Carrington House Ltd

Carrington House Limited

Inspection report

Carrington House
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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This unannounced comprehensive inspection was carried out on 16 and 17 August 2018.

Carrington House Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home accommodates up to 60 people in one adapted building.

There was a no registered manager in post because they left the service in July 2018. A new manager had started at the service two weeks prior to the inspection. They had not yet registered with the Care Quality Commission. 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.

At the previous inspection in October 2017, we gave the service an overall rating of 'good'. This inspection was prompted by concerns we received about the care of some people using the service. These including two incidents where people had suffered harm. At this inspection, we found there were areas that required improvement across the five key questions. There were also breaches of Regulations 9, 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We therefore, gave the service an overall rating of 'Requires Improvement'. You can see what action we told the provider to take at the back of the full version of the report.

People's care plans and individual risk assessments were not always robust enough to help staff mitigate known risks. This had resulted in unsafe care for two people and had the potential to put other people at risk too. The daily records were not detailed enough to evidence what care had been provided to people. This made it difficult to monitor if people were consistently receiving the care they needed. The service had not always worked closely with other professionals to explore more effective ways of supporting people who regularly refused support with their personal care.

The provider systems to assess and monitor the quality of the service had not been used effectively to ensure that people received consistently safe, effective and good quality care. There was no effective oversight of the service by the nominated individual (registered person). There was no evidence of a coordinated system to support learning across the three services they were involved with. The provider had a system to handle complaints and concerns. However, they needed to explore how to better manage the concerns of a relative who complained regularly.

The service needed to improve the amount and quality of activities provided to occupy people during the day. More work was necessary to explore people's hobbies and interests to ensure that activities provided would be interesting for people to take part in. The manager told us of their improvement plans to make the

service more caring and person centred.

Positively, we saw that local safeguarding protocols were being followed by staff and people were not concerned about potential abuse. People's medicines were managed safely. There were systems in place to ensure that people were protected from the risk of acquired infections.

The requirements of the Mental Capacity Act 2005 were being met, and staff understood their roles and responsibilities to seek people's consent prior to care and support being provided. People had been supported to have enough to eat and drink to maintain their health and wellbeing. They were also supported to access healthcare services when required.

People were supported by caring, friendly and respectful staff. People found staff to be responsive and sensitive to their needs. People had been given the opportunity to discuss their wishes about the kind of care they would like at the end of their lives.

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.

People felt safe with how staff supported them. However, there were not always effective systems in place to protect them from harm.

There was no evidence of learning from incidents.

There was enough staff to support people safely and quickly. Improvements had also been made in how staff were deployed at the service.

People's medicines were managed safely.

Is the service effective?

Requires Improvement

The service was not always effective.

People's care records were not always up to date to enable staff to provide effective care.

Staff received regular training and support to enable them to meet people's individual needs. However, formal supervision had not always been carried out.

People were supported to have enough to eat and drink to maintain their health and wellbeing.

The requirements of the Mental Capacity Act 2005 were being met.

Is the service caring?

Requires Improvement

The service was not always caring.

The service had not always met people's individual needs. This was because care had not been taken to explore other support systems for people who regularly refused support with their personal care.

People were supported by staff who were kind, caring and

friendly.

Staff respected people's choices and supported them to maintain their independence.

People were supported in a respectful manner that promoted their privacy and dignity.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's did not always receive person-centred care because their care plans were not always up to date.

The provider had a system to manage people's complaints and concerns. However, they needed to explore more effective ways of working with a relative who complained regularly.

People's needs were met in a timely way by responsive, respectful and attentive staff

Further working was necessary to ensure that staff knew how people wanted to be supported at the end of their lives.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The nominated individual's review of the service had not been robust enough to identify that improvements were required in some areas.

There had not been systems to enable learning across the three services the nominated individual was involved with.

The provider's systems to assess the quality of the service needed to improve so that they could identify any shortfalls in the quality of the service quickly. This would enable them to take quick remedial action.

The provider needed to improve how they worked with other professionals to ensure that people received consistently safe and effective care.

Carrington House Limited

Detailed findings

Background to this inspection

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

The inspection was prompted by information of concern we received about incidents which led to two people sustaining injuries. The information shared with the Care Quality Commission about the incidents indicated potential concerns about the quality of care at the service. There were also concerns about the quality of care records as these did not always evidence the support provided by staff. This inspection examined those risks.

This inspection took place on 16 and 17 August 2018, and it was unannounced.

The inspection was carried out by one inspector, a bank inspector and an expert by experience on the first day. One inspector only visited the service on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was in the care of older people.

Prior to the inspection, we reviewed information we held about the service including the report of our previous inspection, and notifications they had sent us. A notification is information about important events which the provider is required to send to us. We also received feedback from the local safeguarding team about incidents of concern they had investigated. They had concluded two investigations just prior to our inspection where they had found shortfalls in the quality of care provided to the two people. They asked the provider to send them an improvement plan.

During the inspection, we spoke with five people using the service, three relatives, four care staff, two senior care staff, the deputy manager, and the new manager. We also spoke with the registered manager of another service owned by the provider as they were supporting the new manager during both days of the inspection. We observed how staff interacted with people and how care was provided within communal areas of the service. We also spoke by telephone with a professional who was familiar with the service. This

was because they had previously raised concerns about infection control and prevention practices at the service.

We looked at the care records for seven people to review how their care was planned and managed. We looked at three staff files to review the provider's staff recruitment and supervision processes. We also reviewed training records for all staff employed by the service. We checked how medicines and complaints were being managed. We looked at information on how the quality of the service was being assessed and monitored.

Requires Improvement

Is the service safe?

Our findings

When we inspected the service in October 2017, we rated this key question 'good'. However, at this inspection we found there were areas that required improvement.

Prior to the inspection, there had been two substantiated investigations by the local safeguarding team which found the care provided to two people fell short of the required standards. This was because both people had suffered injuries related to poor personal care and skin care. Although the reports of the investigations could not fully establish if staff actions or omissions were the direct cause of these injuries, these concluded that poor record keeping made it difficult to evidence whether these people were receiving consistently good and effective care.

When we inspected the service, we also found concerns about the quality of people's care records. We reviewed people's individual care plans, risk assessments and daily records. We found these were not detailed enough to evidence the care provided by staff. For example, staff used an electronic system to pick prepopulated phrases to evidence what care and support had been provided to people. These did not evidence the quality of care provided. For example, 'Supported with personal care' did not actually make it clear if that person had a bath, shower or wash. It was not clear whether their skin had been checked in the process and what condition it was in. Although the service had forms to record when people had baths, we found gaps in most of them. It was therefore, not clear how often people had baths and had their skin condition fully checked.

We found risk assessments were also not robust enough to enable staff to manage risks well. For example, risks assessment for a person who was at high risk of infections had this risk rated low. This was despite the person developing regular infections and requiring treatment with antibiotics. The instructions on the care plans were also not clear enough to tell staff how to support the person to minimise the risk of further infections. Also, information added during monthly evaluations of risk assessments was not always used to amend the original risk assessment and risk rating. This meant that staff might not have always been using the most up to date information to provide care and support. We found this put people at risk of unsafe care.

We saw that the manager kept a record of incidents and accidents that occurred at the service and these had been reviewed. However, it was not always clear if there was learning from these events and whether that learning had been appropriately communicated to all staff. For example, one of the people we had received concerns about had been regularly refusing support with their personal care. We saw records where staff had written 'self' about whether they had been supported with personal care. It was not clear whether an assessment had been carried out to determine if the person was able to appropriately carry out this task without support. This lack of an assessment meant that the service was not able to quickly identify that the person was neglecting their personal care. Additionally, they had not monitored to see if other techniques could be used to encourage the person to accept support.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014.

We discussed our concerns about the quality of risk assessments and other care records with the manager and they accepted that these needed updating to accurately reflect people's needs. They showed us a new electronic system they would be transferring care records to soon. They were confident this would make reviewing and updating care records much easier, which meant that as much as possible, they should be always up to date. Staff told us they were aware of the need to assess and manage risks, whilst allowing people the freedom to make choices about their lives.

Staff told us that the service was not always cleaned to appropriate standards, although people we spoke with had no concerns in relation to cleanliness. One member of staff said the cleaning was not 'up to scratch.' They described dirty tables, breakfast being left on tables, dirty floors, and toilets not cleaned properly. They said cleaning had not always been done when cleaning staff had been asked to carry this out and care staff had to do it instead. They said this took them away from their main role of supporting people with their care needs. During the inspection, we observed that the service was clean and the cleaning staff were available most of the day to deal with any spillages. We also found that since our previous inspection, further environmental improvements had been made as most of the communal areas now had vinyl flooring which was easier to keep clean. There were also plans to put this in most bedrooms so that they could be easily cleaned if people spilled anything on the floor.

Prior to the inspection, we had been contacted by a professional who was concerned about poor infection control and prevention practices at the service. They had found handwashing facilities to be inadequate as no soap and paper towels had been provided in each toilet, bathroom and people's bedroom ensuites. They also found the use of flannels for personal care heightened the risk of cross infection if they were not washed properly. We found improvements had been made as most of the areas we checked had liquid soap dispensers and paper towels in communal bathrooms and toilets, liquid soap only in people's bedroom ensuites. The member of staff who showed us this told us that they would discuss with the manager how they could possibly have disposable hand towels in the ensuites.

Flannels were still being used at the service, but staff showed us that these were colour coordinated so that staff knew what colour to use for the top or bottom half when supporting people with personal care. Positively, the manager had also introduced disposable dry wipes for staff to use to wash people with. Staff told us these were also softer than flannels which meant that they were gentler on the skin, particularly for people with more fragile skin. Where necessary, we saw that staff wore gloves and aprons when supporting people to prevent the spread of infections. Therefore, we found the service had taken appropriate action to support people in a way that ensured they were protected from risks of acquired infections.

People told us they were safe. One person said, "I do feel safe here. I have been here nearly [number of years] I think and everything has been okay." Another person told us, "I feel safe now I have a lock on my door. People wandering in and out, it's very frightening." While another person said, "The atmosphere makes me feel safe."

Training records showed that staff had received training and guidance on how to keep people safe. Staff we spoke with knew how to report concerns. One member of staff gave a recent example of how another member of staff who had behaved unprofessionally, had been appropriately disciplined. We saw that information about safeguarding was displayed on notice boards at the service so that anyone who wanted to raise a concern knew what to do. Records showed that the manager had followed local safeguarding protocols to report potential safeguarding incidents and we received appropriate notifications of these. However because of the incidents, further training or guidance was necessary to ensure that staff knew how

to help people to remain safe.

We saw that the service carried out pre-employment checks before staff started working there. These included checking each potential staff's identity, employment history, qualifications and experience. They also obtained references from previous employers and completed Disclosure and Barring Service (DBS) checks. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed. However, there were gaps in some of the staff's employment history that had not been explored. There was also no signature on the copies of some staff's identification documents to evidence that these had been taken from original documents. We discussed this with the manager who told us that they would make improvements in how they managed this in the future.

Some staff told us there were sufficient staff to provide care and support to people. However, others told us there was a need for more staff at certain times of day, particularly at tea-time. Some staff told us there was not currently enough time available to sit and talk to people and they felt 'rushed' at times. One member of staff gave us an example of a person who needed a lot of reassurance, but did not always get it because of staff being too busy. We discussed staff's concerns with the manager who told us that they did not yet have a full staffing compliment, but they ensured that they had enough staff on each shift. They also said that staff were now deployed better while on shift so that they could support everyone quickly. Staff confirmed this when they told us the manager had recently made changes to the allocation of staff and that this had helped people receive a better service. People we spoke with had no concerns about staffing levels and we observed that there were enough staff on duty during the two days we were at the service.

People told us they were happy with how staff supported them with their medicines, although one person said that staff had not acted on their request to have their medicines reviewed. Another person said, "My medication is regular, and they stand and watch till I have taken every drop." Another person told us, "I get my tablets on time. I am a diabetic on insulin and that is managed very well."

We saw that there were systems in place for ordering, administration, recording, storing, auditing, and returning unrequired medicines to the pharmacy. There was guidance for staff on how to manage medicines. The senior care staff we spoke with about medicines told us that the service would be changing the pharmacy that supplied medicines to the home from the beginning of the following month. They told us that some medicines were already being supplied by the new pharmacy and they found their paperwork and systems much easier to follow. They said this had the potential to reduce the risk of administration errors. The medicines administration records we reviewed had been completed fully, with no unexplained gaps. Medicines audits were completed regularly to ensure that any issues with medicines could be identified and rectified quickly.

Staff completed regular health and safety checks of the service to ensure that people were supported in a safe environment. These included checking that gas and electrical appliances were safe, fire systems and equipment were in working order, and that staff knew what to do in case of emergencies. People's personal evacuation plans were not all up to date, with further work necessary to ensure that the ones updated in May 2018 still reflected the needs of people currently living at the service. The manager showed us that this was one of their priority work.

Requires Improvement

Is the service effective?

Our findings

When we inspected the service in October 2017, we rated this key question 'good'. However, at this inspection we found there were areas that required improvement.

People had assessments of their support needs carried out prior to them moving to the service. This information was used to complete care plans to guide staff on how to provide effective care to people. However, we found people's care plans were not always detailed enough to evidence how their needs were going to be met by the service. New information identified during monthly evaluations was not always used to update the care plans. This meant there was a risk that staff continued to follow out of date guidance and therefore, the support provided to people was not always effective in meeting their assessed needs. Also, there were gaps in some of the charts used to record care given, which meant that staff could not always evidence what support they had provided to people.

As part of this inspection, we followed up on concerns about the care of one person. We reviewed circumstances which led to them not getting good care. A safeguarding outcome showed evidence that the care provided by the service to the person was not effective in reducing risks to their health and welfare.

Furthermore, there was evidence that the service had failed to work closely with another professional who might have supported them to improve the person's care outcomes. This showed that the registered manager had not informed the professional that the person had health conditions that put them at risk. We found this showed that the service negated its obligation to work collaboratively with other professionals to deliver effective care and support. There had also been a failure to provide person-centred care to the person. We found the care records we looked at for other people were not always detailed or up to date. Poor record keeping and not always working with other professionals, posed ongoing concerns about the impact on the care of other people at the service.

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

The manager told us about the actions they had taken to improve record keeping. They had increased the amount of time they spent observing staff practice to ensure that all forms and other records were completed fully. This is what the registered manager of the provider's other care home was doing on the first day of the inspection. The manager also said that they were planning weekly workshops to support staff with record keeping. They had no specific training programme to support this, but they were going to review records with staff and analyse them to assess if enough information was recorded. We discussed that they might need to explore if there was an accredited training programme to support this and they said that they would. They also told us of disciplinary action they had taken against three members of staff when they identified poor record keeping. They said this would show staff that this was now taken seriously and that there would be consequences if they did not meet the required standards of record keeping.

People and relatives told us that people's care needs were met and they were happy with how staff

supported them. One person told us, "The staff are good." One relative said, "I've found the home to be good. [Relative] has settled well and staff are always helpful." Another relative had contacted us with concerns about the quality of their relative's care. However, the person's records did not show any concerns about their care. We saw the person too and they appeared to be well looked after. We were however, not able to get their feedback as they were not able to tell us about their care experiences.

When we asked about whether staff had the right skills to support them effectively, one person said, "Staff seem well trained, especially when dealing with the people who cause them a bit of bother. They seem to know how to handle them." Staff told us that they mainly completed online training. However, they felt they had enough training to help them meet the needs of people. They gave us several examples of when they highlighted to the manager the need for extra training. For example, they had asked for training in the care of people living with dementia and this training had been provided. New staff told us they had been shown how to carry out essential skills like helping people with eating, personal care and moving, but they had not had a formal induction or 'shadowing' to learn from more experienced staff.

New staff told us that senior care staff helped them in their roles, but they had not yet had formal supervision. Staff we spoke with were aware of appraisals and supervision, although they were unclear about the purpose, frequency or format of these. It appeared no staff we spoke with had recent formal supervision, but they told us they received excellent informal supervision and support from senior care staff. Staff told us the manager was frequently around and observed their practice, helped with the provision of care, and gave valuable feedback. They said the manager modelled what good care should look like, with one member of staff adding, "The manager is very hands-on". We saw no evidence that supervision, training, and appraisals had been linked together as part of a coherent, structured development plan for staff. The manager needed to explore this to ensure that staff were appropriately supported to develop the skills and knowledge necessary for them to provide consistently good and effective care.

People and relatives were happy about the quality of the food provided by the service. However, some people told us that the food was sometimes lukewarm. One person said, "The food is good but it's mainly lukewarm when I get it." Another person told us, "I love the food and it's more than enough. You wouldn't go hungry here and I think the choices are good." While another person told us, "The food is okay and plenty to choose from. The cook sometimes comes around and says, 'Did you enjoy that'?"

We saw that a varied menu ensured that people had a choice of nutritious food to maintain their health and wellbeing. We found the cook was aware of people's food preferences and specialist dietary needs. They ensured that where required, people were provided with low sugar or high calorie meals and drinks to meet their health needs. People who required a soft diet were also catered for. We observed the lunchtime routine on the first day of the inspection and we found staff supported people to have a pleasant experience while having their food. We also observed that people were appropriately supported to eat their meals and staff did this in a caring and respectful way.

We saw that where required, various professionals had been consulted and visited the service to assess people and to provide advice and appropriate treatment. People told us they had been seen by professionals such as GPs, dentists, chiropodists, opticians and hospital consultants. One person said, "I haven't needed to see a doctor, but I know that one comes every week."

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The requirements of the Mental Capacity Act 2005 (MCA) were being met by the service because care records showed that where necessary, people's capacity to make decisions about their care had been assessed. The manager had also sent referrals to relevant local authorities to ensure that any restrictive care was lawful. Staff had been trained on the MCA and they showed good knowledge of the processes they needed to take to ensure that people's rights and choices were protected.

Consent to care was sought in line with legislation and guidance. We saw that some people were able to give verbal consent to their care and support, and staff told us that they always asked for people's consent before care was provided. They also said they observed body language and other non-verbal cues to ensure that people who were not able to communicate verbally were happy with the proposed support. Staff were aware that they could not provide care without people's consent.

Requires Improvement

Is the service caring?

Our findings

When we inspected the service in October 2017, we rated this key question 'good'. At this inspection, we found more needed to be done to ensure that other support systems had been explored for people who regularly refused personal care and support.

Staff told us that they always supported people to make decisions and choices about their care. They also said they recognised that people with capacity to understand the implications of refusing care could do so. However, it was not clear whether they knew that they still had a duty of care to ensure that people did not suffer harm because of their choices. There had been an incident where a person suffered harm because they were regularly refusing support from staff. The report of a safeguarding meeting shared with us showed that the previous registered manager had admitted that they had not taken appropriate action to seek professional support about this person's care. We discussed with the manager what the service had learnt from the incident and how they would ensure that staff knew what to do in the future. They told us about their priority to improve record keeping so that they could easily identify if people had not had the support they needed. They said this, and regular review of records would ensure that they identified the issues quickly, so that effective remedial systems could be put in place.

The manager also told us that they were working towards promoting a consistently caring culture within the service. They explained that this would put people at the centre of everything they did. This included reviewing how staff were deployed so that they could meet people's care needs quickly. Also, they said this would ensure that staff had time to spend interacting people so that they got to know them well, to enable them to provide person centred care.

People told us that staff involved them in making decisions about their care and they respected their choices. One person said, "If I want to say anything, I do. I'm not made to feel like I can't have an opinion, and they listen. I don't ask for much as I don't need to because everything is done for us." Relatives also told us they felt involved in making decisions about their relatives' care. One relative told us they felt that their views and suggestions were always considered.

People told us that they were supported by kind, caring and friendly staff. One person told us, "They are kind enough, I haven't had any cross words with anyone." Another person said, "I have found them to be very nice." While another person said, "I have never come across a bad carer, we are very well looked after."

We observed staff to be warm and friendly towards people. Staff talked about people with consideration and kindness, and emphasised their desire to be gentle and compassionate in their dealings with people. One person who had not been at the service long said, "I have found staff to be very nice since I have been here. They always remember my name, and they have a little laugh and a joke with me." They also said, "I'm very independent, so I can walk about and make my own conversations with people." Another person who chose to spend most of their time in their bedroom said, "The girls are caring and when they have time to chat they will. They are far too busy with the people downstairs, but they always have a word for me when they come to give me a jug of juice and my food. Staff showed concern for people's wellbeing in a caring and

meaningful way. They gave us examples of how they ensured people were offered support when upset or anxious.

People told us that staff supported them in a respectful manner. They also said that staff promoted their privacy and dignity, particularly when providing personal care. Some people told us that they could complete some of their daily living tasks without staff support. They said staff encouraged them to maintain their independence as much as possible, by letting them do as much as they could for themselves. People described staff covering them up during personal care, ensuring that curtains and the door was shut as some of the ways staff protected their dignity. One person also said, "They are quite respectful in how they speak with me."

We saw that the service promoted a conducive environment that allowed people to maintain close relationships with their relatives or friends. People's relatives told us that they could visit whenever they wanted and felt enabled by the service to play an important role in their relatives' care. We observed that some relatives visited the service quite regularly and relatives we spoke with told us that they had always felt welcomed.

Requires Improvement

Is the service responsive?

Our findings

When we inspected the service in October 2017, we rated this key question 'good'. However, at this inspection we found there were areas that required improvement.

People told us their needs were met by the service in a person-centred way. However, we found the poor quality of some of the care records did not always enable staff to provide the care that people required and that appropriately met their care needs. This was because some of the care plans were not up to date to accurately reflect people's current care needs. We saw that care plans were reviewed regularly, but these had not always been updated to reflect changes in people's needs. This meant that staff were not always providing the most effective care and support.

People told us that staff supported them quickly when they required support. Prior to the inspection, a relative had raised concerns that at night people on the upper floors had not always been supported quickly. This was because all staff were based downstairs. At this inspection, we found the manager had changed this so that there was always a member of staff based on each floor. The relative had also said that the call bell was not always within easy reach for their relative who was unable to call out for help. One member of staff told us that they were meant to check that call bells were accessible before leaving people in their bedrooms, and that it was very rare for them to forget to do so. They also said, "We would always check too when we go in to give residents their medication or food." During the inspection, we observed that call bells were within people's reach.

During the two days at the service, we observed that not much was provided to support people to appropriately occupy their time or to pursue their hobbies and interests. People were mainly sitting around with either music or television on. People told us that the level of activities provision needed to improve as they were bored at times. One person who had not been at the service for long said, "I have not seen anything yet (entertainment), but I'm looking forward to a barbeque they are having at the weekend. Also, the music they play is great." Another person said, "I will say there is not enough activities and it can get boring. If it's nice weather, my friend and I walk around the garden a lot and sit on a bench. It's lovely out there." When we asked if they had ever been on a trip out they said, "I have been out once since I have been here. That was to look at the flowers at the 'cemetery', which is a park as well." While another person said, "We seem to sit about a lot, unless I go in the garden. It is boring sometimes, and you just tend to fall asleep after lunch, then it's time for a cup of tea and biscuits." Other people also told us that they were looking forward to the planned barbecue weekend. Some relatives told us that they would be attending this social event.

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

We discussed with the manager what more they were doing to ensure that people were not bored and were supported to pursue their interests. They told us that they had one activities coordinator who was off on the first day of the inspection and they had recently recruited a second person into this role. The manager had

also reintroduced the keyworker role and these staff were tasked with spending time asking people about their hobbies, interests and what they would like to do while living at the service. They said that the activities coordinators would then use this information to tailor activities to people's preferences and interests. The manager also told us that they had been impressed by the current activities coordinator's enthusiasm and creative ideas to create activity plans that would be suitable and interesting for people to take part in. They were confident that improvements in this area would be made very soon.

People's concerns were mainly handled effectively. However, the service needed to do more to explore more effective ways of working with a relative who complained regularly about their relative's care. The manager told us about what they already did to address this issue. They said they would have further discussions with other professionals to explore how this could be managed differently in the future.

People had end of life care plans that mainly detailed their funeral plans. Like other records that needed updating, the manager told us that they would continue to work with people to ensure these correctly reflected the support people wanted at the end of their lives.

Requires Improvement

Is the service well-led?

Our findings

When we inspected the service in October 2017, we rated this key question 'requires improvement' because the registered manager needed to improve the quality of staff recruitment records to evidence that appropriate pre-employment checks had been carried out. People and relatives had also told us that they had not been given much opportunity to provide feedback about their experiences of the service. At this inspection, we found there were still areas that required improvement.

There had been a recent change of manager as the registered manager left the service in July 2018. There had been concerns about the quality of care at the service, and it was not clear whether the previous registered manager had plans or processes in place to make the required improvements.

We saw information that showed the nominated individual assessed some aspects of the service regularly. This included checking the following had been done: surveys; the service had been reviewed by the local authority; people were receiving effective medical care from health professionals; people were involved in planning menus and how the service could be decorated. However, they did not check the quality of care records and whether these had up to date information to enable staff to provide effective care. This meant they had not identified the concerns we found during this inspection about poor care and inadequate record keeping. This had the potential to put people at risk of harm.

The nominated individual was responsible for overseeing one other service. There also managed another service which meant that they were not available to provide the support and guidance required to ensure this service improved. There was also no evidence that there was a coordinated system to promote learning across all services they were involved in. This was of great concern as a Care Quality Commission inspection had found major issues about the quality of care at the service they managed. There had been failure to use the findings from this to ensure that lessons were learned and appropriate guidance was shared with all staff.

During the inspection, we discussed with the two managers our concerns that the provider did not promote learning across all the services. They told us that there had been recent improvements evidenced by the registered manager of the other service being present on both days of our inspection. As well as being there to observe staff practice, they provided support to the new manager. They further told us that they now had manager meetings and spoke regularly to share any learning. We found this to be a positive step.

We found although the new manager seemed to have good ideas about how they would improve the service, lack of action by the provider so far had meant that people did not always get consistently safe, effective and good quality care.

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

People we spoke with did not know who the manager of the service was because they had only been there

for two weeks. Some people knew that the registered manager had left. The manager told us that they had introduced themselves to people and would always introduce themselves to relatives who visited the service. They also said they hoped that the planned barbecue and meeting would be well attended so that they could meet as many relatives as possible. They told us that a planned meeting on 4 August 2018 had not been well attended, that is why they decided to hold another one sooner. They said that as well as displaying the date on the notice board by the entrance to the service, they sent emails to ensure that relatives who did not visit regularly knew about the forthcoming meeting.

Staff were positive about the manager and they said significant changes had been made since their arrival. One member of staff said, "She's going to be amazing for the home." Another member of staff said, "The atmosphere since the new manager came is completely different." Staff also told us that the manager was very supportive, including one who said, "I can always go to the office and ask for help." Another member of said, "She doesn't command from the office, she's always involved with what we do.' All members of staff we spoke with described the manager as 'approachable'. Staff told us that they were now asked for suggestions about what to do to improve the service, and they felt listened to. We saw that there were quarterly staff meetings which were attended by the nominated individual. However, staff shared information about people's care daily during handover meetings.

The manager told us that they were going to review whether people had enough opportunities to give feedback about their experiences of the service. Previously, this had been done on an individual basis as the registered manager felt that most people were not able to cope with group meetings. However, people we spoke with said that they had not been asked for feedback. This included one person who said, "I haven't been given anything to fill in." Another person said, "I have not been asked if I want anything changed or improved."

The service needed to improve how they worked with other stakeholders such as people's allocated social workers to ensure that people's needs were met. We saw that the manager reported relevant issues to the local authority and we also received notifications where necessary.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The care provided by the service was not always planned and delivered in a person-centred way to meet people's individual care needs. People were not always supported to pursue their hobbies and interests. Regulation 9.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care was not always provided safely. Some people suffered harm because enough action had not been taken to mitigate risks. Regulation 12(1)(2)(a)(b)(i)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems to ensure that they consistently provided safe, effective and good quality care. Regulation 17(1)(2)