

Mr Robert Timothy Teasdale

Norfolk Villa Residential Home

Inspection report

45 Alma Road
Pennycomequick
Plymouth
Devon
PL3 4HE

Tel: 01752661979

Website: www.careinplymouth.co.uk

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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?

Inadequate ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection on 26 September 2016. The overall rating was requires improvement. We issued a requirement notice and told the provider to take action in relation to how people's confidentiality was promoted and to how their money personal money was stored.

Improvements were also required to ensure staff used people's care plans to help plan and deliver people's care in line with their needs, wishes and preferences, and opportunities for social engagement required further development. In addition, the management of people's medicines required strengthening, and further action was required to ensure the newly designed systems and processes which had been implemented to monitor the quality of the care, were embedded into practice. Following the inspection, the provider sent us an action plan, telling us how they would make improvements and during this inspection we looked to see if action had been taken.

Norfolk Villa Residential Home is a service which provides care and accommodation for up to 19 older people, some of whom are living with dementia. Accommodation and facilities at Norfolk Villa Residential Home are situated on two floors, with access to the upper floor via stairs and/or a stair lift. There is a lounge, dining room and outside patio area, as well as some shared bathrooms, shower facilities and toilets. On the day of the inspection 15 people were living at the service.

The provider had responsibility for the management of the service and has no requirement to have a registered manager. A registered manager is a person who is registered with the Commission and has legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. However, in 2016 the provider had sought support with the running of the service, by employing an acting manager from a health and social care consultancy firm. The acting manager is referred to as the manager throughout the report.

We carried out an unannounced comprehensive inspection on 05 December 2017 and 08 December 2017.

People continued to live in a service which was not effectively assessed and monitored by the provider to ensure its ongoing quality and safety. Despite, the provider employing a consultancy firm to manage the service on their behalf, the provider did not have effective systems and processes in place to monitor the ongoing standard of the service, and to help ensure the service met regulations.

The provider had a limited understanding of the regulations which underpin the running of the service, in particular, the regulation relating to good governance. The continued rating of requires improvement since 2015 demonstrated the provider did not continuously learn and improve the service.

People lived in a service which did not continuously and positively adapt to changes in practice and legislation. For example, the provider and manager did not know about the CQC's changes to the Key Lines of Enquiry (KLOEs). They were also not aware of the Accessible Information Standard (AIS). The AIS is to

ensure services fully meet people's information and communication needs, in line with the Health and Social Care Act 2012. Both of these came into effect from 01 November 2017.

People lived in a service which did not have a positive, inclusive and person-centred culture. The provider told us the ethos of the service was to offer a homely and family orientated service. Whilst, these values were seen to be embedded into staffs practice, staff told us they did not feel the provider demonstrated these values.

The provider had not always notified the Commission of significant events which had occurred in line with their legal obligations. For example, the approval of Deprivation of Liberty Safeguard (DoLS) applications.

Staff spoke highly of the manager, and felt respected, supported and valued by them. The manager was open and transparent, and worked in partnership with key organisations for the benefit of people, for example the local safeguarding team. The manager was able to tell us of their understanding of the Duty of Candour. The Duty of Candour means that a service must act in an open and transparent way in relation to care and treatment provided when things go wrong. The provider, although open and transparent, did not know what the Duty of Candour was. This demonstrated the provider did not effectively keep his professional knowledge and development up to date.

Overall people received their medicines safely. However, monitoring checks had not always identified when improvements were required, in respect of stock control and the risk assessment of topical medicines (creams).

Whilst people did not complain about the numbers of staff, the provider had not continually assessed the staffing needs at the service, to ensure they met with people's changing care needs.

People did not live in an environment which had been effectively assessed to ensure its safety. Areas in the service, such as this kitchen were accessible to people, however risks associated with this had not been assessed to ensure people's safety. The temperature of the service was not effectively monitored to ensure it met with people's preference.

People were not always protected by infection control practices. Practices were not in line with infection control guidance. People did not always live in an environment which was free from odour. Two people's bedrooms smelt of stale urine, and tobacco smoke drifted through the lounge from the outside smoking area, which was used by people and staff. Although, people did not comment about the smell of smoke, inspectors found the smell to be overpowering.

People were protected in the event of a fire. Staff had undertaken training, and the fire system was checked in line with manufacture guidelines. Moving and handling equipment was checked and serviced as required. However, the call bell system which was an old system was not serviced to ensure it was in good working order. This meant there could be an unnecessary risk of it breaking down.

People told us they felt safe, with one person telling us "I feel safe living here". People were protected from abuse because staff knew what action to take if they suspected someone was being abused, mistreated or neglected. People's personal money was safely managed. People told us they felt confident to complain, with one person telling us, "I will speak up if I have any concerns, I'll speak to (the manager)". People were supported with decisions relating to their care and advocates were appointed when necessary. People's human rights were protected.

People who had risks associated with their care needs had these managed to ensure their ongoing safety. People were supported to eat and drink enough. Whilst, people were complimentary of the food, the manager told us that some people had commented about the quality of the meals in a recent quality questionnaire. So action was being taken to make improvements. The mealtime experience required improvement to ensure it met with people's preferences.

Overall, people lived in a service which had been designed and adapted to meet their needs. However, signage was not always present to help orientate people to where they were, this meant people may become anxious and get lost.

People's care and support needs were assessed to ensure their needs were met. People received a co-ordinated approach to their care. People's care records recorded when advice had been sought from external health and social care professionals, such as district nurses and social workers.

People were not always supported to live healthier lives. People who chose to smoke were joined in the smoking area by staff who worked at the service, who also smoked. This did not promote and encourage people's day to day, health and wellbeing.

People received care from staff who had undertaken training to meet their needs. Staff told us training opportunities were good, but they would prefer more face to face training, rather than ELearning. Staff received an induction prior to commencing their role to introduce them to the provider's ethos and policy and procedures. Staff who had no experience in the sector completed the care certificate. The care certificate is a nationally recognised qualification for care workers new to the industry.

People were not always treated with dignity and respect. People did not always have their correct name on their bedroom door, and in one person's bedroom, their continence aids were visible in large numbers. People's privacy was not always promoted because staff did not always knock on people's bedrooms doors, prior to entering them. People's confidentiality was respected. Conversations about people's health and social care needs were held in private.

People told us, "I like living here", "The staff are so good" and "They are lovely people". Staff displayed a kind approach in their care of people, and spoke fondly of the people they cared for. Special occasions, such as people's birthdays were remembered and celebrated. People's communication needs were considered and staff adapted their approach to ensure they met people's individual needs. People's equality and diversity was respected.

People continued to not always have the opportunity to take part in organised social engagements. A recent quality questionnaire, completed by people living at the service had also identified people wanted more to do, but staff told us they did not have the support of the provider to make this better.

People's care plans were detailed and provided information about their healthcare needs. Staff, were knowledgeable about how to meet people's needs and were able to describe how they delivered people's care in line with their care plans. However, care plans relating to people's end of life care were not always personalised to explain to staff what their individual preferences and choices were. Staff had not undertaken training in end of life care. This meant people's end of life care may not be effectively assessed and managed.

We recommend the provider reviews the environment, by taking account of best practice and dementia research; and uses a staffing tool to calculate staffing levels according to the needs of individuals living in

the service. We also recommend that the provider takes account of the Accessible Information Standard (AIS) to help make sure people with a disability or sensory loss are given information they can understand, and the communication support they need.

Full information about CQC's regulatory response to the more serious concerns found during inspections 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 always safe.

People did not live in an environment which had been effectively assessed to ensure its safety.

People did not always have immediate access to suitable numbers of staff to meet their needs.

People's medicines were managed safely. However, the monitoring processes in place had not always promptly identified when improvements were required.

People were not always protected by infection control practices.

People were protected from abuse.

People who had risks associated with their care needs had these managed to ensure their ongoing safety.

The manager learnt when things went wrong, to help improve the service.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People were supported to eat and drink enough. However, the management of people's nutrition and the overall dining experience required improvement to ensure it met with people's wishes.

The decoration of the premises did not always support people.

People's human rights were upheld.

People's care and support needs were assessed to ensure their needs were met.

People received care from staff who had undertaken training to meet their needs.

People received a co-ordinated approach to their care. The manager worked with external organisations to help ensure people's ongoing health and wellbeing.

Is the service caring?

The service was not always caring.

People were not always treated with dignity and respect.

People were supported with decisions relating to their care. Advocates were appointed when necessary.

Staff displayed a kind approach in their care of people, and spoke fondly of the people they cared for.

People's communication needs were considered and staff adapted their approach to ensure they met people's individual needs.

People's equality and diversity was respected.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

People did not always have the opportunity to take part in organised social engagements.

People's end of life care records were not always complete to fully reflect how they wished and needed their needs to be met.

People received personalised care and support. Staff, were knowledgeable about how to meet people's needs.

People told us they felt confident to complain. People's complaints were used to help improve the service.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

People did not live in a service which had a positive, inclusive and person-centred culture. Staff, were confused about the leadership of the service and did not always feel valued by the provider.

The provider had a limited understanding of the regulations which underpin the running of the service. The continued rating of requires improvement, demonstrated the provider did not

Inadequate ●

continuously learn and improve the service.

People did not live in a service which was effectively assessed and monitored to ensure its quality and safety.

Despite people's views being obtained, people and staff were not always actively involved in developing the service.

Staff spoke highly of the manager, and felt respected, supported and valued by them.

The manager was open and transparent, and worked in partnership with key organisations for the benefit of people.

Norfolk Villa Residential 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.

We visited the care home on 05 and 08 December 2017. The first day was unannounced. The inspection team consisted of two inspectors, and an expert by experience - this is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the information we held about the service. This included previous inspection reports and notifications of incidents the provider had sent us since the last inspection. A notification is information about important events, which the service is required to send us by law. In addition, we also contacted Healthwatch Plymouth and the local authority quality and service improvement team. Their feedback can be found through-out the inspection report.

During our inspection we spoke with 14 people who lived at the service, three relatives, five members of staff, the manager, the provider and an optician.

During our inspection we observed how people were supported during the day. We looked at eight records which related to people's individual care needs. We also looked at records that related to people's medicines, as well as documentation relating to the management of the service. These included three recruitment files, auditing records, policies and procedures, accident and incident reports, training records,

equipment and service records, and kitchen menus.

Following our inspection we also contacted the community district nurse team, for their views about the service. We have included their views in the body of the report.

Is the service safe?

Our findings

At our last inspection on 26 September 2016 we rated this key question as requires improvement because, people's medicines were not always managed safely and their personal money was not always stored securely. During this inspection we looked to see if improvements had been made. We found action had been taken in respect of people's money, but further action relating to medicines was still required.

At our previous inspection people's medicines were not always managed safely, because people's medicine administration records (MARs) were not always safely completed and people did not always have care plans in place relating to medicines they took as required, such as paracetamol. This meant people were at risk of not receiving their medicines safely, consistently and at times when they may need them. At this inspection we found MARs were now completed accurately and safely, but whilst action had been taken to implement care plans for as required medicines, we found for three people's medicines, these were not in place. However, the manager took immediate action to rectify this at the time of our inspection.

There were monitoring processes in place for medicines management, however these had not always identified when improvements were required. For example, the quantity of medicines stored were not always the same as recorded on people's MARs. For one person their MARs recorded that they had no pain relief medicine in stock, however we found 70 in the medicines cabinet. Another person's MARs also stated they had no pain relief medicine, but there were 94 in the medicines cabinet. This meant it would be difficult for staff to monitor when stock needed re ordering and to monitor if any of the medicines were lost or stolen. However, there was no evidence to suggest that anyone had not received the medicines they needed.

People's medicines were stored safely. Staff received training and an assessment of their ongoing competency. Overall, risks associated with people's medicines had been assessed. For example, people who wanted to take responsibility for their own medicines, had risk assessments in place to ensure their ongoing safety. Risk assessments were reviewed on a monthly basis to ensure the person was still managing well.

People who experienced agitation were monitored to help assess the best way to support them, rather than immediately administering sedative medicines. For example, one member of staff explained it had been recognised that if they supported one person to bed early, it reduced their anxiety which meant they did not need to take their prescribed medicine.

The manager and provider told us they felt there were adequate numbers of staffing to meet people's needs, and expressed that if staff were struggling, they should never hesitate to contact one of the management team, who would happily and promptly come and assist. However, at times, people did not always have immediate access to suitable numbers of staff to meet their needs. Staff explained about a recent situation, when they had to call the on-call manager and ask them to come in because both staff members were providing urgent personal care to one person. Whilst, the on-call managers and provider did not live far away, it meant there was a risk of people's needs not being met, during the time staff were waiting for them to arrive. We were told by the manager and provider that this situation was rare but found that during the

afternoon and evening shift, there were two members of care staff responsible for meeting the needs of 14 people. One of these people required the support of two people to move and another person was at risk of falling. During such time, care staff, were also responsible for serving tea and carrying out laundry tasks. This meant that if anyone needed individual support, depending on the person's needs, there would only be one, or possibly no, staff available to meet other people's needs. We were told by the manager that there were sometimes only two staff members available during the mornings too. The manager explained that the staff rota was based on the hours staff needed to work according to their contracts. This approach did not consider how the needs of each individual could be met safely.

We recommend the provider uses a staffing tool to calculate how many staff are required to ensure each person's needs can be met safely.

People did not live in an environment which had been effectively assessed and monitored to ensure its ongoing safety. Some cleaning products were stored in a hairdressing room which was unlocked and the door left open. If these had been consumed, they could have been harmful but no consideration had been given to whether this would pose a risk to anyone. There was also a hole in a regularly used corridor carpet, which was a trip hazard. By the second day of our inspection, the manager was taking action to assess environmental risks.

People's environment had not always been assessed to ensure its safety. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On day one of our inspection, there were three people sitting in the lounge with either a hat or a jacket on, and one person had a blanket wrapped around their legs. The service felt cold in communal areas, and three people told us they felt cold. In one person's night care records, it detailed they had asked a member of care staff for a blanket because they had been feeling cold. Staff had not acted to increase the temperature in the service. The manager told us the heating system had recently been serviced, but there had been some technical difficulties. The manager adjusted the heating prior to us leaving and by day two, the temperature of the service was noticeable warmer.

People were not always protected by infection control practices. On day one of our inspection, the area used for staff to empty commode pots (the sluice) was found to be outside. The sluice machine was cluttered, with a bottle of bleach and a soiled commode pot sitting on top. There was also no immediate access to hand washing facilities. Staff told us, they washed their hands in a toilet nearby or went back to the person's bedroom. This meant there was a risk of cross contamination as the member of staff walked back through the home. Also, on day one of the inspection, hot water was not available in the hand washing basins of two of the toilets which meant people and staff may not have been able to wash their hands adequately. This also increased the risk of cross infection but staff had not reported the lack of hot water to the manager.

By day two, the manager had tidied up the sluice area and handwashing facilities in a nearby outhouse had been put into action. Due to items stored in the outhouse, staff had not known this sink was there or been able to access it previously. The manager told us they completed an infection control audit to ensure the correct infection control practices were being followed. However, the audit which had last been completed in April 2017 detailed that no action was required. This demonstrated the provider's processes had not ensured safe infection control practices were implemented.

People did not always live in an environment which was free from odour. Two people's bedrooms smelt of stale urine, and tobacco smoke drifted through the lounge from the outside smoking area, which was used

by people and staff. Although, people did not comment about the smell of smoke, the smell was very strong.

People's environment had not been assessed or monitored to ensure infection control risks were effectively managed and mitigated. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were protected in the event of a fire. Staff had undertaken training, and the fire system was checked in line with manufacture guidelines. People had personal emergency evacuation plans (PEEPs) in place, which helped to ensure people's needs were known to emergency services in the event of a fire. Moving and handling equipment was checked and serviced as required. However, the call bell system which was an old system was not serviced to ensure it was in good working order. This meant there could be an unnecessary risk of it breaking down.

People told us they felt safe, with one person telling us "I feel very safe living here". People were protected from abuse because the provider had policies relating to safeguarding people from harm and abuse. However, whilst staff knew what action to take if they were concerned someone was being abused, mistreated or neglected. The provider had eight safeguarding policies, some of which the provider told us, made reference to the local safeguarding team. This meant by having many policies, some of which contained different information, it could become confusing for staff.

People who had risks associated with their care needs had these managed to ensure their ongoing safety. For example, people had risk assessments in place relating to their mobility needs, skin care and weight management. Falls monitoring checks had been useful in identifying when people were most at risk of falling, so preventative measures could be put into place. For example, one to one support had been implemented for one person. Staff supported people to walk at their own pace, and placed a caring hand on people's back to provide them with reassurance.

However, one person had been prescribed a topical medicine (a cream) which was flammable. They also smoked and so regularly used a cigarette lighter and sat near other's who were, smoking and using cigarette lighters. However, they did not have a risk assessment in place to ensure the risk of catching fire was mitigated, for example the effective washing of their clothing. The manager told us they would ensure this risk was assessed immediately.

The manager learnt when things went wrong to help improve the service. For example, the manager told us there used to be frequent omissions on people's MARs records. So action had been taken to implement a daily check to ensure the accurate completion of records, and the checks had been successful.

At our last inspection in September 2016 people's personal money was not always being safely managed. At this inspection, we found people's money was kept safe, and records showed a robust audit trail of all transactions.

Is the service effective?

Our findings

At our last inspection on 26 September 2016 we rated this key question as good.

At this inspection we found people were not always supported to live healthier lives. People who chose to smoke were joined in the smoking area by staff who worked at the service, who also smoked. This did not promote and encourage people's day to day, health and wellbeing.

People were supported to eat and drink enough. People's nutritional needs were recorded and known by staff. People told us "The food is very good", "The food is really great, lots of it, too much really" and "The food is beautiful, we are well fed". Whilst people were complimentary of the food, the manager told us that some people had commented about the quality of the meals in a recent questionnaire so the manager was taking action to make improvements.

The mealtime experience required improvement to ensure it met with people's preferences. For example, there were no menus for people to choose from and people were not always offered condiments. The dining room was not maintained or presented in a way that showed respect for the people using it. It was cluttered with items such as paper work, parcels and cat food which were not stored away. There was also a piece of kitchen equipment attached to the wall which was no longer used and looked unsightly.

We checked to see if the provider was working within the principles of the Mental Capacity Act 2005 (MCA). 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 so that they can 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).

Staff had received training in respect of the legislative frameworks and had a basic understanding. People's mental capacity was recorded to help ensure their human rights were upheld. People's consent to care was recorded in their care plans, and staff were heard to verbally ask people for their consent prior to supporting them, for example before assisting them with their lunch or with their medicines. However, people's consent for the provider to store their personal money had not been obtained, but the manager took action to rectify this at the time of our inspection by creating a new consent form.

DoLS applications to the supervisory body had been made when necessary. However, whilst applications were in date, there was no system in place to ensure the local authority was contacted close to the expiry date. This meant there was a risk people's human rights may not be protected. The manager told us they would make a note in their diary to make sure the local authority was contacted in suitable time.

Overall, people lived in a service which had been designed and adapted to meet their needs. There was a

stair lift so people could access the upper floors, and specialist equipment in bathrooms meant people with mobility difficulties could use bath and shower facilities with ease. However, signage was not always present to help orientate people to where they were. This meant people may become anxious and get lost.

We recommend the provider reviews the environment, by taking account of best practice and dementia research.

People's care and support needs were assessed to ensure their needs were met. Staff talked about people's changing healthcare needs at daily handovers to ensure they were receiving the right support and staff recognised when people's care and support needs were changing. For example, a GP visit had been requested for one person, because staff had noticed a difference in the person's behaviour and mobility.

People received a co-ordinated approach to their care. The manager and staff worked with external organisations to help ensure people's ongoing health and wellbeing. An optician told us, "It is a nice, friendly home. I have no concerns. Staff, seem to know people well. There's nothing I've ever been unhappy with". People's care records recorded when advice had been sought from external health and social care professionals, such as district nurses and social workers. One member of staff told us, "I enjoy seeing how their health improves whilst they are here".

People received care from staff who had undertaken training to meet their needs. One person told us, "I would say staff, are well trained". Staff completed training in topics the provider classified as mandatory, such as moving and handling, fire and first aid. However, staff also completed courses to help them meet people's individual needs, such as diabetes and stoma care. Staff told us training opportunities were good, but they would prefer more face to face training, rather than ELearning. With one member of staff telling us, "The training sometimes just hits the surface but doesn't go deep enough".

Staff received an induction prior to commencing their role to introduce them to the provider's ethos and policy and procedures. Staff who had no experience in the sector completed the care certificate. The care certificate is a nationally recognised qualification for care workers new to the industry.

Is the service caring?

Our findings

At our last inspection on 26 September 2016 we rated this key question as requires improvement because people's confidentiality was not always respected. During this inspection we looked to see if improvements had been made, and found action had been taken. However we found other areas that needed to improve.

During this inspection we found people were not always treated with dignity and respect. A member of staff came to escort one person from the lounge to the toilet. However, they were already wearing personal protective equipment (PPE), gloves and an apron. Therefore, making it obvious to others that the person was being supported to the toilet. This did not promote the person's dignity. Another person's continence aids had been stored in their room and were visible in large numbers from the open door. Two people had other people's names on their bedroom doors as they had not been changed when the people moved in.

Staff told us one of these people had been living in the service for approximately two months but the name still hadn't been changed. However, a member of staff told us the provider was in the process of changing these. People's privacy was not always promoted because we saw, that on two occasion's staff did not always knock on people's bedrooms doors, prior to entering them.

People were not always treated with dignity and respect. People's privacy was not always promoted. This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us, "The staff are so good", "I can't speak highly enough of the staff", and "The staff are great, very good".

People were supported with decisions relating to their care and advocates were appointed when necessary. For example, staff spoke to one person about their health and discussed with them about contacting a GP. The person was happy with this, but expressed they would prefer to see their own GP, who they knew well. The person's wishes were respected by the member of staff.

Special occasions, such as people's birthdays were remembered and celebrated. A member of staff had taken time to bake a birthday cake for one person. The person had been thrilled with the effort staff had made to make their day so special, they told us "It was my birthday yesterday they made me a cake, best I've ever had".

People had a key worker. This was a member of staff who was a main point of contact for them and for their family. Keyworkers shopped for people to make sure they had the things they needed and wanted. One person told us, "They're very good if you want anything they get it for you".

Staff displayed a kind approach in their care of people, and spoke fondly of the people they cared for. Tactile interactions were observed, such as staff placing their arm round people to offer comfort, and conversations between people and staff were respectful.

People's communication needs were considered and staff adapted their approach to ensure they met people's individual needs. For example, staff were observed to speak in a different tone to people who had hearing difficulties and staff explained how they supported people who had visual impairments, by describing at mealtimes what was on their plate. People, whose first language was not English, had been supported when required by an interpreter.

People's equality and diversity was respected. People, when they wanted to had shared their own sexuality with staff and this had been respected. People were able to and were supported to continue with their own religious and spiritual beliefs.

At out last inspection in September 2016, people's confidentiality was not always maintained because the provider did not always ensure conversations were held discreetly away from people, and people's personal confidential information was not always stored securely. At this inspection, we found overall, people's confidentiality was protected because a new lock had been put on the office door, and conversations about people's care and support needs were held in private. However, people's diet and nutrition records were found to be left out on the dining room table. The manager told us, action would be taken to find alternative storage.

Is the service responsive?

Our findings

At our last inspection on 26 September 2016 we rated this key question as requires improvement. Improvements were required to ensure staff used people's care plans to help plan and deliver care in line with people's needs, wishes and preferences; and opportunities for social engagement required further development. During this inspection we looked to see if improvements had been made, and found some action had been taken, but further improvements were required.

People continued to not always have the opportunity to take part in organised social engagements. There was no dedicated social co-ordinator, so activities were co-ordinated by staff when they had time. On day one of our inspection, some people spent the day in their bedroom, whilst others sat in the lounge, with the TV on in the background. However, on the second day of our inspection, local primary school children came to sing. A recent quality questionnaire had also identified people wanted more to do, so the manager had been working with the provider to improve this aspect of the service. However, despite this, three members of staff told us they felt that they did not have the support of the provider. Commenting, "We used to do bingo and painting, but that's all stopped" and "If staff are sitting doing things with residents, (the provider) asks why they are sitting down." The provider told us, he was responsible for organising social activities for people and told us that he felt there was enough for people to do.

People had care plans in place which recorded aspects of their end of life care, such as what funeral director they wanted. However, three people who had lived at the service for some time, did not have personalised care plans to explain to staff what their individual preferences and choices were, such as who the person may want to be with them in their final hours. This meant their wishes may not have been met for the end of their life. The provider had not required staff to undertake end of life care training or development, to enhance the level of care people received at this time. The manager told us he would take immediate action to improve people's care plans.

People's social care was not designed to meet their preferences. People's end of life care records were not always complete to fully reflect how they wished and needed their needs to be met. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection in September 2017, new care plans had just been created, which meant we could not be assured they were embedded into practice. At this inspection we found that overall, people's care plans were detailed, reviewed and provided information about their healthcare needs. Staff, were knowledgeable about how to meet people's needs and were able to describe how they delivered people's care in line with their care plans. One member of staff told us, "(The manager) has simplified the paperwork and it's easier. Staff, understand it". However, in line with the Accessible Information Standard (AIS). The provider had not considered whether people's care plans were in the right format for them to read and understand.

A pre-assessment of people's health and social care needs was carried out prior to a person coming to live at the service, this helped to determine whether the service could meet a person's individual needs.

People told us they felt confident to complain, telling us "I will speak up if I have any concerns", "If I had any concerns I would talk to whoever is in charge" and "I have information on how to complain if I need to". People's complaints and comments were used to help improve the quality of the service. For example, because of people's criticism, action was being taken to improve the quality of meals and address the lack of social activities. The complaints policy was displayed within the service however the policy may not have been in a suitable format for everyone to understand. The manager told us, they would take action to change the font size and would contact an interpreter to translate the policy for people, whose first language was not English.

We recommend that the provider takes account of the Accessible Information Standard (AIS) to help make sure people with a disability or sensory loss are given information they can understand, and the communication support they need.

Is the service well-led?

Our findings

At our last inspection on 26 September 2016 we rated this key question as requires improvement because further action was required to ensure the newly designed systems and processes which had been implemented to monitor the quality of the care, were embedded into practice. During this inspection we looked to see if improvements had been made, and found action was still required.

The provider employed a consultancy firm in 2016. This was to assist with the day to day management of the service, and to ensure the service met regulations. However, as the registered person, it remained the provider's responsibility to ensure this was being achieved. The continued rating of requires improvement since 2015 demonstrated the provider did not continuously learn and improve the service; and the consultancy firm employed to support improvement had not been fully effective.

It was not always clear what the provider's role was within the service. They told us, "I depend upon (the manager) and the staff team, that we are on the right track". However, the provider was still involved in making some day to day decisions about the service and we were told the provider sometimes 'overruled' decisions made by the manager. When the manager had been absent, the provider did not ensure effective leadership. For example, we were told when the manager had been on annual leave for five days, there had been a new person admitted to the service. The provider had co-ordinated the admission in the manager's absence but had not ensured a care plan had been written or put into place to guide staff how to care for the person, so the manager had completed this on their return. The manager told us, "It's a nice home but there are things I would change." They told us, they did not always have full autonomy.

Whilst people and staff spoke positively about the manager from the consultancy firm, people continued to live in a service which was not being effectively managed, assessed and monitored by the provider to ensure its ongoing quality and safety. We asked the provider what systems and process they had in place to monitor the standard of the service and to help ensure the service met regulations. We were shown a computer system which alerted them, when changes had been made to people's care records or to policies. However, there was no system in place for the provider to monitor the work of the consultancy firm, to ensure the required standards were being met.

The provider had failed to identify that risks associated with the environment had not been properly assessed, that infection control practices were not always being followed, people's end of life wishes were not always recorded. They had also not identified that there were few opportunities for cognitive and physical stimulation and that people were not always being treated with dignity and respect. Environmental monitoring had not been effective in identifying the stale smell of urine in two people's bedrooms, the incorrect names on two people's bedroom doors, a rip in one corridor carpet, and a hole in an external wall. In addition, the monitoring system which was in place to support the safe management of people's medicines, had failed to identify when improvements were required.

The provider had not ensured the Commission was notified of all significant events which had occurred, in line with their legal obligations. For example, we had not been notified about the approval of one

Deprivation of Liberty Safeguard (DoLS) applications.

The provider did not have a system in place to ensure the temperature of the service was effectively monitored to ensure it met with people's preference this resulted in people feeling cold. The provider did not continually assess the staffing needs at the service, to help ensure they met with people's changing care needs. This meant the provider was not aware if people were being cared for safely.

People lived in a service which did not continuously and positively adapt to changes in practice and legislation. For example, they did not know about the CQC's changes to the Key Lines of Enquiry (KLOEs). They were also not aware of the Accessible Information Standard (AIS). The AIS is to ensure services fully meet people's information and communication needs, in line with the Health and Social Care Act 2012. Both of these came into effect from 01 November 2017. Therefore, this demonstrated the provider and manager did not keep up to date with important regulatory changes and therefore implement appropriate changes within the service for the benefit of people.

People lived in a service which did not have a positive, inclusive and person-centred culture. The provider told us the ethos of the service was to offer a homely and family orientated service. Whilst, staff showed they cared for people, we found these values were not always embedded into staffs practice. Staff also told us they did not feel the provider demonstrated these values, telling us "(The provider) is sometimes rude to staff. He never praises". In addition, staff told us the provider sometimes spoke to them in an unkind manner. We raised this with the provider; they told us they knew how staff felt, because their attitude was always at the top of the agenda at staff meetings. However, despite staff sharing their views and feelings, the provider's approach remained the same.

People and staff did not always feel actively involved in developing the service. Staff told us they felt their ideas were not always taken seriously by the provider, or seen as being important to the people living at the service. For example, staff wanted to create better social engagement for people, but this was not always seen as a priority. Therefore, staff gave up their own free time to bake cakes, take people out and arrange social events.

The provider's governance framework, to help monitor the management, leadership and culture of the service, as well as the ongoing quality and safety of the care people receiving continued to not be effective. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff spoke highly of the manager, and felt respected, supported and valued by them. Telling us, "(...) has the right skills and knowledge. (...) will explain things and if I get something wrong, (...) show me again. (...) very patient" and "Staff go to him for support and (...) asks them how things are".

The manager was open and transparent, and worked in partnership with key organisations for the benefit of people, for example the local safeguarding team. The manager was able to tell us of their understanding of the Duty of Candour. The Duty of Candour means that a service must act in an open and transparent way in relation to care and treatment provided when things go wrong. The provider, although open and transparent, did not know what the Duty of Candour was. This demonstrated the provider did not effectively keep his professional knowledge and development up to date.

People told us they liked the service and felt the staff, were managed well, commenting "I think this is an intimate cosy little home", "The manager (...) is always obliging", "The staff are lovely" and "Anything you want, they will do it for you" and "I think they are well managed".

People, staff and external professional feedback was obtained to help improve and develop the service. The completion of a quality questionnaire had identified themes relating to meals, social stimulation and the attitude of the provider. Despite, this ongoing feedback, improvements were still required.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Regulation 9 (1) (a) (b) (c) (2) (3) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People's social care was not designed to meet their preferences. People's end of life care records were not always complete to fully reflect how they wished and needed their needs to be met.

The enforcement action we took:

We imposed a condition on the providers registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect Regulation 10 (1) (2) (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were not always treated with dignity and respect. People's privacy was not always promoted.

The enforcement action we took:

We imposed a condition on the providers registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12 (1) (2) (a) (b) (d) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People's environment had not always been assessed to ensure its safety. People's environment had not been assessed or monitored to ensure infection control risks were effectively managed and mitigated.

The enforcement action we took:

We imposed a condition on the providers registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 (1) (2) (a) (b) (c) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider's governance framework, to help monitor the management, leadership and culture of the service, as well as the ongoing quality and safety of the care people receiving continued to not be effective.</p>

The enforcement action we took:

We imposed a condition on the providers registration.