London Residential Healthcare Limited

Summerlea House Nursing Home

Inspection report

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Date of inspection visit: 14 and 15 October 2015
Date of publication: 14/12/2015

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

Overall summary

We carried out a comprehensive inspection of this service in January 2015 and found the provider was not meeting the legal requirements in relation to standards of care and welfare for people who use the service. We carried out a focused inspection of this service on the 14 April 2015 to follow up on Warning Notices we had served on the provider in March 2015. Repeated breaches of the legal requirements were found in relation to the standards of care and welfare for people who used the service. Care and treatment was not designed to meet people's needs or preferences. There was a failure to ensure systems and processes were in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of people, or to improve the quality and safety of services provided. After this focused inspection the service was placed into special measures and a condition was placed on the registration of the service prohibiting admissions to the service without the express permission of the Commission.

Summary of findings

We undertook this unannounced comprehensive inspection on the 14 and 15 October 2015 to check the service had made improvements and met legal requirements. The service had taken sufficient steps to be taken out of special measures.

The home provides accommodation and nursing care for up to 74 older people. At the time of our inspection 38 people lived at the home.

A registered manager was in place; however they were on leave at the time of our inspection. 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 this inspection we found the registered provider and manager had not met all of the requirements of the Regulations to meet the fundamental standards, and further work was required to embed practices in the home.

Whilst medicines were stored and ordered in a safe and effective way, some medicines were not administered as they were prescribed.

Risk assessments in place informed plans of care for people to ensure their safety and welfare, and staff had a good awareness of these. Health and social care professionals were involved in the care of people, especially those with enhanced needs; care plans reflected this.

There were sufficient staff to meet the needs of people who lived at the home, however further work was required to identify the increased needs of people when they were admitted to the service. Staff had a good understanding of how to keep people safe, identify signs of abuse and report these appropriately. Processes to recruit staff were in place which ensured people were cared for by staff who had the appropriate checks and skills to meet their needs.

Where people were unable to consent to their care the provider was guided by the Mental Capacity Act 2005. People had opportunities to be involved in planning and reviewing their care however further work was required to embed this practice in the home.

People's nutritional needs were met in line with their preferences and needs; people who required specific dietary requirements for a health need were supported to manage these. Some work was required to ensure staff accurately recorded and monitored the nutritional and fluid intake of people.

Care plans in place for people reflected their identified needs and the associated risks, however records were not always accurate and did not always reflect the care people received. Staff were aware of people's needs and understood their role in supporting these. Staff were caring and compassionate and knew people in the home well.

There was a wide variety of activities available for people, however some people were at risk of isolation as staff did not always take opportunities to interact with them. We have made a recommendation to improve staff interaction with people.

Complaints had been responded to in line with the registered provider's policy and this work needed to be sustained. Incidents and accidents had been reported and investigated however further work was required to improve the responsiveness of action plans and embed this practice in the home.

The registered provider had supported the registered manager and their staff with additional resources to improve the management structure in the home and improve the quality assurance systems in place. This work required further embedding in the service as audits in place to ensure the safety and welfare of people were not always effective. Care records were not always held securely and did not always contain information which was consistent or accurate. People, their relatives and staff felt positive in the recent changes in the service; however these needed to be sustained.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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 were not always protected from the risks associated with the unsafe administration of medicines.

Risk assessments were in place and informed plans of care for people; however records were not always up to date and did not always reflect actions taken to ensure people's safety.

There were sufficient staff available to meet the needs of people. However further work was required to ensure adequate staffing to meet the increased needs of people when they were admitted to the home.

Staff had been assessed on recruitment as to their suitability to work with people and staff knew how to keep people safe.

Is the service effective?

Requires improvement

The service was effective but required further work to embed these practices in the home.

Staff knew people well and could demonstrate how to meet people's individual needs.

Where people could not consent to their care the service was guided by the Mental Capacity Act 2005.

All care records held nutritional risk assessments for people. These included information on specific diets required for health conditions and preferences. Further work was required to improve the recording of people's nutritional and fluid intake.

Is the service caring?

Requires improvement

The service was not always caring.

People's privacy and dignity was maintained. They were happy in the home but did not always feel all staff were caring.

Staff did not always take steps to ensure people were protected from being isolated.

Is the service responsive?

Requires improvement

The service was not always responsive.

Care plans reflected the identified needs of people and the risks associated with these needs. Further work was required to improve the accuracy of records and embed this system in the service.

Summary of findings

Activities were available for people though some people were isolated and lacked stimulation throughout the day.

People felt able to express any concerns and complaints. These were responded to in line with the registered provider's policy.

Is the service well-led?

Requires improvement 

The service was not always well led.

Care records were not held securely and were not always accurate.

A system of audits in place was not always effective.

Whilst incidents and accidents were recorded and investigated, action plans were not always implemented in a timely way to ensure the safety and welfare of people. This work required time to become embedded in the practices at the home.

People, their relatives and staff were positive the service was improving to meet people's needs.

Summerlea House Nursing 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 was 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 undertook this unannounced comprehensive inspection of Summerlea House Nursing Home on 14 and 15 October 2015. At the last focused inspection in April 2015 this provider was placed into special measures by CQC and a condition placed on the registration of the service prohibiting admissions to the service without the prior permission of the Commission.

The inspection team consisted of three inspectors, a pharmacist inspector and an expert by experience in the care of older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the home, including previous inspection reports and service improvement plans. We reviewed notifications of incidents the manager had sent to us since the last inspection. A notification is information about important events which the service is required to send us by law.

The registered manager was on leave, we spoke with the deputy manager and 11 members of staff including; two registered nurses, care staff and senior care staff, kitchen staff and an activities coordinator. We spoke with two operational support managers from the registered provider's head office. We spoke with 12 people who lived at the home and 4 relatives. Following our inspection we received feedback from five health and social care professionals.

We looked at the care plans and associated records for 17 people and the medicines administration records for 36 people. We looked at records relating to the management of the service including six staff recruitment records, records of complaints, investigation records, quality assurance documents including medicines and care record audits.

Requires improvement

Is the service safe?

Our findings

People told us they felt safe most of the time at the home although some felt there were not always enough staff to meet their needs. One person said, "Oh yes, I'm safe here," and another told us, "They do know me well so I am safe." However another person told us they were glad they did not need to call for staff to help them as there were not enough of them to meet the needs of everyone at the home. A relative told us there were not normally enough staff around and, "They are pushed." Health and social care professionals we spoke with said people were safe in the service although they would require reassurances from the service of how they would manage people's safety if and when the number of people who lived at the home increased.

At our inspection in January 2015 we found the provider had not safeguarded the health, safety and welfare of people living in the home by ensuring that there were sufficient numbers of suitably qualified, skilled and experienced staff to meet the needs of people. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements in this area, however further work was required to ensure adequate staffing levels should more people be admitted to the home.

People and their relatives told us there were not always enough staff around to meet their needs. However staff told us they had more time to care and support people as new systems which had been introduced to manage staff had been effective. One told us, "It's far better now. Now we have new staff and we are no longer short of staff." We saw that a new staff system had been introduced. A member of the care staff described it, "We have a new grouping system for staff each day so that we work in three teams A, B and C with residents. There is good team work now. We are helping each other. It has been everybody's responsibility to make it work."

Nursing and care staffing levels available at the time of our visit were sufficient to meet the needs of people within the home. Staff were available to support and care for people whether they were in a lounge area or in their own bedrooms. There were enough nursing and care staff to provide care and support for people. Additional staff in the home provided support with domestic activities, cooking and maintenance. On the first day of our inspection there were nine care staff, including three senior care staff, to support 36 people. There were three registered nurses on duty, including the deputy manager who was a registered nurse. Staff rotas showed a consistent number and appropriate skill mix of staff was available to meet the current needs of people. Health and social care professionals said sufficient numbers of staff were available to support the number of people who currently lived at the home.

We asked the deputy manager what process was in place to identify the number of staff required to meet the needs of people who lived in the service and those who would be admitted in the future. They showed us a recognised dependency tool which they were in the process of implementing to measure the needs of people in the home and ensure adequate numbers of staffing were available to meet these. They told us when people were being admitted to the home this tool would be used to assess their needs alongside those of other people in the home to ensure sufficient staffing levels were available. The home had an on-going recruitment drive to ensure sufficient staff, particularly registered nurses, were available at all times to meet the needs of people.

At our inspection in January 2015 we found the provider had not protected people from the risks associated with the unsafe administration of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that whilst this legal requirement had been met, further embedding of practices was required to ensure the safe administration of medicines.

Medicines were stored securely and the temperature records for one medicines room and refrigerator provided assurance that these medicines were kept within their recommended temperature ranges. However, the room temperature of another room where a medicines trolley was stored was not recorded.

The administration of medicines was recorded on medicine administration records (MAR). Care plans and MAR contained information about; "how I take my medicines", taking medicines which were prescribed "when required" and medicines which could be given in a "variable dose". However information contained in MAR and care records regarding the allergies of people was not always consistent.

Requires improvement

Is the service safe?

Medicines were not always administered in the way they had been prescribed. For example, two people were prescribed a medicine to be taken once a week and another medicine twice a day; these medicines should not be administered at the same time. These medicines had not been given as prescribed although this was unlikely to have an impact on the wellbeing of the people. Two further people were prescribed two or more laxatives; a plan in place identified how these medicines should be given in accordance with the person's need; however these were not being followed and only the stronger laxatives were being administered. Audits of MAR had not identified these discrepancies; the registered provider told us they would review this following our inspection.

Risk assessments in place provided clear information on identified risks for people and how these could be minimised although further work was required to improve the recording of information associated with these risks. For people who lived with specific health conditions, risk assessments informed plans of care for them to ensure their safety. For example, for people who lived with epilepsy or diabetes, risks associated with these conditions had been identified and informed people's care plans.

For people who displayed behaviours that might present a risk to the person or others, the behaviours and triggers to these had been identified; this information then informed care plans. Risk assessments and care plans had been updated when required to reflect changes in people's needs. For example, records showed staff had identified one person had become more agitated and aggressive. They had followed advice and instructions within the risk assessment and care plan to ensure the person's safety and reported this to a health care professional for further review.

For people who were unable to summon help with the use of the service call bell system, risk assessments were in place to ensure they were monitored and supported to maintain their own safety. For people who were at risk of a breakdown in their skin integrity, risk assessments and care plans in place identified the use of appropriate equipment in place, such as pressure relieving mattresses and cushions and suitable equipment to support people to move whilst in bed. Care plans reflected the need for people to be supported to change their position regularly and ensure their hygiene needs were met. Staff told us how they supported people to change position regularly and people were seen to be supported to change position regularly. Whilst records showed people were assisted to change position these records were not always consistently completed. We spoke with the deputy manager who told us they were assured people were moved regularly however staff did not always take appropriate records with them to record this at the time as these were held centrally and not in people's rooms. Records were not always completed. However, they told us they had identified this concern and were working with staff to improve access to daily recording charts.

For people who were at risk of falls, most risk assessments had been completed and informed care plans on their mobility and risks of falling around the home. Incidents of falls were recorded in care records and learning had been identified from these; however for one person we saw their care records identified they fell on 2 July 2015, and their care plan and falls risk assessment documents did not reflect this. Whilst staff were aware of this risk for the person, records had not always been completed accurately.

At our inspection in January 2015 we found the provider had failed to identify the possibility of abuse and report this accordingly. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements in this area and met the requirements of this regulation, however further work was required to embed this working practice in the home.

Safeguarding policies and procedures were in place to protect people from abuse and avoidable harm. The manager held clear information on any concerns raised and how these had been addressed and learning identified from these. Staff had received training on safeguarding and had a good understanding of these policies, types of abuse they may witness and how to report this both in the service and externally to the local authority and CQC. Staff were aware of the registered provider's whistleblowing policy and how they could also report any concerns they may have to their immediate line manager or other manager in the service.

Personal evacuation plans were in place and up to date for each person. A system was in place to identify those people who would require assistance in the event of an emergency

Requires improvement

Is the service safe?

and all staff were aware of this. For one person who was very frightened of being transferred quickly in a hoist, clear information was available to show how they should be supported in the event of an emergency.

The registered provider had safe and efficient methods of recruiting staff. Recruitment records included proof of identity, two references and an application form. Criminal Record Bureau (CRB) checks and Disclosure and Barring Service (DBS) checks were in place for all staff. These help employers make safer recruitment decisions to minimise the risk of unsuitable people working with people who use care and support services. Staff did not start work until all recruitment checks had been completed. Staff personnel files held clear information on the management of staff performance through the use of the provider's management policies; this included the use of their disciplinary process when required.

Requires improvement

Is the service effective?

Our findings

Staff knew people well and could demonstrate how to meet people's individual needs. One person told us, "They know me well and are patient when it takes me time to make up my mind." One relative told us, "My [relative] sometimes gets muddled but staff are very patient and always involve us in helping her make decisions." People were offered choice and felt able to make decisions about their care. Health and social care professionals we spoke with felt the care people received was effective and met their needs.

At our inspection in January 2015 we found the registered provider had not taken steps to obtain and act in accordance with the consent of service users. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements in this area and met the requirements of this regulation.

The Rosemead Unit was a locked area of the home in which people who lived with advanced stages of dementia had previously lived. At this inspection the provider had closed this unit and the home no longer supported people who lived with advanced dementia and whose mental health needs outweighed other health and care needs.

Where people had the mental capacity to consent to their treatment, staff sought their consent before care or treatment was offered and encouraged people to remain independent. Staff understood the principles of consent and people's right to refuse consent. One staff member told us, "We always ask people and give them choices; they have the right to refuse." Not all people were able to express themselves verbally. Staff demonstrated that they understood how to communicate effectively with people and gain consent from people who were unable to verbally communicate. Staff also identified that many people used body language and non-verbal cues to provide consent. A member of staff said, "People, even approaching their end of life, are able to tell us yes and no and we look out for their body language and non-verbal signs."

Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 (MCA) to ensure any decisions were made in the person's best interests. All staff had completed training on the MCA and Deprivation of Liberty Safeguards (DoLS) and were able to tell us how people were supported to make decisions. Legal processes had been followed to ensure the appropriate people were involved in making decisions about people's care and welfare.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority to protect the person from harm. Whilst there were no people subject to a DoLS at the time of our inspection, previous DoLS applications had been approved at the home and the registered manager understood when an application should be made and how to submit one. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards.

People received care and support from staff with the appropriate training and skills to meet their needs. There was a program of supervision sessions, induction, training, and meetings in place for staff. These programmes were monitored by the registered manager to ensure all staff completed and attended training, updates and supervision in accordance with the registered provider's policy. A plan was in place to implement appraisals for all staff. One member of staff said, "There's been a lot of training since the last inspection, for example, DoLS, Health and Safety, Infection Control. If I miss any of them I am expected to catch up when it comes around again."

Staff felt supported in their roles by their peers, senior staff and managers. Registered nurses were able to attend training to support their continuing professional development. Care staff were encouraged and supported through direction from the registered nursing staff and training to take on enhanced skills such as nutritional support and further training. All staff were encouraged to develop their skills through the use of external qualifications such as national vocational qualifications. (NVQ) These are work based awards that are achieved through assessment and training. To achieve an NVQ, candidates must prove that they have the ability to carry out their job to the required standard.

Since our inspection in April 2015 the provider had employed an external catering company to meet the dietary needs of people. We had a wide variety of responses to the meal provision in the home. Some people

Requires improvement

Is the service effective?

told us the food was very good and they had sufficient choice at each meal to enjoy their food. One person said, "The food's good. You get a good choice. It's always nice and hot." Another person told us the food was excellent, "They dish things up to suit me." However other people told us the food was poor and presentation was not good. The provider had sought feedback from people about the food provided since the new catering company had taken over and the feedback had been positive.

People received a variety of homemade meals and fresh fruit and vegetables were available each day. Food was presented well. A member of staff with professional qualifications in nutrition management discussed with us training they had provided for staff to support people who had specific nutritional needs such as a pureed diet, complex dietary needs due to their health conditions or difficulties in managing their diet independently. Nutrition care plans in place for people reflected their preferences, likes and dislikes and staff were aware of these. They gave staff clear guidance on how to support people with their nutritional needs; this included the need for the use of fluid and food monitoring charts for people who were at risk of poor nutrition or fluid intake. Whilst these records were in place for some people, we saw these were not always completed in a timely way. For example, we observed people having their meal and drinks being provided for them. Information about the food and fluid intake of people was not completed at this time and staff relied on remembering to complete these documents after they had provided support for people and often not till the end of a shift. Training information for staff had been provided on the importance of completing food and fluid charts; however records were not always completed by staff to reflect the nutritional or fluid intake of people. The deputy manager told us this was an area of record keeping they had identified and were looking at ways to improve.

People's weights were monitored regularly and records showed staff took action when a person's weight had changed significantly. For people who were at risk of choking, information in care records clearly identified the need for staff to thicken fluids to reduce this risk.

For people who required additional support from a speech and language therapist or dietician these services had been accessed through the GP to ensure people received appropriate support to meet their dietary needs. People who had been prescribed drink or food supplements between meals received these and understood the need for these. One person told us "I have this drink because they said I am underweight".

People were encouraged to eat a healthy diet; however staff did not always give people the appropriate assistance and support to eat. We observed two meal times when staff were disorganised and lacked clear direction on which people they should be supporting and how to provide this support. For example, in the conservatory area of the home, people who required a higher level of support to manage their meals sat together; eight people were supported by three members of staff. One person was asked on three different occasions by different staff members what they would like to eat and this caused them to become confused. On another occasion one staff member was left to serve eleven people with their meals. This led to one person receiving no drink and another person not receiving the support they required to cut up their meal properly. Whilst there were sufficient staff to meet the needs of people at mealtimes, the lack of organisation of staff at this time meant people did not always receive the support they required. However this did not impact significantly on people's experiences at mealtimes . We spoke with staff who had the responsibility for working with kitchen staff to meet people's nutrition needs and they acknowledged our observations and said these would be reviewed.

Records showed people had regular access to external health and social care professionals as they were required. This included GP's, chiropodist, community specialist nurses and therapists, speech and language therapists and the community mental health team. Feedback we received from external health and social care providers was generally positive, although one health care professional told us at times advice and visits requested were not always necessary. Others told us the home worked with them and responded to advice and support offered. Care records showed clear interactions with health care professionals such as the Diabetes specialist nurse in relation to specific concerns for people. Staff clearly identified the need to work with and involve health and social care professionals in the care of people to ensure people received good care.

Requires improvement

Is the service caring?

Our findings

People told us they were happy at the home. One said, "It's nice here, the staff are very nice." Another said, "It's a super place and I am quite happy here." A relative said, "She [relative] is happy here, the carers know her and like her." However some people told us not all staff were caring. One person told us, "Some [staff] are good, some are bad. They don't seem to hold onto them for long enough." Another told us, "Some [are] good, some [are] not". One visitor told us, "On the whole the carers are warm and caring. It depends who it is. There are some incredibly caring people, but some for example, use the hoist without explaining it." Health and social care professionals we spoke with said staff were caring and knew people well.

Some people at the home were unable to speak with us and tell us of their experiences. We observed the support and care provided for people. Staff interacted with people in a kind and compassionate way, providing encouragement and reassurance for people and respecting their dignity. They knew people well and recognised when people required support to maintain their independence and promote their wellbeing. However, some people who were not always able to express themselves, were not always supported to interact independently with others in communal areas of the home. For example, four people whose mobility was poor were seated and positioned in a way which supported their safety, but did not allow them to interact socially with others and promote their wellbeing. Their view of the room was restricted and this reduced the opportunity for them to engage with others. There were periods of time when there were no staff available in this communal room and these people received no stimulation from their surroundings or others to improve their wellbeing. Whilst staff were available to support people throughout the day they did not always recognise opportunities to interact with people to improve their wellbeing.

Staff had a good understanding of the need to ensure people's privacy and dignity at all times. For example, staff ensured doors were closed when providing people with support with their personal care and not discussing people's care in front of others. Staff knew people well and addressed people by their preferred name. They had a good knowledge of people's previous life history and preferences.

Care records showed staff had involved people and their representatives in the planning of their care to ensure their care reflected their preferences, choices and needs. Relatives told us they were involved in the planning of care for their loved one and regularly received information and feedback from the home about any changes in the service.

Requires improvement

Is the service responsive?

Our findings

People told us staff were responsive to their needs and were always available to help them. One person told us, "They come when I need them, I know I can rely on them." Relatives said staff were helpful and made the time to support their loved ones. People and their relatives were able to raise any concerns they may have with the registered manager and their staff and felt sure these would be addressed. Health and social care professionals we spoke with felt confident people's needs were met at the home.

At our inspection in April 2015 we found the lack of consistency and effective care plans in place to meet the individual needs of people who lived with dementia was a breach of Regulation 9 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements in this area and met the requirements of this regulation. Care plans reflected people's individual needs and wishes although further work was required to embed this practice in the home.

A new system of care planning had been introduced which provided a clear structure and focus for the care plans of all people. Preadmission assessments, previous care records and information from people, their families and representatives had been used to inform care plans. Older records had been archived to prevent confusion within care records but were available on file if required.

People had discussed their care with staff and agreed with this, where they were able. Registered nursing staff were responsible for the care plans of allocated people. These records were available and accessed by all staff who had a clear understanding of the need for care plans to be up to date and provide accurate information on the care and support people needed. One member of staff told us, "There has been an improvement with paper work. We can see the care plans and have time to go through them and fill them in."

Care plans were individualised and held information on people's likes and dislikes, what support they required and how staff should provide this. Most records provided clear information on what people could do for themselves and how staff should promote their independence. Care plans held clear information regarding specific health conditions such as dementia, diabetes and epilepsy, the impact these had on the person and how staff should support them with these needs. For example, for one person who lived with diabetes their care plans and daily care records showed clearly how their condition had deteriorated and staff had adapted the support they provided for the person in line with their needs. Records showed where treatment plans for people had been successful. For example, one person had received treatment for wounds to their legs and care plans showed how nursing staff had treated these and how care staff should observe and monitor these areas.

Whilst most care plans held clear information on the needs of people, some care plans held information which was contradictory or had been omitted. For example, for one person who lived with diabetes, their nutrition care plan did not contain any information about their needs in relation to this condition; however another diabetes care plan stated the need for a low sugar diet. Staff were aware of this need, however records were not accurate. For another person their sensory impairment care plan stated, "[person] is hard of hearing." However a communication care plan for this person stated, "My hearing is quite good and I don't need hearing aids." Daily care records reflected the support staff had provided for staff, however supporting daily monitoring charts had not always been completed to reflect the care provided. Whilst people had received care in line with their needs monitoring charts did not always give a true reflection of the care which had been given during the day. For example, for one person we saw fluids were available for them and were offered regularly; this was reflected in their daily care records however daily monitoring charts had not always been completed to show accurately the amounts of fluid the person had taken. Whilst we saw people received adequate food and fluids in line with their needs, this was not always accurately recorded.

Whilst care plans had been reviewed monthly by registered nurses, there was no evidence people were involved in the review of their care. A new system of care planning had only recently been introduced and this was work which required further embedding in the service.

A range of activities was available at the home including external entertainers such as singers and musical entertainment. During two sessions of music therapy and entertainment, staff were available to care for people in the communal area but also to provide one to one support for

Requires improvement

Is the service responsive?

them, holding their hands and encouraging participation. Most people who were able to access the communal lounge area of the home were able to interact with others playing card games or completing jigsaws. Other activities included seated exercise, movie sessions, crafts and holistic therapies. People spoke highly of the two activities coordinators who encouraged them to participate in activities of their choice, but respected their wishes if they did not wish to participate.

Whilst there was a good range of activities available for people in the communal areas of the home, some people required encouragement to be involved in activities in the home. One person told us, "I do stay [in my room] because there is nothing for me out there. Some of it might be interesting, some not." When we told them of the singing activity which had just taken place they showed an interest in this, however they had not been encouraged to attend. A relative told us, "They are not really encouraged."

Some people who remained in their rooms spent long periods of time without interaction from staff and spent much of this time sleeping. We observed staff interactions with people in their rooms which could sometimes be task orientated in relation to their care such as to assist to change position or provide a drink. There were some missed opportunities for staff to have a social interaction with people who could otherwise become very isolated.

We recommend the registered provider seeks further guidance from a reputable source on how to promote the interaction of staff with people who are at risk of becoming isolated through lack of interaction with others.

The provider had a complaints policy available for view in the home. We saw evidence of five complaints which had been received by the registered manager, investigated and responded to in accordance with the registered provider's policy. People and their relatives told us they would be happy to approach the registered manager or any member of staff to raise any concerns they may have and were confident these would be addressed.

Requires improvement

Is the service well-led?

Our findings

At our inspection in April 2015 we found systems and processes were not in place to assess monitor and mitigate the risks relating to the health, safety and welfare of people, or to improve the quality and safety of the services provided. This was a breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found whilst the provider had made improvements in this area, further improvements were required to meet this legal requirement.

At our inspection in April 2015 we found incidents and accidents were not always reported or investigated to ensure the safety of people. Patterns in events and the learning from these was not always identified and shared with all staff to prevent a recurrence. At this inspection we found incidents and accidents were reported to the registered manager and a system was in place to monitor and review these in line with the registered provider's policy; however this required further embedding in the service. Investigations had been completed and actions had been carried out following most incidents. For example, following one incident of a person gaining unauthorised entry to the home, the registered manager investigated this incident and took immediate action to ensure the safety and welfare of people. However another record showed an investigation had been completed into increased incidence of bruising which had occurred to some people in the home during June 2015. Whilst steps had been taken to safeguard people from the risk of a break in their skin integrity, Identified actions following this investigation had not been completed in a timely way. The work of creating and following action plans following the analysis of incidents and accidents required further embedding in the service.

Care records were not held securely. All care plans and records identifying people's needs and confidential information were held in open shelves within two open office areas which were easily accessible to all people. One office door was clearly marked that it should remain closed when not in use; however the door was not locked at any time. A ground floor office contained most care plans and records for people and the door to this room remained opened at all times.

Care records did not always hold clear and accurate information. The care records for one person identified they fell on 2 July 2015, however their care plan and falls risk assessment documents did not reflect this. Whilst staff were aware of this risk for the person, records did not always reflect the most up to date information to reduce the risk of falls. For another person who required their fluid intake and output to be monitored, their care records showed they had received only 100 millilitres of fluid on one day and 50 millilitres on another day. Staff told us this was incorrect as the records had not been completed accurately.

Records available to support the safe administration of medicines lacked consistency. For people who had allergies, information in care records and MAR was not consistent. For two of 36 people care records showed they had drug allergies which were not recorded on their MAR. For a further 21 people their MAR record held no information about any allergies they may have, this section was left blank. For one further person their MAR and care records held no information to identify any allergies they may have. Staff did not always have information recorded which was required to administer medicines safely. The MAR for one person contained a printing error, as the strength of laxative was not consistent between the MAR and the prescribed product.

Most care plans and records were held in the ground floor nursing office and were not completed as care was provided for people. This meant records were not always completed in a timely way and information was not always up to date and accurate to inform the care for people. The lack of accurate and timely recording and monitoring of actions to meet peoples needs meant they were at risk of not receiving care and support in line with their needs.

Care records were not held securely and did not always hold clear information which accurately reflected the care they received. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered provider carried out a monthly 'Quality Home Visit Report' and the registered manager completed monthly audits to include the review of infection control practices, records, medicines management, manual handling, wound management, training and complaints. These audits had identified some of the areas of concern in relation to record keeping which we had identified although not all of them. The audit of medicines had not identified the medicines which had not been administered

Requires improvement

Is the service well-led?

as prescribed. Whilst improvements had been made in the assessment and monitoring of the quality of the services provided, further work was required to embed this work in the home. The operations support manager for the registered provider told us of the extensive work which had been completed at the home since our last inspection and acknowledged there was further work to do to ensure the service continued to improve and embed this work in the service.

At our inspection in January 2015 we found the registered provider had failed to report incidents of a serious nature to the Commission without delay. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. At this inspection this legal requirement had been met.

Staff had a clear understanding of their roles and responsibilities within the home. They explained how they worked well with others to meet the needs of people. They explained how the management of staff absence for sickness had impacted on staff availability; also how the use of the disciplinary process ensured people were held to account for their actions. Staff recognised the need for good leadership in the home and gave a range of views on the management of the home. One told us, “We had a meeting after the last [CQC] inspection and they told us we can’t take anyone new in, but now we are working as a team and trying to get the home to where it should be.” Staff told us the deputy manager and registered manager were more visible in the home for people and their relatives and were very keen to support staff as they went about their work. One said, “The Head of Care [deputy manager] has improved things, like the working in groups and we are seeing [the registered manager] on the floor more. Now we have meetings, residents know who she is and staff feel better. Morale has improved.”

People gave us mixed views on their opportunities to express their views about the service. One told us, “Never get asked about anything," and another, “No, can’t remember being asked about anything.” However several other people told us of a recent “Resident’s Forum” where they had been encouraged to discuss any concerns or ideas they had about the service.

People and their relatives were encouraged to participate in the development of the service. The registered provider held a meeting in the home every two months to meet with people and their relatives can meet with them to discuss any concerns or issues they may have or share their ideas with them. Relatives told us they knew of these meetings. Resident and Family Forums were held by the registered manager and the minutes of these meetings showed people discussed the roles of the activity coordinator and staff training, menus and other topics of interest about any developments within the home. Some relatives told us they knew of these meetings, and notices displayed in the home advertised these meetings. A ‘Resident and Relative Bi Annual Audit’ was completed by the registered provider in August 2015. This showed overall 80% of people rated the service provided at the home as good, very good or excellent.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The registered provider had failed to ensure records were maintained securely and held clear and accurate information relating to the care people received.** Regulation 17 (1)(2)(c)(d)