment and they with the senior management had reviewed medication practices and made interim improvements; reviewed staffing levels and actively recruited nurses plus put measures in place to make long-term improvements. We saw that the action plan had already started to have an impact for instance more nurses had been employed and more were being recruited; medication practices were better on the downstairs unit; staff were receiving training and plans were in place for supervision to re-commence.

Clearly further action was needed to ensure all the areas they identified and we had during this inspection were addressed. We found breaches of regulation 9, 12 and 18 of the Health and Social Care Act (regulated activities) Regulations 2014. The senior management team recognised more work was needed to secure and sustain improvement in the operation of the service.

The staff told us they were all comfortable about being able to challenge each other's practice as needed. A member of staff said "We all work well as a team." Staff told us that since October 2016 a number of staff meetings had been held, which discussed the improvements needed and that meetings had been held with relatives and people who used the service. Some of the relatives felt the communication between them and the management team needed to be improved but others this was not the case for them. Our review of documents confirmed meetings had occurred. The regional manager told us they were aware that communication had been an issue and that they were ensuring more meetings were held with the different groups and the minutes were circulated.

The service had monitoring visits from the regional manager who reported their findings to the registered provider. They notified us appropriately about incidents and events at the service.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care Care records were cumbersome, difficult to navigate and did not accurately reflect peoples' needs. Regulation 9 (1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Action was required to ensure care and treatment was always safe. Regulation 12 (1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There were insufficient catering staff deployed to meet peoples' dietary needs. Regulation 18 (1)