

Shires Healthcare (Woodside) Limited

Woodside Nursing and Residential Care Home

Inspection report

The Old Vicarage
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Luton
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Tel: 01582423646

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31 May 2017

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

We carried out this inspection on 24 and 31 May 2017.

We carried out an unannounced comprehensive inspection of this service on 23 February and 16 March 2016 and identified breaches of legal requirements. We issued the provider with some enforcement action for these breaches and they wrote to us with an action plan explaining how they would take the necessary action to ensure that improvements were made.

On 13 and 22 December 2016, we carried out a focused inspection to see whether the provider had followed their improvement plan and to confirm that they now met legal requirements. At this inspection we found that insufficient action had been taken in some areas which meant that there were continued breaches of legal requirements. We again required the provider to take action in response to our concerns around medicines and quality assurance. The provider sent us a further action plan stating that they would make the necessary requirements by March 2017. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Woodside Nursing and Residential Home on our website at www.cqc.org.uk.

During the inspection on 24 and 31 May 2017, we returned to see if the service had made the necessary improvements. We found that the provider was now meeting some of these regulations; however they had failed to make improvements in other areas.

The overall rating for this service is 'Inadequate' and the service therefore 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. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

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

Woodside Nursing and Residential Care Home is situated in Slip End, close to Luton. The service provides accommodation for up to 27 older people who require nursing and personal care. At the time of our inspection there were 22 people living at the service, over two floors.

The service had a registered manager in post. 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.

Staffing levels at the service were not always sufficient to ensure that people's needs were met in an individual manner. There remained no formal method of assessing the staffing levels required for people's needs; therefore the registered manager was unable to provide us with assurance that the staffing levels were suitable for the people living at the service. The deployment of staff was not always effective in ensuring that people's needs and preferences were being met. Staff members had however been through a robust recruitment process to ensure they were suitable for their roles and to work at the service.

Medicines were not always well managed. We found concerns in the way that some medicines were recorded and administered. The systems in place for checking this, had failed to ensure that medicines were robustly managed.

There was a lack of person-centred care at the service. People were provided with regular activities which engaged and stimulated them; however they were not always supported to take part in their own individual hobbies or interests. Care plans had been redeveloped but still lacked key person-centred information about people's individual needs and preferences.

Improvements had been made to the quality assurance procedures at the service. There were an increased range of checks and audits being carried out, however; they were not always effective in identifying those issues we found during our inspection. Concerns were not always identified as part of these processes and the action plans which were in place were not effective in driving improvements.

The provider had introduced improved systems for managing the cleanliness of the service. Additional cleaning staff had been recruited and robust cleaning logs and checklists were in place, to help guide staff and to demonstrate which areas of the service had been cleaned and when.

There was improved training for staff at the service and staff supervisions had been progressed. A formal schedule had now been implemented so that staff could receive more regular supervision. Staff received consistent supervision opportunities. Staff members did feel that the manager was approachable and were able to go to them if they had any issues or concerns. Staff culture was positive and they were motivated to perform their roles and meet people's needs, although this was not always in a person centred manner.

Consent to arrangements for care, treatment and support was sought from people or other relevant people where appropriate. We observed staff providing care by seeking consent. The principles of the Mental Capacity Act 2005 had been followed for those people who lacked the mental capacity to make their own decisions.

In general staff treated people with dignity and respect and worked to develop positive relationships with them, however; there were times when we found that care was task-orientated and staff provided people with little or no interaction or communication.

People felt safe living at the service and had confidence in the staff that supported them. Staff members were trained in abuse and safeguarding procedures, to ensure that people were protected from harm. People were happy with the food and drink provided and we found that their nutritional needs and preferences were well catered for. Appointments with healthcare professionals were also supported and facilitated by the service, to help ensure that people were as healthy as possible.

People knew who the registered manager was and felt they were accessible when they needed them. They were responsive to complaints or feedback and took action to address any issues they raised.

Full information about the CQC's regulatory response to any concerns found during inspection is added to reports after any representations and appeals have been concluded.

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 safe.

Staffing levels were not sufficient to meet people's needs at all times. With no formal dependency tool in place we were unable to be assured that staff numbers were appropriate. Although staff recruitment had taken place, the service still relied on agency staff members to make up the full staff ratio.

Medicines were not always managed appropriately. Medicines records were not completed fully and stock controls and audit checks were not robust.

Systems for managing risks at the service were effective.

People felt safe and were cared for by staff that were aware of their responsibilities in terms of safeguarding and potential abuse.

Is the service effective?

Good 

The service was not always effective.

Staff members received supervision in conjunction with regular training, to equip them with the skills they needed.

People's consent to their care, treatment and support arrangements was sought by the service. For people who lacked the mental capacity to do this, the principles of the Mental Capacity Act 2005 had been adhered to.

Food and drink was provided, to ensure people's dietary needs were met. People had a choice of what they ate and their specific wishes and needs were catered for.

People were supported to maintain appointments with healthcare professionals within the service and the local community.

Is the service caring?

Good 

The service was caring.

People and other relevant people were involved in planning their care.

Staff treated people with kindness and support and worked to develop positive relationships with them.

People were treated with dignity and respect by members of staff who worked to maintain their independence.

Is the service responsive?

The service was not always responsive.

Care was not consistently reflective of people's individual needs and preferences. Care plans were not always person-centred and because of this staff were not always aware of people's current care and support needs.

People were supported to take part in activities but did not always have the opportunity to engage in their individual hobbies or interests.

There were systems in place to receive and act on any complaints or feedback raised.

Requires Improvement 

Is the service well-led?

The service was not well-led.

The quality assurance systems at the service had been improved so as to provide better oversight of the service. However; they were not always effective in identifying areas of concern or driving improvements and had failed to identify those issues we found during this inspection.

People and their family members were familiar with the registered manager and were able to discuss any concerns they had with them.

Staff members were positive about working at the service and working with the people they provided care for. They were supported by the registered manager.

Inadequate 

Woodside Nursing and Residential 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 24 and 31 May 2017 and was unannounced. The first day of inspection was undertaken by a team of three inspectors. The second day was undertaken by one inspector.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We spoke with the local authority and clinical commissioning group (CCG) to gain their feedback as to the care that people received.

During our inspection over the course of the two days, we observed how staff interacted with the people who used the service during individual tasks and activities. We also observed lunch time over both days, to ensure that people's needs were met in line with their assessed needs.

We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spent time observing people within both units of the service.

We spoke with six people living at the service and two relatives. In addition we spoke with the registered manager, a director of the provider organisation, one nurse, one member of care staff, two agency staff members and a member of catering staff. We also spoke with the activities coordinator.

We looked at four people's care records and risk assessments. We also looked at how people's medicines

were managed. We looked at four staff recruitment records and reviewed information on how the quality of the service, including the handling of complaints, was monitored and managed.

Is the service safe?

Our findings

At our previous inspection on 13 and 22 December 2016, we found that the systems for the management of people's medicines were not robust. People did not receive the medicines they had been prescribed and stocks of some medicines were not as the records showed they should have been. There were no protocols in place for people who had medicines prescribed on an 'as needed' (PRN) basis. When we carried out a reconciliation of the stocks of medicines we found that there were discrepancies. This was a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection, we identified that concerns still existed in respect of how medicines were managed. We found on-going issues in respect of the recording of medicines. For example, one person was prescribed food thickener whereby specific times for administration were recorded on the Medication Administration Chart (MAR.) Given that this product should be given on each occasion a person had fluids, the MAR chart indicated that it should only be given four times a day, when in reality it should be more. In practice, we observed that it was being given more than the prescription dictated, however the records needed to reflect this variance. We discussed with staff that they should seek advice and support from the pharmacy and GP in respect of this, so that in future it could be recorded each time it was administered.

We found that for another person their MAR chart had not been signed on 23 May 2017 for the administration of 5pm medicines. Despite this omission, the medicine had been removed from the blister pack. On the same day and for the same person, we found that although they had been prescribed Calceos tablets twice a day, only the morning dose had been administered; no one had identified this as an issue until we found it.

We found further confusion in respect of prescribed Paracetamol tablets; the medicines profile for the same person detailed them as being needed on an 'as required' basis. However, this was not the case and the actual prescription showed that this was in fact a regular medicine, which should be given four times per day. Records show that this had not been given at all and the medicine was therefore not being administered in line with the prescribed instructions.

We also found Codeine Phosphate 30 mg tablets that had been prescribed on an 'as required' basis; one or two tablets every four hours. These had not been given since 15 May 2017; however we found that the service had excess stock in situ of this medicine and had not considered this as being a potential issue. We found no detailed guidance in the form of an 'as required' protocol to inform staff of the specific rationale for why they were administering 'as required' medicines. Therefore the efficacy of the prescribed medication could have been hindered as staff did not apply this knowledge.

We checked the reverse of people's MAR charts but could not find any recorded reason why these people's medicines had not been given in accordance with specified instructions and staff could not inform us of the reason why. This meant that people were at risk of not receiving their medicines as directed by the prescriber, which may have had an impact on the condition they were prescribed for.

We undertook a stock reconciliation for one person's medicine. We found that Paracetamol had been changed from 'as required' on 17 May 2017, to a regular prescription. When we reconciled these with the nurse on duty, we found that six tablets could not be accounted for. The systems in place for storing and recording medicines were not always clear and demonstrated that staff members were not always aware of the procedures for logging in new medicines and disposing of out-of-date medicines.

We spoke with the registered manager about the systems they had in place at the service. They explained that these were in the process of being reviewed and we saw that on the second day of our inspection, they had liaised with an external pharmacy in respect of purchasing an electronic medication system. Staff were due to receive training on this in June 2017; with the system due to go live in July 2017.

Systems in place for the storage, administration and recording of medicines remained ineffective and did not ensure that they were being safely managed. This was a continued breach of Regulation 12 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our previous inspection on 13 and 22 December 2016 we found that staffing levels at the service were not always sufficient to ensure that people's needs were met. The service did not have a system for assessing the staff levels that were required to ensure that there were sufficient staff on duty to ensure that people were kept safe. The registered manager was unable to provide us with assurance that the staffing levels were suitable for the people living at the service. This was a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that some improvements had been made in this area, however; there were still some concerns regarding permanent staffing levels at the service. Staff members were not always deployed in such a way to ensure that people's holistic needs were being met and were therefore not always effective in their role. We observed times where people were left unattended in communal areas with little engagement or stimulation; for example during meal times. The deployment of staff throughout the service did not always lend itself to person centred care and meant that staff only had time to perform task focused care interventions.

One person told us there were always sufficient members of staff to support them safely. This view was supported by the staff we spoke with who said that there was always enough staff to support people, but at times, they used agency to cover for leave and sickness. One member of staff said, "We have enough staff. Sometimes it can be busy in the morning, but it's normally fine. Sometimes some residents might need more time than others." Another member of staff said, "There are enough staff, but if short, we can get agency staff like we had to today." However, they added that it would be nice to have more staff so that they could take people out of the service more. They told us that they had discussed this with the registered manager who said they would review the staffing requirements to facilitate people going out more.

The registered manager told us, and records confirmed that since our last inspection; staff numbers had been increased to ensure an additional member of staff on duty during the day. We also found that another staff member had been employed to prepare the food trolley, in the afternoon so as to give care staff more time to spend with people.

We spoke with the registered manager about staffing levels at the service and how this was determined. We were told that the service did not use a formal dependency tool, therefore the staff ratio was not based upon a formal assessment of people's needs. The registered manager told us the service intended to introduce a system for monitoring people's needs and set staffing levels according to this.

On the first day of our inspection, two of the four care staff on duty were agency staff. The registered manager had informed us that they were long standing members of agency staff, so used to the service and its layout and the people who lived there, However when we spoke with them, one told us they were new to the service and the other said that they had worked there for a few weeks only. Records confirmed that they had worked some a few shifts in the service.

We reviewed staffing rotas over a six week period. These showed that staffing levels were generally consistent in terms of numbers of staff; although these were not always permanently employed staff members.

Staff deployment at the service was not always sufficient to ensure that people's needs were met in an individual manner. There was no formal method of assessing the deployment of staffing within the service. This was a continued breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection on 13 and 22 December 2016, we found that the service was not always clean and hygienic and that there were not effective systems in place to ensure that regular and robust cleaning was carried out. We found that carpets on stairs and in lounges were dirty. The communal bathrooms were in a poor state of repair and could not be cleaned effectively. In some bedrooms and en-suite bathrooms the walls were dirty and tiles were chipped. Three of the four available toilets were not working. We found additional concerns in respect of the general environment which made it difficult to ensure cleaning was effective. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that improvements had been made to the systems in place for maintaining cleanliness and hygiene within the service. People were generally more positive about the cleanliness of the service and said that they felt staff did a better job of keeping the environment clean. One person told us how the service was clean and went to tell us how nice and clean their bedroom was. They added, "Its bedroom [Number] and it's beautiful. You can have a look at it if you like." A relative who had been previously concerned about the level of cleanliness said that they had seen some improvements. However, they added, "Things seem to be improving, but there are still a few cleanliness issues, like toilets not always being clean."

Staff members told us that there were improved cleaning schedules in place and that this had enabled some improvements to be made. Following our last inspection, staff said that they were asked to raise standards of hygiene and cleanliness within the service to make the environment better for people to live in and staff to work within. The registered manager explained that following the last inspection, a new staff member had been employed to undertake domestic duties and who had started to give areas a more robust clean. We spoke with staff who explained that they knew what cleaning duties they had to do on a daily basis and had access to sufficient supplies of cleaning equipment. They felt that the systems in place meant they were able to clean specific areas and ensuring that everything was clean before moving on.

Members of staff also told us that another member of domestic staff had been employed since our last inspection and staff rotas confirmed this. On both days of inspection we saw that the domestic staff member was on duty, cleaning communal areas and corridors, doorframes and flooring in communal hallways. We saw that people's bedrooms were generally clean and free from dust; mattresses and equipment in use were also clean, with records to confirm when they had last been cleaned. We could see that the provider had taken action to ensure that the service was clean and that new schedules had been implemented to help maintain the levels of cleanliness.

Staff members had been through a robust recruitment process at the service. We reviewed staff recruitment files and saw evidence that this robust process had been followed. There was evidence of full employment histories being sought alongside background checks and references. We also saw that the service had been reviewing staff files and had been seeking information such as full employment histories for staff who had been employed at the service for a number of years, to ensure the information in their file was as robust as that in a new member of staff's file.

People told us they felt safe living at the service. One said, "I haven't been here that long, but I have not been concerned about anything. It's alright here and the carers are really lovely." Staff members took people's safety seriously and worked to ensure they were not at risk of harm or abuse. They told us, and records confirmed that they had received safeguarding training and were able to recognise signs of potential abuse. One member of staff told us, "I would call safeguarding. We have the number on the board." Another member of staff said, "Residents are safe here. Carers are nice and they look after residents well."

Staff were aware of the reporting procedures at the home and made sure any concerns were recorded and the manager informed. If they were not happy with the action which was taken thereafter they told us they would be prepared to contact external organisations, such as the local authority or the Care Quality Commission (CQC), to safeguard people against harm.

We observed that staff members demonstrated safe moving and handling techniques when supporting people to transfer between chairs and mobility aid or wheelchairs or to help reposition them in their chairs. We spoke with staff members about how they supported people to move and they told us that they received training and competency assessments in this area from the provider. They said they would always use the equipment available to them and would not endanger people by supporting them wrongly. Records showed that staff members received training in moving and handling and had their competency assessed.

People's care records also showed that risk assessments were in place for people in a range of different areas, including manual handling. We saw that there were actions in place for staff to take to help mitigate risks to people. There were also monitoring charts in place to record and track essential information, such as people's weights, Malnutrition Universal Screening Tool (MUST) and Waterlow (to monitor the risk of developing pressure wounds) scores. There were systems in place for assessing and monitoring risks to people's health and wellbeing.

We reviewed the incidents which had been reported and the actions which had been taken. We saw that the registered manager reviewed incidents and made safeguarding referrals where appropriate. They maintained a log of incidents and the referrals which they had made to the safeguarding team and the CQC, as well as action they had taken within the service, such as reviewing a person's care plan. This helped the service to maintain a safe environment for people where any potential risk was responded to in a robust manner.

Is the service effective?

Our findings

During our last comprehensive inspection on 13 and 22 December 2016, we found that there was no clear overview of training already completed by staff, and training still required; in order to meet the assessed needs of the people living at the service. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that improvements had been made in this area. People received care from staff that had the knowledge and skills to carry out their roles and responsibilities. One person said, "The staff are really good and I'm looked after really well." A relative told us, "I have never been concerned about how they look after [Name of Person]."

Staff told us they were well supported and had completed a range of training since our last inspection which was relevant to meet people's specific needs. One member of staff said, "We have staff who know what they are doing and like their job. Agency staff who work here are regular and know residents, so we don't have to keep explaining how they should support them." All the staff we spoke with felt that the training they received was useful as it enabled them to fully understand how to manage a wide variety of needs. Staff felt that management within the service were now more thorough with regards to training, supervision and support.

We found that the induction programme for new staff had also been improved. The registered manager told us that they ensured that new staff to the service would work closely with a more senior staff member until they were deemed competent. We looked at the training records and found that an induction programme was in place and that all staff had received on-going training that was appropriate to their roles and the people they were supporting. The induction programme also confirmed that new staff would be enrolled on the Care Certificate, to help ensure they developed the essential skills required for their roles. This enabled staff to obtain the necessary knowledge and skills to look after people appropriately.

Staff told us they now received regular supervision, and an annual appraisal of their performance. One member of staff said, "Supervision is done by the nurse and we can discuss issues. It's helpful for us." The registered manager confirmed, and records evidenced that each staff member received supervisions and an annual appraisal. Any areas of concern identified during daily practice were discussed in supervisions and goals set to address the issues. This new system however required time to become embedded in staff practice.

During our last comprehensive inspection on 13 and 22 December 2016, we found staff did not always gain consent from people prior to supporting them. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that improvements had been made in light of our previous findings. The 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.

We checked whether the service was working within the principles of the MCA. Staff had received training in this area and were aware of their responsibilities. We saw that the service had carried out assessments of people's mental capacity. We saw evidence within a person's care plan that a Do Not Attempt Pulmonary Resuscitation (DNACPR) order was in place. The decision made had been carried out in line with the current legislation and best practice guidelines. For example, the GP involved staff and family members in the decision making process. This ensured that the person's human and legal rights were respected.

We found that applications had been made to the local authority under DoLS, where it had been assessed that people needed to be deprived of their liberty. The registered manager hoped to implement a system to monitor the progress of people's DoLS applications, including their expiry dates, to ensure that people's DoLS did not lapse.

People's consent was now gained before assisting them with care and support. Staff told us that they always asked for people's consent before supporting them. One member of staff said, "I just ask what they want. If they refuse care, I would not force them. I respect what they want and report in the daily notes that they refused." We observed staff during the inspection asking people for their consent before providing them with support and treatment. Where people struggled to understand complex information, staff used simple language and simplified choices for them, to help them to make their own choices. They told us that they used these to help people to understand their options and to always make choices based on their own wishes.

During our last comprehensive inspection on 13 and 22 December 2016, we found that people gave mixed reviews regarding the choice and quality of food that they were served. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that action had been taken to make improvements in this area, however not everybody we spoke with was always happy. People were supported to eat and drink sufficient amounts to maintain a balanced diet. One person said, "The food is fine. Some I enjoy; some I don't; it's just food." However, the person told us that they could ask for alternative food if they did not like what they had been given. Another person said, "Some you like, some you don't. I like old fashioned food like porridge." Again this person confirmed that they would be given an alternative meal if they did not like what was on offer. A relative told us that they had no concerns about the food provided to their family member.

We observed that the menu was displayed in communal areas and there were two choices provided that people could choose from for lunch and tea. We found that the chef was aware of people's food preferences and ensured that people were provided with high calorie meals and drinks when this was appropriate. There was a four- weekly menu which included the three meals and snacks to be provided to people each day. We heard how a new cook had been employed within the service and the registered manager hoped that they would be able to continue making improvements in this area.

We found that the lunch time activity was flexible and unrushed, however people were often given their meals at different times, for example, some people were given dessert whilst others were still eating their main course. This did not add to the lunchtime experience. Lunch was however presented in an attractive manner to stimulate appetite. People with special dietary needs such as soft diets were catered for. People who were at risk of poor fluid and food intake were closely monitored and provided with fortified meals and drinks. We saw a record was maintained of what they ate and drank. People's weights were monitored monthly to ensure they were within the appropriate range. If needed, the community dietician provided regular support and advice to the staff team.

People were supported to maintain good health and to access healthcare facilities. One person told us that they had been taken to a dentist recently by the registered manager and they were happy with how they were supported with this. Staff told us that people were registered with a GP who visited the service when required. A record of visits to and from external health care professionals was maintained for each person, when the service called upon local community healthcare professionals, such as the dietician to provide specialist care and support. If people had difficulties with swallowing, behavioural and mobility, specialist treatment would be obtained via the GP or appropriate professional.

Is the service caring?

Our findings

During our last comprehensive inspection on 13 and 22 December 2016, we found that people provided mixed responses about whether staff treated them with kindness and compassion. People told us that staff listened to them whilst providing care and support, but otherwise they did not have time to spend with them. We also identified some cultural concerns in respect of how staff treated people, because staff were not always aware that they needed to spend time with people to be caring and have concern for their wellbeing. This task orientated approach was not conducive to an environment which promoted positive care interactions.

During this inspection, we found that staff were motivated to provide good quality care and that improvements had been made to ensure that people consistently received kind and compassionate care.

People told us that staff were caring towards them. One person said, "They are all lovely." They also told us about the time they spent with one staff member. They said, "[Name of staff] is a lovely person, really lovely. [Name] is so clever and does all these things." Another person said, "They are all lovely people. They are kind too." People and their relatives told us that they had no concerns about the care they received from staff and felt they were treated well.

People were supported in a caring manner, and we found that people were relaxed in the presence of staff. We saw lots of positive interaction between staff and people who used the service; there was friendly conversation during the activity session and we heard lots of laughter. Staff spoke with people in a friendly and respectful manner and responded promptly to any requests for assistance. In the communal area, we observed a staff member sit next to a person and they held their hand and had a conversation with them. The person appeared to be very happy with this.

People confirmed that they were treated with dignity and respect by staff and we observed this in practice, with staff being discreet in relation to people's personal care needs. One person when asked if staff respected their dignity said, "No problem that way, lovely." When people received support with personal care they told us that staff always made sure that doors were closed or that they were covered to protect their dignity. It was evident from our observations that staff strived to deliver care that was respectful towards people.

People told us that staff listened to them and that they felt involved in their care. They said that their care was made individual because they had been involved in decisions which affected them. One person was able to tell us about how they were involved in making decisions about their care and that they chose to come to the service. When they could no longer manage at home without support, they had moved to another area to live with a relative. They found this took them away from their social networks and therefore decided to move back to the area they knew well. We found that the person had a level of independence and control and could decide how they wanted to spend their day.

Staff told us that they strived to make people as independent as possible and for those people living with

dementia, always took time to acknowledge what they had to say. Staff told us that people made choices about their care and they respected these. One member of staff gave an example that people decided when they wanted to go to bed or wake up. They added, "Residents have a choice of when they get up. We will offer to support them to get ready in the morning, but if they are tired we leave them. As you can see, some people have just woken up now."

People were able to make daily decisions about their own care and, during our observation we saw that people chose how to spend their time. People we spoke with told us they were able to choose what time to get up and how to spend their day. One person said they preferred to remain in their room but that they were not disadvantaged by this because staff checked on them and respected those times they wanted to participate in activities or to come to the communal areas.

The service had made some efforts to involve people and their relatives in the planning of their care, and we found that some care plans evidenced that people or their family members had been involved; so we could therefore determine whether or not the arrangements for people's care and support had been planned with input from those receiving the care, or their family members.

Visitors were welcomed throughout our visit and told us they could visit at any time and were always made to feel welcome. One person told us that their relative visited them at weekends and they were also occasionally visited by friends. The person had a mobile phone and spoke to relatives and friends regularly. We observed another person asking where their relative was because they visited daily. The person was really pleased when they saw their relative had arrived. Staff knew relatives by name and we observed that they took time to engage with them and update them about any changes that had occurred. We observed that visitors were made to feel at home and given the opportunity to meet with their loved one where they wanted.

Is the service responsive?

Our findings

At our previous inspection on 13 and 22 December 2016 we found that the care and treatment of people living at the service did not always reflect their preferences or meet their specific needs. Care plans lacked person-centred information and did not provide staff with essential information which they needed to provide care which was tailored to people's individual needs and wishes. This was a breach of Regulation 9 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that although there had been some improvements made to people's individual care plans, they did not always provide members of staff with the information they needed to provide people with care in a holistic, person-centred way. Staff members told us that the care plans provided them with the information they needed to ensure that people's care needs were being met, however we found that they did not always contain useful information about people's backgrounds, hobbies and interests which meant staff were not always able to ensure that those interests were reflected in the care that they provided.

We reviewed people's care plans and found that they provided staff with information about the care that people required. We saw that these had been improved since our previous inspection however; they were not always detailed and did not give staff key information about people. For example, we saw that one person's care plan stated that they had important family members but information such as their name, gender or age had not been recorded. This meant that staff may struggle to initiate a simple conversation with the person about their family and trigger happy memories for them.

Care plans had been reviewed on a regular basis to try to keep the information which was in them up-to-date. We saw that the service had a 'resident of the day' system. This meant that each person had one day a month where their care plan was reviewed and updated. We saw that this took place and that evaluations of each part of the care plan were recorded. However; these evaluations did not always show that the person had been involved, rather that a member of staff had reviewed the content and made the changes they felt were appropriate.

For example, the registered manager discussed how one person's behaviour could be an issue. The records did not contain any specific reference to this, which meant that staff might not have been aware to monitor for such behaviour; which could have placed the person at risk. This meant that care plans did not always reflect the most up-to-date information for staff about how to provide people with their care.

We spoke with the registered manager about this and they confirmed that care plans should be updated with the latest developments from people's care plan evaluations. They told us that they would look into improving this in the future. They also showed us that the 'resident of the day' system extended beyond making sure the care plan was up-to-date. It also required that different departments within the service reviewed how they were caring for the person, including management, catering and housekeeping. We saw that each person did not always have a recorded discussion with each of the departments who participated in the resident of the day system. This meant that there was a missed opportunity to improve people's care and ensure their needs were being met in a person-centred way.

At this inspection we also had some concerns regarding the impact of staff deployment on ensuring that people's holistic needs were met. We observed times where people were left unattended in communal areas with little engagement or stimulation; for example during meal times. The deployment of staff throughout the service did not always lend itself to person centred care and meant that staff only had time to perform task focused care interventions.

On the first day of our inspection, during lunch time we found food that had been left on a trolley, plated up and covered for serving, waiting for staff to collect it. During that time staff were elsewhere assisting other people to eat their meal. We found no evidence to suggest that staff considered this to be an issue or if they had considered an alternative way to approach this to ensure that each person's needs were met in accordance with the preferred wishes.

During the inspection we also saw that at times people were waiting for support in key areas, such as moving from one room to another. For example, after one person had finished their breakfast we saw that they were waiting for over ten minutes to be supported to move to the lounge. Although staff attended people's basic needs, they did not always have time to make their interactions with people individualised and person-centred.

Care plans continued to lack person-centred information and did not provide staff with essential information which they needed to provide care which was tailored to people's individual needs and wishes. This was a continued breach of Regulation 9 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with people and their relatives about the activities and entertainment available at the service. They told us that there were some activities provided, however; they felt there could be more done to help keep people's minds active and stimulated and that there was often nothing for people to do. One person told us about the activities they enjoyed and we saw some of the items they had made. They were proud to show us of a group of garden gnomes they had painted and they said, "They look lovely." The person was very complimentary about the support they had from the activities coordinator that enabled them to keep active and do things they enjoyed.

The activity coordinator told us how they supported people to pursue their hobbies and interests but said that they found it challenging to get everyone to take part in group activities and therefore, they did more individual sessions with people. For example, in addition to wood work with one person, they made stuffed bears with another person who enjoyed sewing. The activities cupboard was stocked with different items for people to make or entertain themselves with. We observed a softball activity with some people during the morning, with some people particularly enjoying this.

People and their relatives told us that they could always approach the registered manager with feedback, comments or complaints about the care they received. They told us that they were generally happy with the care they received and did not have to make many complaints, however; they were confident that if they did, they would be taken seriously. We spoke with the registered manager about complaints at the service. They told us that people and their families were encouraged to give them feedback about their care and support needs, including complaints which were recorded and acted upon. We saw that there was a complaints log in place to document the issues that people and their families raised, along with the action taken by the service in response.

We also saw that people and their relatives were asked to complete satisfaction surveys. These were used to gather collective feedback about the service and to identify areas where they could improve. We saw that

surveys had been sent out and the service was in the process of reviewing and analysing the results from these surveys.

Is the service well-led?

Our findings

During our previous inspection on 13 and 22 December 2016 we found that there were not effective and robust systems in place to assess, monitor and improve the quality of care being provided by the service. There was a lack of quality assurance systems in place and those that were in place were not effective in driving improvements at the service. This was a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that there was insufficient progress to meet this regulation. There had been an increase in the number of checks and audits being carried out to improve the managerial oversight at the service. However; we found that these systems were not always effective at identifying where improvements were required and helping the service to develop.

When we spoke with local commissioning authorities about the service they told us they had been conducting regular support visits to the service over several months but had failed to see any significant improvements in the management systems. They found that audits were frequently not kept up to date and that they had to keep asking the provider and registered manager to address concerns that they had already given support with. They found the service management, although open to improvement, was not proactive in addressing issues and this meant that issues remained unresolved and improvements were not always sustained. They informed us they lacked confidence in the management team to resolve these issues and continued to carry out monitoring visits to look at the progress. At this inspection we found evidence to support their concerns.

We found that systems in place were not operated effectively for example, forms which had been introduced to ensure that the kitchen was cleaned properly had not always been completed daily. On the first day of inspection the registered manager had been the cook preparing the lunchtime meal yet the 'daily kitchen cleaning schedule' had been last completed on 19 May 2017 and the registered manager could not find the most recent records when we asked for them.

The registered manager spoke to us about the checks and audits that had been introduced at the service. They told us that there were now more checks and audits carried out by themselves and the clinical lead. In addition, they told us that the provider carried out visits on a regular basis to review the systems in place and to help identify areas for improvement. However we did not find that the systems were effectively managed to drive improvement.

We looked at the audits and checks which were being completed. We found these systems were an improvement on what we found at the previous inspection, however; we still found that there were areas which were checked and improvements had not been identified. For example, we saw that as well as the reviews of people's care plans as part of the 'resident of the day' system, care plan audits had been carried out for each person. We saw that these had been completed on a regular basis and that the new audit template which had been put into place was robust. However; the process had failed to highlight key issues in people's care plans which we raised during this inspection. This included the lack of person-centred care

planning. This meant that the audit process of people's care plans was not always effective at identifying and driving areas for improvement and people remained at risk of receiving care that was not centred on their individual needs.

In respect of staff levels, we found that there was no tool in place to aid decisions about the numbers of staff required, this meant that there was no formal method to underpin the needs of people against an appropriate staff ratio. We found there were people receiving nursing care and staff levels for nurses were based on one nurse per shift, with only three nurses being employed fulltime with the remaining shifts covered by agency nurses. Although the registered manager informed us that the service had recently recruited a new nurse, they had yet to start at the service. This had not been formally identified in any audit checks by the registered manager or provider.

Despite the lack of evidence to support they could meet the needs of people already at the home the provider and registered manager continued to admit people to the home. There was a lack of recognition that this action placed permanent staff under further pressure whilst they tried to learn about the needs of new people without a staffing structure in place. Whilst we were informed by the registered manager that there was a consistency in the agency staffing we established that on the first day of inspection one agency staff member had worked at the home for a week and the other for a few shifts. This lack of consistency in agency staffing was also raised as a concern by the commissioning authorities in our discussions with them.

We saw that there were other checks and audits which were carried out to monitor the service. A medication audit was completed on a monthly basis, which included a check of a sample of the stock of people's medicines. We saw that the January 2017 audit had not included a stock check, however the February 2017 one had. The audit had not raised the concerns that we identified when checking medicines, despite some of these concerns being present during that time. We were informed that medicines audits were completed weekly by the clinical lead. However we found the clinical lead had not carried these out due to other work pressures as the single nurse on shift. We found there had been no audits between the 7 March 2017 and the 16 May 2017. The audit tool was not designed for the type of audit required and was in effect a count of medicines. The registered manager was unable to account for this and sought additional audits during the feedback but was unable to evidence that any other audits had been done. This showed that the procedures for checking medicines were not always effective at identifying areas for improvement.

There was a system for logging all the reported incidents which took place at the service and these were reviewed by the registered manager on a monthly basis. Although they collated the incidents which occurred, there was not however any evidence of these results being analysed or used to help drive improvements at the service. For example, where falls had been recorded, there was nothing to show how this information was being used to help improve the service. We found that staff had reviewed and updated falls risk assessments which suggested that the audit process had helped them to take action to improve people's care, however; there was nothing to evidence the link between this audit process and the action taken.

We found that there was a template in place for the registered manager to record actions highlighted from the audits which were carried out each month. We saw that this had not always been filled in consistently. In addition, the action plans did not always evidence whether or not steps had been completed or what progress had been made against each point raised. We discussed this with the registered manager, who told us that they would look at ways of ensuring there were systems in place to highlight areas of concern and to evidence the work that had been completed as a result.

We found that the registered manager had made efforts to address the areas of concern we identified in

respect of medicines audits on the first day of our inspection. On the second day, they showed us new forms they had compiled to address the shortfalls we found. These had been implemented but required time to become embedded in daily staff practice.

We found that there were not always effective procedures in place for effective governance. Checks and audits did not always identify areas of concern or potential development. This showed that the systems and processes in place for quality assurance were not effective in assessing, monitoring and improving the quality of care at the service. This was a continued breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a registered manager. 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.

People and their relatives were positive about the registered manager and felt they were friendly and approachable. One person said, "[Name of Registered Manager] is really lovely. If I want anything she will get it." Staff members were also positive about the registered manager and the support they received from the management team at the service. They told us that the registered manager was approachable and would listen to any concerns or ideas that they had. One staff member said, "I like the manager. She is nice and she will let you know what needs to be done. She is friendly and polite. She talks to you, not at you." Another member of staff said, "[Name of Registered Manager] and the nurses are really supportive. They will answer my questions and help me."

There were systems in place to record and report accidents and incidents at the service. Where necessary, they completed referrals to external organisations and took steps to meet their obligations, such as sending the CQC statutory notifications.

The staff we spoke with were motivated to perform their roles. They wanted to provide people with the support they needed and cared about each individual living at the service. They had a positive ethos and there was an open culture amongst staff. Staff members put people first and were prepared to follow the provider's whistleblowing procedures if they felt that people were at risk of abuse or if the service had not done enough to protect them from harm.