Devaglade Limited

Two Acres Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Two Acres provides accommodation for up to 115 people who require nursing and personal care. The home is situated in a residential area on the outskirts of the village of Taverham, near Norwich. The home consists of four separate units, named Iris, Lily, Rose and Fern, set in attractively landscaped grounds. Each unit has a number of single bedrooms with en suite facilities as well as communal sitting and dining areas. One kitchen supplies each unit with meals.

This comprehensive inspection included two visits to the home, which took place on 1 and 10 August 2016. The first visit was unannounced. The second visit was arranged with the registered manager to complete the visit and provide full feedback.

This home requires a registered manager as a condition of its registration. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 home is run. There was no registered manager in post. The provider had appointed a manager who had been in post for two years. They were in the process of submitting an application to CQC to register as manager of Two Acres. The manager was on holiday during our first visit to the home.

Staff had undergone training and were competent to recognise and report any incidents of harm. Potential risks to people and to their health were assessed, recorded and managed so that people were kept as safe as possible. Medicines were managed safely so that people received their prescribed medicines.

The provider had followed a recruitment process that ensured that required checks had been undertaken before new staff started work. There were not enough staff on duty to ensure that people's assessed needs were met.

Staff had undertaken a range of training courses and received support so that most staff were equipped with the knowledge and skills to do their job well.

The CQC monitors the operation of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS), which apply to care services. People's capacity to make decisions for themselves had been assessed. Appropriate applications had been made to the relevant authority to ensure that people's rights were protected if they lacked mental capacity to make decisions for themselves. DoLS authorisations were handled well.

People were supported to maintain good health and their healthcare needs were met by the involvement of a range of healthcare professionals. People were not always given sufficient amounts of food and drink and the nutritional needs of people who required special diets were not always met.

There was a range of quality in the care provided. Most staff showed that they cared about the people they were looking after and treated people with kindness, warmth and compassion. Some staff did not show respect for people and people's privacy, dignity and confidentiality were not always upheld. Visitors were welcomed to the home at any time.

Care records included care plans which gave staff guidance on how to meet people's needs. Care plans were not always personalised and had not always been updated to reflect each person's current needs. Staff were not always able to fully meet each person's needs as they did not have enough time.

People and their relatives knew how to complain and complaints were responded to in a timely manner. Some activities, outings and events were arranged for people but people did not always have enough to do to keep them occupied and stimulated.

People and their relatives were encouraged to share their views about the service being provided to them in a number of both formal and informal ways. Staff were also given opportunities to share their views about ways in which the service could continue to improve. Staff understood the provider's whistleblowing policy.

Audits of aspects of the service were carried out but these had not always identified shortfalls in the quality of the service being provided. Records were not always maintained as required.

We found two breaches 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 the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

There was not a sufficient number of staff on duty to ensure that people's needs were met and people were kept safe.

Potential risks to people were identified, assessed and managed so that risks to people's safety were reduced. Staff had undertaken training in safeguarding and knew how to keep people safe from harm.

Staff recruitment had been done in a way that made sure that only staff suitable to work in this care home were employed. People received their prescribed medicines.

Is the service effective?

Requires Improvement

The service was not always effective.

The rights of people who lacked capacity to make their own decisions were protected.

Staff had received training and support to enable them to carry out their role.

People's healthcare needs were monitored and met. People did not always receive food and drink in adequate amounts so that their nutritional and hydration needs were met.

Is the service caring?

Requires Improvement

The service was not always caring.

There was a range of quality in the attitude of the staff. Most staff were kind, compassionate and caring.

Visitors were made to feel welcome and supported.

People were not always treated with respect and were not always supported to maintain their dignity. People were not given opportunities to make choices about some aspects of their daily lives.

People's confidentiality was not always preserved.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans were in place and gave staff guidelines on the support needed by each person. Staff knew people's needs but were not always able to meet them due to insufficient time.

Some activities, events and outings were arranged but people did not always have enough to do to keep them occupied.

People's relatives knew how to complain and their complaints were responded to in a timely manner.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There was no registered manager in post.

The manager was approachable and people, their relatives and the staff had a number of opportunities to give their views about the service provided.

Quality assurance checks on various aspects of the home were carried out but theses had not always identified shortfalls in the quality of the service.

Records were not always accurate, complete and contemporaneous.

Two Acres Care Home

Detailed findings

Background to this inspection

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

This inspection was carried out by five inspectors and an expert-by-experience on the first visit. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second visit was carried out by two inspectors.

Prior to the inspection we looked at information we held about the home and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the home that the provider is required by law to notify us about.

During the inspection we observed how the staff interacted with people who lived at Two Acres. In one unit, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with four of the people who live at the home, 13 relatives and 14 members of staff (eight care assistants and four nurses). We spoke with the manager; the deputy manager; the catering manager; the DoLS Lead; and the providers. We also spoke with a GP during our visit and with three other health/social care professionals over the telephone. We looked at 11 people's care records, records of the management of medicines as well as some other records relating to the management of the home. These included accident/incident records; complaints; meeting minutes; and some of the quality assurance audits that had been carried out.

Requires Improvement

Is the service safe?

Our findings

We checked whether there were enough staff on duty to meet people's needs and keep people safe. During our inspection, in all four units, we noted that staff were extremely busy and very task-orientated. Our observations showed that, apart from staff who were providing one-to-one support, they had little time to speak with people other than when they were carrying out a task.

Staff in two units told us there were enough staff so that people's basic needs were met. In the other two units we found that there were times when there were not enough staff. In one unit a member of staff told us that "staff are run ragged." They said they did not feel that people were safe and that risks were sometimes taken. For example, the nurse in charge would sometimes carry out other tasks while they were administering medicines, even though this was not safe practice. In another unit there were two care staff to meet the needs of 13 people, some of whom required two staff for personal care. The other five people in this unit had one-to-one staffing. While the two care staff were providing personal care there were times when people in the communal areas of the unit were not being supervised. This was not the role of the staff who were providing one-to-one care and we saw that the nurse was not always available to supervise the communal areas at these times.

The provider's records of accidents and incidents showed that on one unit a person who should have been receiving one-to-one support fell. The record stated that the member of staff providing their one-to-one care had been assisting other people with their drinks. On the first day of our visit, a member of staff was providing one-to-one care to a person who was at high risk of falls and needed constant supervision. The member of staff turned their back to this person while they assisted another person with their meal. During this time the person on one-to-one care got up and walked across the room, which meant they were at very high risk.

This demonstrated that there were not enough staff deployed to keep people safe and fully meet their needs.

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

During our previous inspection on 9 and 21 July 2015 we found that the provider had not been operating effective recruitment procedures to ensure that only suitable staff were employed. Records showed that not all checks had been carried out before new staff started to work at the home. This was a breach of regulation 19 HSCA (Regulated Activities) Regulations. The provider sent us an action plan in which they stated they would 'formulate and implement a robust employment checklist to ensure that all applicants have the necessary checks completed before commencing employment'. They told us this had been completed by 9 October 2015.

During this inspection we found that recruitment procedures had improved. Staff told us that all the required checks, including references, identity and a criminal record check, had been carried out before they

had started work. We checked two personnel files and found that all the required documentation was in place. This meant that the provider had a recruitment process in place which ensured that only staff who were suitable to work at this care home were employed.

People's relatives told us they felt their family members were safe living at Two Acres. One relative said, "Yes, [name]'s safe. I know the staff and I'm here a lot." Another relative told us, "Oh [name] is safe here. You have to put your trust in the people who look after [name]." A third relative stated, "Caring comes first and safety comes along with that."

The provider had systems in place to keep people as safe as possible from avoidable harm. Staff had a good understanding of the meaning of safeguarding and told us they had undertaken training in this area. Staff demonstrated that they would recognise signs of people suffering harm and they would report any concerns to senior staff or the manager. One member of staff told us they were "always on the lookout for it" and gave us several examples of the meaning of abuse. They said, "I wouldn't have an issue going straight to safeguarding." Although not all staff were clear about external agencies they would report any concerns to, some knew where to locate the local authority's safeguarding procedures and some told us they would look up the information on the internet if they needed it. Staff told us they had never had to raise any concerns.

One relative told us how impressed they had been with the way the staff had dealt with an issue involving their family member. They told us the manager had reported the issue to the local safeguarding team. A member of the safeguarding team had contacted them to tell them what action would be taken.

Care records showed that assessments of potential risks to people had been carried out and guidance had been put in place for staff so that the risks to people were minimised. Risks included falls; pressure areas; nutrition; and mobility. We saw that good, safe practice was followed when staff assisted people to move with the use of a hoist.

There were policies and procedure to ensure that people were kept safe if there was an emergency. Care records showed that personal emergency evacuation plans were in place so that staff, and external agencies such as the fire service, would know what assistance that person would need in the event of an emergency such as fire or flood. Staff told us they had received fire safety training and said they would know what to do if there was a fire. We saw that equipment was checked regularly to ensure it was safe.

We looked at the way medicines were managed on three out of the four units. We found that there were a few issues with recording. Quantities remaining of medicines prescribed to be given 'when required' had not always been carried forward from the previous cycle to the current medicine administration record (MAR) chart; this meant we could not audit whether the number of medicines remaining tallied with the records. Hand-written entries on MAR charts had not always been signed and dated and care staff had not always signed the MAR charts to show that they had applied topical medicines at the prescribed times. However, there was no indication that people had not received their medicines safely and as they had been prescribed.

Medicines were stored safely and at the correct temperature. Medicines no longer required had been disposed of in line with current good practice. Protocols were in place for medicines prescribed to be given 'when required' and for 'over the counter' or homely medicines. People and their relatives had no concerns about the way medicines were administered. One relative told us, "[Name] is on three pills a day and I know she gets them."

Requires Improvement

Is the service effective?

Our findings

We looked at whether staff had the knowledge and skills to do their job properly. Staff told us they had been given an induction when they started working at Two Acres. The induction included training and working alongside experienced members of staff. The time new staff spent on their induction had varied depending on the individual staff member's previous experience.

Staff also told us that following induction they had undertaken a range of training in topics relevant to their role. These included moving and handling; dementia awareness; food hygiene; safeguarding; first aid; fire safety; and health and safety. One member of staff told us there was "lots of training" and that the manager let staff know about any upcoming training. Another member of staff said they had requested further developmental training and their request was being considered by the manager. A third member of staff told us, "Training did give me a proper perspective [about the job]." A relative told us, "Staff seem to be OK….they seem to know what they're doing."

We saw that staff put their training into practice. For example, we saw people being assisted to move safely with the use of a hoist. Records showed, and staff confirmed, that some people's pressure ulcers had healed. This showed that staff put their training into practice effectively.

Staff told us they received supervision although some staff had received more supervision sessions than others. All except one member of staff said they felt supported by their colleagues, senior staff and the management team. One member of staff said, "There's a lot more support on the unit than I expected there would have been." Another member of staff told us that when a person with a particular medical condition had been admitted to the home they had been "able to ask lots of information about it and I felt supported." Some staff told us they had had an annual appraisal.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty 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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found that the provider had taken steps to ensure that the rights of people who did not have capacity to make important decisions were respected and upheld. Staff confirmed they had undertaken MCA training and demonstrated an understanding of the principles of the MCA. One nurse in particular had excellent knowledge about the principles of the MCA and how the Act applied to people who lived at the home. Staff

understood that some people's capacity to make their own decisions about their everyday life varied. They said they gave people choices and looked at the person's facial expressions and body language to help them decide, for example, when they wanted to go to bed. One member of staff described how they gave some people a visual choice of clothes to wear.

Care records showed that an assessment of the person's mental capacity to make certain decisions had been completed. The level of detail in the assessments varied across the units. Some assessments included sufficient detail about the person's level of understanding of the decisions to be made, their insight into their mental capacity and their understanding of the specific decisions to be made. One assessment had not been fully completed and although it had been signed by the member of staff filling it out, there was no final decision recorded about whether the person had mental capacity or not.

For people who had been assessed as lacking mental capacity, applications for authorisation to deprive them of their liberty had been made to the local authority. The provider told us that a very high percentage of people who lived at Two Acres did not have mental capacity to make important decisions about their treatment and care, so they had employed a 'DoLS Lead'. This senior member of staff kept detailed records of the assessments that had been undertaken and the applications that had been made as well as authorisations that had been received and their renewal dates. They also kept a record of any discussions they had had with the local authority DoLS team, relatives and the GP relating to these. The DoLS Lead described how they had worked closely with the police and the coroner's office to ensure that they followed correct procedures when a person with a DoLS authorisation died. They told us that someone from the coroner's office had been to the home to talk to the nurses about these procedures and each nurse had a copy of the procedure to follow. This showed that procedures regarding MCA and DoLS authorisations were well coordinated.

Care records showed that some people received their medicines covertly. The decision to do this had been made by the GP and had been recorded. We discussed recent case law with the manager who stated that "all our covert authorisations in place have been in conjunction with not only the GP but other members of the MDT and family members when appropriate in the residents' best interests. This is evidenced within the covert authorisations and residents' care plans." More robust recording and procedures were needed with regard to the use of bed rails. We noted that for some people bed rails were in use but there was no record that this had been discussed with the person or a best interests decision made on their behalf.

Care records showed that people's requirements, needs and some preferences in relation to their food and fluids were recorded, including medical or cultural needs. The provider used a recognised method to assess people's nutrition and hydration needs and we saw from the records that the assessments had been updated. Records stated that people were weighed each month or more often if they were at risk of losing weight. Staff requested advice from the community dietician service and GP when necessary. People who needed them had been prescribed dietary supplements by their GP. However, we found that food and fluid intake charts were in place for some people but not for others even though the completed assessment had identified they were at risk.

Some people and their relatives told us the food was good and they had choices about what they wanted to eat. One person told us, "The food is wonderful, this morning I had poached eggs." On one unit two people's relatives commented that the food was good, well-presented with choices given and that there were snacks and drinks available to their family member during the day. On another unit a relative told us, "[Name] loves the food." In one unit we saw that there was a menu on display for the evening meal, which showed that there were choices for the main course.

We spoke to the catering manager who told us they were in regular contact with people and staff across the units to ensure that dietary needs and meal preferences were identified and met. They worked with staff to make sure that people who needed a modified diet, such as a diabetic diet or soft, pureed or high calorie food, received appropriate meals. They had been in contact with a dietician. One person told us they "can't have anything with nuts in it" and said that food they could eat was provided.

We saw that people had a 'light lunch' of soup and sandwiches and a hot meal in the early evening. The catering manager explained that this had been decided in conjunction with the manager and from staffs' observations that a lot of hot food had been wasted at lunchtime. This change of mealtime had proved successful and people ate far more of their hot meal in the evening. The manager told us that people's appetites were better and the use of food supplements had decreased.

We noted on all units that dining tables had not been set for lunch and no condiments were available. People were given a bowl of soup and a spoon. One person said they did not want soup and staff arranged an alternative for them. However, people who were on a soft or pureed diet were not offered a choice. They were not offered an alternative to the sandwiches and cake that followed the soup, which meant they only had a bowl of soup.

We found that staffs' responses to people's needs for fluids varied across the units. In two units we saw that fluid intake charts were in place for some people. However, we noted that some of the charts did not indicate the amount of fluid offered or consumed. Where staff had recorded fluid intake, the amounts had not been totalled and the optimum fluid level for that individual had not been recorded. There were no instructions for staff on whether there was any action they needed to take and when. On one unit the nurse was not clear about the amount that each person should have.

Some relatives told us that drinks were always available but other relatives told us they were worried that their family member was not offered enough to drink. One relative said, "They come round and ask what everyone wants to drink." Another relative said, "There was a time when they had jugs here. Now they occasionally get offered a drink." We saw that the availability of drinks varied across the units, with some people having drinks within reach and others not. On one unit we did not see any drinks available or offered other than the morning drinks trolley and at lunchtime.

Overall, this meant that there was a risk that people would not always have sufficient to eat and drink so that their nutritional and hydration needs were met.

We spoke with a GP who visited the home very regularly. They were very complimentary about the way in which the manager and staff met the healthcare needs of people who lived at Two Acres. They told us that the staff team contacted the surgery appropriately for advice and followed any advice given, such as pressure area care. They said the staff team was pro-active in responding to people's changing healthcare needs. Care records showed that the nurses carried out checks relating to people's health regularly and daily nursing notes were completed.

A member of the local authority safeguarding team told us that a GP they had contacted in relation to a safeguarding matter, "Could not have been more fulsome in praise of the care [name] has received at Two Acres." Care records showed that the nurses had successfully healed pressure areas for a number of people.

Relatives were confident that their family members received the support they needed to maintain their health. One relative told us that their family member had put on weight, was getting physiotherapy and had started to walk. Care records showed that a range of healthcare professionals, such as chiropodist, dietician,

dentist and optician visited the home to support people's health needs. One relative told us, "[Name] lost their teeth. They [staff] arranged for a dentist to come and fit new ones."

People who needed it also received support from the local Dementia Intensive Support Team (DIST). This team, made up of both health and social care professionals, provided advice and guidance to the staff, particularly for people living with dementia who had episodes of behaviour that challenged themselves and others.

Requires Improvement

Is the service caring?

Our findings

A number of relatives had written thank you cards to the staff. One wrote, "The palliative care that they gave [name] was all we could wish for. Could you please let all the staff know how grateful we are for the good care they have given." Another wrote, "I would like to say a very big thank you to all the staff and those who cared for [name]. You have been so kind." One relative had written to the local newspaper. Their letter included, "[Name of manager] and the Two Acres team gave my dad the most comfortable and nurturing support any son could have wished for and I would recommend Two Acres to any family in a similar situation."

People and their relatives made positive comments about the staff. One person said, "They work well with me, come and chat to me, there is no need to be unhappy here." Another person told us, "I'm quite pleased with the staff. They are kind." One relative said, "Staff are very good, [name] is looked after. I'm happy." Another relative told us, "They are very good, doing all they can." One relative described staff as 'compassionate and attentive even in the most difficult of times'. Others described staff as "kind"; "very good"; "patient"; "caring"; and "always cheerful." Minutes of the recent friends and families meeting stated that 'the friendliness of the staff' had been the question rated second highest by those who completed the questionnaire. At the meeting, one relative had wanted to pass on feedback about one newer member of staff, stating that relatives found this member of staff 'very kind, approachable and great at making drinks!!' Several relatives told us they could "have a laugh" or "a giggle" with the staff, which they appreciated.

Views about the care delivered by the staff were generally positive. A GP told us that they and their colleagues had no concerns about the care in the home and they had never witnessed any poor care practice. They described the care and care staff as "very good and caring." Another healthcare professional was very complimentary about the care delivered by the staff. A third said, "My impression is that [name of manager] and her staff team care about people."

Some relatives described the care as "good" and made comments such as "they are well looked after here"; "[name's] always clean"; "the care is consistently good"; and "I have never seen poor care". A relative told us, "The care here is very good…. We chose this place because the care is so good….If [family member] needs anything it gets done." Some relatives' comments were not so positive. In particular one family were worried about almost all aspects of the care being provided to their family member. We raised one issue with the safeguarding team. The investigating social worker found the allegation was unsubstantiated and they concluded that the person was being looked after in the best way the staff could manage. The manager arranged to meet with the family to try to alleviate their concerns.

Some people's care plans contained information about the person's life history, which helped staff build relationships with people. One relative told us, "[Name] always looks nice, they do her hair, it's how she would want to look." Another relative told us that staff knew and understood their family member's needs and dementia care needs. They said, "It's brilliant here and the staff treat people as family. I feel that [name] is very safe and loved." Staff encouraged this person to retain as much independence as possible, for example by enabling the person to eat without staff assistance.

A member of agency staff who was doing their first shift at the home and providing one-to-one care for one person told us they had read the person's care plan and knew how to support them. However, on a number of occasions they did not put this into practice and treated the person with little respect or dignity. For example, they laughed at the person when they got upset; they told the person they were "stubborn"; and they ignored the person when the person was trying to hold a conversation with them. At one point a permanent member of staff had to intervene to calm the situation resulting in the person they were supporting not getting the attention they needed. We reported this to the provider. At our second visit the manager told us that this agency staff's conduct had been reported to the agency and they had not worked any more shifts at the home. The manager also told us they had made a formal complaint to the agency and that the worker concerned had been "removed from employment within that agency." This showed that the provider responded quickly to concerns raised.

We saw some very positive interaction between people and staff and some staff acting in a very warm, caring manner. We saw staff explaining what they were about to do and reassuring people, for instance when they were assisting someone to move. At lunchtime we saw a member of staff assisting one person to eat in a calm way and at the pace the person wanted. Some staff showed concern for people's well-being, such as making sure a person sat where they were comfortable out of the sun and offering another person comfort when they were upset. Other staff were not so caring in their approach. One member of staff approached a person with a drink. The only words they said to them were, "[name] open your mouth" before putting the drink in their mouth. An agency worker had little interaction with the person they were supporting. They showed little warmth and gave no reassurance when the person became momentarily angry.

People and their relatives told us that people had choices about some aspects of their daily lives. However, this was not always the case. For example in one unit, staff did not give people a choice about their morning drink. Staff gave everyone a jug of squash. At lunchtime, people who did not need a modified diet had a choice of spaghetti hoops on toast or sandwiches after their soup. There was no choice for people who required pureed food and they were only offered soup. In another unit, a member of staff gave two people plates of sandwiches and crisps without checking that was what either person wanted. People were given a bowl of soup without staff telling them what the soup was. There was no choice of drinks that were offered.

In one person's care records we noted that an advocate (an independent person) had been appointed to act on the person's behalf. We did not see any information advertised about any advocacy services that people who had capacity to make their own decisions could contact if they wanted to.

Staff were able to describe how they would respect people's privacy and dignity and there were times when we saw this in practice. For example, we saw one member of staff knock on a person's bedroom door and ask if they could enter the room. We heard staff speaking to people in a polite and kind way, they crouched down to the person's eye level and made physical contact such as touching their arm or hand.

However, on one unit some of the staff showed little respect for people and people's privacy and dignity were not always upheld. They used derogatory terms to refer to people, such as "good girl"; "sausage"; and "cutie". They spoke loudly in communal areas about issues personal to individuals and openly discussed people's personal care. One member of staff said, "Come on sausage, let's go, I want to show you something really nice," and proceeded to assist them to the toilet. Staff did not always sit down when they were assisting people to eat. In another unit a member of staff spoke loudly across the room to another member of staff about one person's personal care. The provider and manager told us that all staff had undergone training regarding dignity and confidentiality.

Visitors were made to feel very welcome at Two Acres. One relative said, "We always find the unit to be calm and cheerful and that the staff know us and are very welcoming." The results of a recent 'family and friends questionnaire' showed that the question rated highest related to the welcome visitors received from the staff. Relatives whose family members had died had felt that the staff had been equally attentive and supportive of the family. One wrote, 'The last few months have been difficult for us …. [named staff] have been supportive of me as well as [person who died].' Another wrote, 'I visited most days and was always welcomed warmly and with a cup of tea for us both.' Relatives told us that staff communicated with them well and let them know if their family member needed anything or was not well. One said, "They phone one of us if there's a problem." Another told us, "They keep in contact with me."

Requires Improvement

Is the service responsive?

Our findings

During our previous inspection on 9 and 21 July 2015 we found that care plans did not contain current information to ensure that people's needs were met. This was a breach of regulation 9 HSCA (Regulated Activities) Regulations.

During this inspection we found that some improvements had been made. The provider acknowledged that there was further work to do but we found that staff knew how to meet people's needs.

Each person had a care plan in place. These had been developed from the assessments of the person's needs that had been undertaken before the person had moved into the home. We found that care plans varied between units. Some contained basic guidance for staff on how to meet the person's needs. They were written in a task-oriented format and lacked a person-centred style. In one unit care plans were much more personalised.

In some people's care records we found a 'This is me' booklet. This booklet has been produced by the Alzheimer's Society, who describe it as 'a simple and practical tool that people with dementia can use to tell staff about their needs, preferences, likes, dislikes and interests'. In the examples we saw, the amount of information included to assist staff to get to know the person and provide person-centred care varied with each person. However, most included some useful information for staff.

Staff told us that they knew people's care needs well. They told us they gathered as much information as they could about each person from the person themselves and from their relatives. A relative told us, "They have a good understanding of [family member's] condition."

However, we found that staff were not always able to fully meet each person's needs. Staff on one unit said they enjoyed working on the unit as there were better staff levels than the other three units. However, in one unit staff told us they could not always deliver the care because there was insufficient time. They said, "We meet basic, task-orientated needs but nothing else." Another member of staff got very upset when they were talking with us. They said they were frustrated and angry that "people don't have their needs met. They don't get what they need." As an example, they talked with us about mealtimes. They said that meals were rushed and staff did not have time to make the mealtime experience a social occasion. They said, "Nutritionally people get what they need but not socially."

We saw a member of staff tell a relative that they could not assist the person with personal care as they were supporting another person on one-to-one and there were no other staff available. In one unit the staff member assisting one person with their lunch left them to assist another person. Fifteen minutes later another member of staff started to assist the person with the same bowl of soup, without offering to warm it up.

We also found that staff were not always following the instructions in the care plan. For example, one care plan specified that the person's weight should be recorded fortnightly as they had been assessed as being at

very high risk of becoming malnourished. The records showed that this was being done monthly. This could have put the person at risk.

There were mixed views about whether people were given enough opportunities to take part in activities to provide the stimulation and relief from isolation that they needed. The provider employed an activities coordinator who worked across all the units. One relative said, "There is a really good activity woman, always thinking of ways to involve residents." We saw an activities timetable on the notice boards, which advertised the outings and events that had been organised for July and August. Five events (music therapy or films) had been arranged in July and four boat trips in August. A monthly church service and monthly library service were also advertised. There was to be a fund-raising 'party in the park' in early September. Following the inspection the manager told us that, across the whole site, there had been "Twelve boat trips for August; five external music concerts; one music therapist; eight home visits for residents; one day out shopping; one church service with additional visits from Reverend [name] on a one-to-one basis; library service visit; two cinema sessions (Dad's Army and Ladies in Lavender); a resident trip to Cromer for fish and chips; and two separate resident trips to the local garden centre."

Some relatives told us about activities that took place. One said, "We have Zumba; pets come in; music therapy." Another relative spoke about a lady coming in to sing and a lady driving the minibus to take people to the garden centre. However, a relative whose family member stayed in bed all the time said, "They [staff] don't do anything with them [the person]." In one person's care records we saw an activities log. Staff had recorded that for the two weeks in July prior to our inspection the person had been involved in one music therapy session. The only other activities recorded were family visits and 'sitting in the garden eating ice cream'. One person said, "I don't get bored. What I do with myself is go walking a lot."

Staff in one unit told us, "We try to stimulate [people] as well [as meeting their personal care needs]. We'll put films and music on." They said they felt people had enough to do as "most people would not be able to participate in board games." However, staff in other units told us they did not have time to meet people's care needs as well as they would have liked to have done, so did not have any time to do activities with people. One member of staff told us, "Service users don't get the stimulation they need". Another told us that there were not enough staff to do additional tasks and added, "I have never seen many activities going on here for people."

During our visit we did not see any organised activities in any of the units. All except one of the people receiving one-to-one support were engaged in various activities with the staff who were supporting them. We saw that other staff were focusing on tasks rather than being able to socialise or engage meaningfully with people in the home. In one unit we noted that people (other than those with one-to-one support) were sitting on their own or asleep. The television was on constantly but no-one was watching the programmes. Although some television programmes had been highlighted on the notice board, these were not referred to at all during the day.

A 'dementia memory tree' was on display in the foyer of one of the units. People had been encouraged to write their memories on labels, which were hung from the tree. These were very varied and there were lots of them. Staff told us people, relatives and staff were still adding their memory leaves to the tree.

The provider had a complaints policy and procedure in place. This was displayed on notice boards in each unit. The procedure included relevant information, other than contact details of the local authority, so that people and their relatives would know who to contact if they had a complaint. One person said, "I can't find any complaints." Relatives were clear about who they would speak to if they wanted to discuss any issues. However, other than one family, people and their relatives told us they did not want to complain. One

relative said, "I don't have any complaints, it's clean, tidy and [name] is looked after." Another told us, "Overall there is nothing untoward or I don't like." The manager told us they tried deal with any issues "on a day-to-day basis." One person confirmed this. They told us, "Things are sorted out before it gets too far. I would go and see the care manager if I was unhappy with anything."

The manager kept a log of any complaints received. They showed us that two complaints had been received in 2016. One was a health and safety issue and the other an issue relating to a member of staff. Both had been investigated and addressed in line with the provider's complaints policy. This showed that provider's policy and procedure were effective.

Requires Improvement

Is the service well-led?

Our findings

During this inspection we found that records were not always accurate, complete or contemporaneous. Care plans had not always been updated and the information relating to the person's care was not always accurate. Charts in place for staff to record the care given to each person had not always been completed fully or contemporaneously. Some other records, including those relating to MCA, medicines and nutrition and hydration were also not always fully completed.

In their action plan following our previous inspection, the provider wrote, 'All Nurses …. have been reminded of their accountability in ensuring that when evaluating care plans that the information contained is accurate and reflects individual people's level of need at that particular time.' A member of staff told us, "Care plans are variable. Some have been re-written. They aren't always person-centred or accurate as staff don't have time."

We found that care plans had been reviewed. However, some care plans contained information that was not current or was no longer relevant to the person's care. For example, in one person's care plan it was recorded that they had a grade two pressure ulcer. Staff told us this had healed. Another person's one-to-one care was not reflected in their care plan. This person's care plan stated they wore hearing aids. We noted this person was not wearing hearing aids and staff told us they had refused and these were now kept in the office, which was not recorded in the care plan.

There were some discrepancies between the information in different sections of one person's care plan. The care plan contained conflicting instructions for staff relating to an issue which, if not responded to correctly, could have put the safety of the person and the staff at risk. The manager agreed that this discrepancy 'could have caused confusion.'

Some of the charts in place had not been fully completed. For one person we saw a 'holistic assessment' for people who were at high risk of falls. This prompted staff to check various areas of the person's care such as pain; hazardless environment; whether food and fluids had been offered; and whether the call bell was accessible. Staff had been instructed to complete this every two hours, which had been done for the three days prior to our inspection. There was no chart in place for the day of the inspection so nothing had been recorded when we checked at 3pm. For this person, nothing had been recorded on their food and fluid record chart either. For two people, records entitled 'daily record of care', which allowed staff to record care given in the morning and the evening, had only been completed a total of 77 times out of a possible 124 in July.

In one care plan we found that the instructions for staff in the care plan differed to the instructions on charts used to record care given. This person's care plan stated that the person needed assistance to change position '3-4 hourly'. At our first visit we noted that the 'turn chart' in place gave different information and instructed staff to change the person's position every two hours. Staff had recorded that they had assisted the person to reposition every two hours from 18:00 on 31 July to 06:00 on 1 August. The next change in position had been recorded at 09:45, with no further record being made when we checked at 5pm. We

reported this to the provider. The provider wrote to us and stated, 'The staff entries may not have been recorded but I can assure you that she is repositioned 2 hourly and entries sometimes made at the end of the shift.' At our second visit we found that the turn chart continued to show that the person needed repositioning every two hours and the care plan still stated '3-4 hourly'. The chart showed that the person had been repositioned but there was no written evidence to show when the person had been out of their bed, either in a chair or out of the building, which the manager told us staff had been instructed to do. This meant that there were gaps in the repositioning that could not be accounted for. For example, on 6 August 2016 the last reposition noted was at 18:55. The next recorded reposition was on 9 August 2016 at 21:00. Nurses' notes showed that the person had been at the home on 7 and 8 August 2016 and had been assisted with personal care when needed. The manager confirmed that records should have been made on those days.

This demonstrated that records relating to a number of aspects of people's care were not always accurate, complete or contemporaneous.

This was a breach of regulation17 HSCA (Regulated Activities) Regulations.

People and their relatives were complimentary about the home. One person told us, "I'd say it's a happy place. I'm so lucky, I have been to [a number] of other places and when I compare them, this is the best." Another said, "I do like my bedroom, it is very well ordered, it's clean and I've got my pictures….you would be impressed." Comments from people's relatives included, "We are more than happy with the care that [name] receives and they [staff] know him very well. We feel our family member is in safe hands"; "When [name] first came in I was apprehensive but after a few days I could see everything would be fine"; "I can't praise them enough"; and, "[Name's] been amazing since he's been here. I walked in and it was like a breath of fresh air."

People who lived at Two Acres and their relatives were given a number of opportunities to put forward their views about the home and the quality of the service being delivered to people by the staff team. Relatives confirmed that they had been invited to meetings and they had received a questionnaire to complete.

'Friends and families meetings' were planned in advance to take place every two months and the dates were displayed on the notice boards. The minutes of the meeting held on 28 July 2016 recorded that, 'All family members discussing how they are enjoying meeting up with other family members in similar situations as themselves and find it therapeutic to get together, enjoying the informal direction of the meetings.' The minutes showed that a range of topics were discussed, from laundry and fund-raising to the presentation of pureed food. One relative said, "Relatives' meetings are very good, they do listen, they try their best to make changes." Another relative told us, They do everything within their power to help you. I do believe if you were to say anything they would take it forward." A third relative said, "They're very receptive to comments."

The manager reported that a 'family and friends' questionnaire had been sent out and 71% had been completed and returned. There was some very positive feedback, in particular about the friendliness of the staff and the welcome families received when visiting the home. The least positive feedback was about the laundry service although families who attended the meeting said they had seen recent improvements. The manager agreed to approach the county council with families' concerns that they found it difficult to push wheelchairs along the footpath outside the home. This demonstrated that people's views were listened to and acted on where possible to develop the service.

Staff were also given opportunities to put their views and suggestions forward. Staff received supervision sessions and an annual appraisal. Staff meetings were held regularly and minutes taken. One member of

staff said they felt the manager reacted proactively to suggestions and areas for new development.

There was no registered manager. The manager had been in post for more than two years. Following our visits they told us they had started the application process. Records we held about the home confirmed that notifications had been sent to CQC as required by the regulations.

Relatives made some very positive comments about the management of the home and in particular about the manager. One relative said, "The manager [name] is lovely." Another relative told us, "Management are very good. I can chat with them whenever I like. No-one is frightened to go into the office."

Staff also made positive comments about the manager. In three out of four units they told us they described the manager as approachable and available and said they saw the manager a lot; felt supported by the manager; and felt able to talk to the manager and the deputy manager at any time. They felt they were listened to. One member of staff said, "The manager is one of the best I've had." Another member of staff told us, "The manager is very approachable as well as the deputy manager." A third said, "The manager is available and comes to the unit frequently during the day to check how things are." Staff in the fourth unit felt they did not see the manager as often and did not feel supported.

Staff told us they enjoyed their work and felt the staff worked well together. They were very positive about the support they received from their colleagues. One senior member of staff said, "It's a brilliant team….. they're good with the service users…. They work well together." Another said, "Team are brilliant….very caring and good with the service users. Team work is good and they work well together." One senior added "I muck in and lead by example."
Staff on one unit said staff morale was good. However, on two units staff told us that staff morale was very low. They said this was due to being "short-staffed" and "working under pressure". On one unit a member of staff told us, "Staff morale is resigned to 'nothing changes'."

Staff understood the provider's whistleblowing policy and knew they could raise concerns about poor practice if they needed to. One member of staff said they had not witnessed any poor practice but would not hesitate to report poor practice to the nurse or the manager.

The provider had systems in place to check that a high quality service was being provided at the home. The manager showed us that a range of audits were carried out, by senior staff and members of the management team, relating to aspects of the service delivered by the home. These included care plan reviews and audits and audits of the management of medicines. The manager showed us that they had an ongoing improvement plan in place, which was updated as any issues identified had been addressed.

The action plan sent to us by the provider following our inspection in July 2015 stated, 'Newly implemented action plans from quality assurance auditing will continue to highlight any discrepancies within care plan documentation…..The intended achievement is to ensure correct, relevant and accurate information is held in each and every care plan.' We found that reviews of care plans were not always effective as they had not identified discrepancies and the information was not always accurate. This meant that the provider's quality assurance systems were not always effective.

The report of CQC's previous inspection of Two Acres Care Home was on display in each of the units. On our first visit to the home we noted, and the provider confirmed, that the rating they had been given at their previous inspection was not on display, as required by law. The provider displayed this in each of the units by the end of the day. They told us they had discussed displaying the rating more prominently on their website with their website provider.

At the end of our second visit we gave feedback to the provider, the manager and a number of other senior staff. The provider commented, "This has been very useful. We can identify our weaknesses. It is only when someone comes in with a different eye. I am very grateful to the staff I have: [names of manager and deputy manager] have come on board. People [staff] are enjoying working here."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment There was not a sufficient number of staff deployed to fully meet the needs of each person who lived at the home. Regulation 18(1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Records of the care provided to people who lived at the home were not always accurate, complete and contemporaneous. Regulation17 (2)(c)