Eminence Care Service (Broomfield) Limited

Broomfield Residential Care

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Inadequate**
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

We carried out an unannounced inspection of this service on 10 August 2016. A comprehensive inspection was carried out previously on 15 June 2015 and a rating of 'Good' was given overall.

Broomfield Residential Care is registered to provide accommodation for people who require personal care for up to 50 older people who may also be living with dementia. On the day of our inspection there were 37 people living at the service.

Prior to this inspection we received some information of concern about the care that people were receiving at the service. We were told that there were concerns around infection control practices at the service and that some areas were not always kept clean. We were also told people did not always receive personalised care which was in accordance with their own needs and wishes and that activities were not sufficient to provide people with enough stimulation. We carried out this comprehensive inspection to check these areas and to inspect the whole of the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service had not always taken steps to manage risks to people's health and well-being. There was on-going monitoring of key information regarding people's health however; action was not always taken in response to changes. Risk assessments were also in place in people's care plans, but they failed to reflect these changing conditions, or provide staff members with information about what they could do to reduce the impact of those risks.

There were areas of the service which had not been cleaned effectively. There was not a system in place to ensure that staff members knew what cleaning should be conducted and when. In addition, there were no checks carried out to ensure that cleaning had taken place and to identify areas where additional cleaning was required.

People were not supported to have a suitably nutritious diet to help them maintain good health. Some people at the service had lost weight over a number of months and action had not been taken to prevent further weight loss. Food offered to these people had not changed to help them gain weight and referrals to healthcare professionals had not taken place. The provider did not have systems in place to ensure that people received the care and support that they needed, and that their health and well-being were promoted.

Care was not always person-centred. Care plans were in place however they were not always reflective of people's current needs and wishes. They were reviewed on a regular basis however; changes were not made

to them to ensure they were updated as people's needs changed. People were not provided with regular activities or supported to engage in their hobbies or interests to keep them stimulated. Staffing levels were sufficient to meet people's care needs, but not to ensure that they had the opportunity to engage in activities or to spend time talking and relaxing with members of staff.

Quality assurance processes were carried out however; they were not effective in monitoring the service and identify areas where improvements were required. There were no action plans in place to demonstrate that action was being taken to develop the service.

Staff members did not always feel they received formal support from the service. They received regular supervision sessions but did not feel they were able to raise issues and explore their development needs. Training courses were mainly carried out by distance learning courses which some staff did not feel provided them with the same opportunity to learn as other training methods.

People felt safe living at the service. Staff members were trained in recognising potential abuse and took action to prevent it occurring. Accidents and incidents, including potential abuse, were recorded and reported appropriately. Staff members also supported people to take their medication safely and in accordance with the prescriber's instructions.

Staff members sought people's consent before providing them with care and support. If people were unable to provide consent the service worked with their family members to make a best interests' decision, in accordance with the principles of the Mental Capacity Act 2005.

People were supported to make and attend appointments with their GP and other healthcare professionals both within the service and the local community.

There were positive and meaningful relationships between people and members of staff. Staff got to know people as individuals and were willing to engage with people. They tried to ensure that people were as involved as possible in the planning of their care and provided them, and their family members, with information about the service and what they could expect from the service. Staff upheld people's privacy and dignity at all times.

Comments and complaints about the service were encouraged and there were systems in place to receive feedback from people and their family members. If complaints were made, the service took steps to deal with them and arrive at a suitable outcome.

There was an open and positive ethos at the service. Staff were keen to perform their roles and ensure that people received the care that they needed. They were willing to speak up if they were unhappy with the care that people received, to help ensure that people were safe and well cared for.

We identified that the provider was not meeting regulatory requirements and was in breach of a number 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?

Inadequate

The service was not safe.

Risks to people's health and safety were not assessed fully and plans were not always in place to mitigate those risks.

Infection control systems at the service were not always effective in maintaining a clean environment.

Staffing levels were sufficient to meet people's basic care needs, but staff were not always able to provide people with appropriate activities and stimulation.

People felt safe and staff were aware of abuse and the systems in place to safeguard people against it.

People's medicines were well managed by the service.

Is the service effective?

Requires Improvement

The service was not always effective.

People were provided with food and drink by the service, however this was not always nutritious enough to ensure that they were able to maintain good health.

Staff members received training and support from the service, however they did not always feel that this was as comprehensive and helpful as it could be.

Consent was sought from people on a regular basis and systems were in place to ensure the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were followed.

The service worked with healthcare professionals to ensure that people's healthcare needs were being met.

Is the service caring?

Requires Improvement

The service was not always caring.

The provider did not always take steps to ensure that people's

needs were met and their well-being prioritised.

People were treated with kindness and compassion by members of staff. Staff worked to develop positive and meaningful relationships with people.

The service worked to ensure that people were involved in planning their own care and were respectful of their wishes.

Staff ensured people's privacy and dignity were maintained and encouraged visits from family members.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People did not always receive person-centred care which was planned in line with their individual need and preferences.

Activities did not always take place at the service and people did not receive regular stimulation.

There were systems in place to receive complaints and action was taken in response to any complaints which were raised.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Systems in place for quality assurance were not always effective and did not encourage improvements at the service.

Staff members did not always feel valued by the service and provider.

People and their family members were aware of the registered manager and felt they could approach them with any concerns.

Staff members were positive about their roles and worked with an open and honest ethos.

Broomfield Residential Care

Detailed findings

Background to this inspection

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

This inspection took place on 10 August 2016 and was unannounced. The inspection was undertaken by a team of two inspectors and an expert-by-experience. 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 expert used for this inspection had experience of a family member using this type of service.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We also reviewed the Provider Information Return (PIR) from the previous inspection, which the provider completed to provide us with information about the service, what they did well and areas they planned to develop. As this inspection was carried out in response to some information of concern, a new PIR was not requested. In addition, we spoke with the local authority, who have a commissioning and monitoring role with the service.

During our inspection, we observed how the staff interacted with the people who used the service, how people were supported during meal times and also during individual tasks and activities. Some people were able to talk with us, however others communicated with us by gestures and facial expressions or spoke a few words, rather than by fluent speech. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with six people receiving care from the service, as well as three of their family members, to seek their views about the service. We also spoke with the provider, the registered manager, one team leader, three senior carers and two carers. In addition, we had discussions with three members of the housekeeping team and the cook.

We also reviewed 10 people's care plans to see if they were an accurate reflection of the care that people were receiving. In addition, we looked at documentation in relation to staff recruitment for five staff members as well as documents regarding the management of the service, such as audit and quality assurance processes.

Inadequate

Is the service safe?

Our findings

Risks to people were not well managed by the service. Staff were aware that risk assessments formed part of people's care plans and explained that they used them to help manage risks to people's well-being. However, staff members were unable to tell us about the specific areas of risk which people faced, or the actions they should take to manage and minimise the level of risk.

We reviewed risk assessments in people's care plans and found that they lacked key information which staff members required to effectively manage risks. They did not contain a detailed description of the risks to people's health and well-being, nor did they provide staff with specific guidance on how to manage those risks. For example, we found that people had risk assessments which stated they were at risk of self-harm. However they did not state the nature of the self-harm, how or when it had happened in the past, or specific methods or techniques which staff could use to minimise the chances of self-harm occurring.

We also found that there were areas of the service which posed potential harm to people, staff or visitors to the service. For example, we found that one person had a number of tools in their bedroom, which they kept for their own use. There was no risk assessment to show that these had been deemed safe, or that control measures had been discussed with the person, such as secure storage for these tools to prevent others from being able to access them. In one area of the service we saw that there was an uneven floor. This did not have any markings to denote where it was, or signage to warn people of the risk of slips, trips or falls here. We also found no reference to this area in the care plans and risk assessments of people whose bedroom was close to this area of flooring. This demonstrated that the hazards associated with this uneven floor had not been considered and could increase the risk of people experiencing falls in this part of the service.

There were systems in place to monitor specific risks to people, however these were not always completed appropriately or used to update people's care plans. We saw that people's weights were recorded on a monthly basis, and that the electronic record keeping system at the service generated reminders to ensure staff did this. However; we saw that there were occasions where people lost weight. We saw that one person who was identified as being at high risk in this area, according to the provider's guidance, should have had their weight monitoring escalated to weekly as a result of this, however it had only been done monthly. There had been no investigation into the cause of the weight loss. In addition, there had been no update to their eating and drinking care plan, despite consistently losing weight. This meant that people were at risk of losing weight and any underlying health concerns not being addressed at the service, as suitable interventions were not put in place in response to specific conditions, such as weight loss.

In two communal bathrooms we found that alarm bell pull cords had been tied up and were out of reach of the toilet. This meant that if people fell or required assistance whilst they were in the bathroom, they would not be able to summon help. The provider told us that these cords had been tied up to protect people against the risk of trips, but they would re-consider having them tied up in the future. There were no risk assessments in place to demonstrate how this risk had been identified or analysed. We did observe that, during the visit, when alarms sounded, they were responded to quickly by staff members.

Care and treatment was not provided in a safe way as risks to people's health and safety had not always been assessed. Where risks had been assessed, there were not clear records to show that all that was reasonably practicable had been done to mitigate those risks. This was a breach of regulation 12 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our inspection we observed several areas of the service which were not clean. Staff members described safe cleaning procedures to us and confirmed that they had received specific training in infection control to ensure they had the right knowledge to maintain a clean environment. Despite this, we found evidence of cobwebs, dust and debris in several areas around the service. We found that equipment was not always in a clean condition before it was to be used including chairs, commodes and toilet seats which had marks and stains on them. This increased the risk of infection to people.

We observed that there were domestic staff employed by the service. We saw that they carried out cleaning tasks throughout the service, however; this was not carried out in accordance with a set cleaning schedule or program.

Staff members showed us that there was a basic cleaning recording sheet in place in communal areas, which they signed to show that those areas had been cleaned on a daily basis. There were no records to show that other areas of the service, such as people's bedrooms, had been cleaned. In addition, the cleaning records which were in place did not provide information regarding what specific cleaning had taken place. There was no form of checking or auditing of the cleaning practices at the service. The registered manager did not carry out checks to ensure that cleaning had been completed to an acceptable standard.

The service was not always clean and hygienic or free of dirt or stains. Risks associated with infection control were not managed by the service and action had not been taken to ensure that cleaning was carried out in a robust fashion. This was a breach of regulation 15 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We received mixed feedback regarding staffing levels at the service. People told us that they rarely had to wait for staff members to provide them with basic care and support, however there were not always enough staff to allow individual staff members to spend time talking and interacting with them. One person told us, "They answer the call bells quickly." Another person said, "Staff are mostly local, they are busy but they do their best." A third person told us, "The staff don't spend much time with me in my room unless they are helping me to wash."

Staff told us that they did not think there was always enough staff on duty. One said, "We struggle with things and when there is only three staff on in the afternoon it is hard. Having respite people and new admissions can make things hard. We feel like we are cutting corners and we need to set alarms some time to remind us what to do." Another staff member told us, "Sometimes there is too much to do and we have to leave the showers until the afternoon." Staff members explained that they felt able to meet people's basic care needs; however they were not always to ensure people had sufficient activities to keep them appropriately engaged and stimulated throughout the day. The registered manager and provider informed us that they planned to increase the respite provision at the service and were considering converting a room for respite use.

During our inspection we saw that people's basic care needs were being met. People were supported to use the toilet or have their personal care attended to and did not have to wait for long periods of time to receive this support. We did observe that people were sat in communal areas of the home for extended periods of

time with little interaction or engagement from staff, other than to meet their basic care needs. The registered manager told us that the service did not use a specific assessment tool to measure how many members of staff were required, however they explained that staffing levels were adjustable and could be changed to meet people's changing care needs. We checked staffing rotas and saw that staffing levels were consistent.

Staff members told us that they were recruited following a robust procedure. The registered manager confirmed that staff members went through a series of pre-employment checks, before they were allowed to start working at the service. This included Disclosure and Barring Service (DBS) criminal record checks and references from previous employers. We checked staff recruitment files and saw evidence that these checks had been completed for members of staff.

People told us that they felt safe when they were receiving care from staff at the service. One person told us, "It feels safe here, staff protect us." Another person said, "I feel safe here, the staff are around to keep an eye on things." People's relatives also told us that they felt the service was safe for their family members. One relative said, "It feels absolutely safe here, there has been no safeguarding issues."

All the members of staff we spoke with told us they had received training on safeguarding procedures and were able to explain these to us, as well as describe the types of concerns they would raise. They were also aware of reporting to the local authority or other agencies and demonstrated a good understanding of these processes. One member of staff said, "We would raise any concerns about people with the manager." Another member of staff said, "I would talk to the manager."

The registered manager showed us that there was a system in place to record and track all incidents at the service, including safeguarding referrals. We saw that this log had been maintained and that the service had taken appropriate action to manage these incidents, as well as follow-up action including investigations.

People told us that staff members helped them to take their medicines. They explained that staff members made sure they got the right medicines at the right time and were supportive when they gave them. They also told us that staff made sure they were comfortable and could give them PRN (as required) medicines if they felt they needed it. One person said, "All tablets are done by the staff, that is good as I would get mixed up." Another said, "I would ask for painkillers if I needed them, that's not a problem."

There were effective processes in place for the management and administration of people's medicines and there was a current medicines policy available for staff to refer to should the need arise. We reviewed records relating to how people's medicines were managed and found they had been completed properly. Medicines were stored securely and audits were in place to ensure these were in date and stored according to the manufacturer's guidelines.

A senior member of staff explained to us how regular audits of medicines were carried out so that all medicines were accounted for and the computerised system aided the stock control of medicines in the home. One staff member explained how the system had reduced the potential for errors because it did not allow staff to move to one section without finishing every aspect of the previous person's medication. These processes helped to ensure that medicine errors were minimised, and that people received their medicines safely and at the right time.

We observed one senior member of staff administering medicines at lunchtime and they demonstrated safe practices, taking time to explain things to people and enquiring whether they required any analgesia.

Requires Improvement

Is the service effective?

Our findings

People did not always receive sufficient food and drink to enable them to maintain good health. When we checked people's care plans we found that eating and drinking plans were not specific and failed to identify people's individual needs in this area. There was a lack of guidance for staff to follow to ensure that people received the correct nutrition. We also checked people's weight records and found that at least five people at the service had lost weight over the past 12 months. For these people there were no records of the actions taken by the service to address this, or of referrals to external healthcare professionals, such as a GP or dietician, to deal with this specific issue. Staff members were unable to tell us if this weight loss had been identified, or if any actions had been carried out to rectify this. This meant that they had continued to lose weight over a period of months, without the service taking any action as a result.

We noted that meal times were not always conducive to creating a positive dining experience for people. We saw that menus were on display around the service, however; the printing on these was very small which made it difficult to read. The menus on display also did not relate to the meals which were prepared that day. Staff members supported people with eating and drinking; however did so with minimum interaction. We also saw some people waiting for over 20 minutes to be given their meals, whilst others around them were served.

We received mixed feedback regarding meals at the service. Some people did not feel that there was enough variety or choice with their meals, whilst other people told us that they enjoyed the meals provided by the service. They explained that food and drinks were to their tastes and they were able to get have whatever they wanted to eat and drink. We were told by one person, "Food is always the same." Another person said, "Too many sandwiches, the same each evening, no salads." More positively, one person told us, "I enjoy the food; it's usually nice and hot." Another person said, "The food is reasonable, there is a choice."

People did not always receive sufficient nutritious food and drink to enable them to sustain good health. This was a breach of regulation 14 (1) (2) (4) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Members of staff told us that they received regular support from the provider in the form of supervisions and appraisals. The feedback regarding these supervision sessions wasn't always positive; some staff felt that they were not a useful exercise as they were unable express their true thoughts and feelings about the service during them. One staff member said, "Supervisions are rubbish, we don't get a chance to say what we want and appraisals are rubbish as well. We have group supervisions and appraisals which means we can't say what we want to; it's us being talked at, not time for us." Other staff members told us that they found the registered manager and provider approachable but were not confident that any concerns raised would be dealt with by them.

We discussed this point with the provider and registered manager. They showed us that staff members had regular supervision sessions with senior staff and the registered manager. They also explained that they were always willing to receive feedback from staff members and invited them to provide anonymous written

feedback using the comments box, if they were in any way uncomfortable raising issues in person. They also told us that they would review the systems in place for staff appraisal and supervision, to help ensure that staff felt able to raise concerns and that supervisions at the service were a valuable exercise. Records confirmed that there were regular staff supervisions, as well as annual performance appraisals for staff members.

Staff members also told us that they received regular training from the provider. There were once again mixed views regarding training, some staff members felt that they were provided with the training they needed to perform their roles, whilst others were less positive. These staff members acknowledged that they received training, however explained that it was in the form of self-led learning papers, rather than face-to-face training sessions. One staff member said, "I would like more practical, hands on training. We do first aid and manual handling as hands on, but the rest of the training is paper based. A question and answer book is sent to [Name of training provider] but we would benefit from an explanation."

The provider and registered manager informed us that they were aware of these concerns and were working to address them. They were able to show us that some staff members had been trained as trainers for first aid and moving and handling, which allowed them to deliver in-house face-to-face training. They had also arranged for training sessions with district nurses to take place at the service, to help the staff team and generate discussions. The registered manager told us that they were always available as well, so that if staff struggled or required support with any of their allocated training, they were able to sit with them and go over those areas.

People told us that they felt that staff received the training they needed to meet their needs. They explained that they were aware that new staff were closely monitored and supported and they were able to get to know them during their induction training. One person said, "They all seem to know what they are doing." Another told us, "The new ones aren't left on their own to start with."

Staff members confirmed that they received induction training when they started working at the service. One staff member told us, "I had a good induction; I spent a week observing and time with the manager." Records showed that staff members received induction training which covered mandatory areas to ensure they were equipped with the skills they needed for their roles. The records also showed that staff members completed a number of on-going training courses to help them learn new skills and to update the ones they had already developed.

People told us that staff members sought their consent before they provided them with care. They explained that staff always asked their permission before they did anything, respecting their wishes if they did not want to do anything. One person told us, "The staff discuss with me what we might do and I feel at ease to agree or not." Another person told us, "Staff are good and don't do things if I don't want them to."

Staff members told us that they felt it was important to respect people's wishes and encourage them to make as many decisions for themselves as possible. They told us that it was a big part of their roles to make sure that people received the care they wanted and staff worked with them to make this happen. One staff member told us, "I try to let residents decide what they do and they don't want doing. I want them to have as much decision making as possible." Throughout our inspection we observed staff members providing people with choices and acting on the decisions they made.

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.

Staff members were aware of the MCA and DoLS. They had been trained in this area and were able to explain the principles of acting in people's best interests. People's relatives told us that they had been involved in making interests for their family members, when they were unable to do this for themselves. One relative said, "I have discussed the issue re. if my family member can make her own decisions. I will meet regularly about this as I have power of attorney." We saw in people's records that there were systems in place for obtaining and recording their consent. When people were unable to give their consent, the service had procedures to ensure that the principles of the MCA and DoLS were adhered to.

People told us that they felt they had good access to healthcare professionals, such as their GP, when they needed them. They also told us that staff members would support them to attend appointments if necessary. One person said, "They call the doctor if I need him. He responds quickly. The district nurse comes in to see me regularly." Another person told us, "I go to my hospital appointments, either with a family member or a carer."

Staff members were also positive about medical interventions that took place at the service and felt that people were able to get the appointments they needed. One staff member said, "We have a good relationship with the medical centre, the GP visits each week or more if needed. No problems." The registered manager confirmed that the GP conducted regular visits to the service, as well as additional visits if staff members raised concerns about a person's health. Records showed that a range of healthcare professionals, such as GP's and district nurses, visited the service on a regular basis.

Requires Improvement

Is the service caring?

Our findings

There was not always a caring approach towards people living at the service from the provider. Efforts had not been made to ensure that people received the care that they needed and prompt action had not been taken in response to their changing needs to support them to be in as good health as possible. Steps had not been taken to manage people's conditions proactively, to help them maintain the best levels of health they could achieve, which had an impact on their health and well-being.

Staff members treated people with kindness and compassion. People told us that they had developed strong relationships with members of staff and were able to chat with them about their care, as well as their interests. One person said, "It's a friendly home and there are a lot of local staff so it means we have a lot in common to chat about." Another person told us, "I have good interactions with staff." A third person stated, "The staff are okay and treat me nicely."

Members of staff also felt that there were positive relationships between them and the people they cared for. They explained that it was important to develop a trusting relationship with people so that they could feel comfortable in their environment and confident that staff members would be able to meet their needs and keep them safe. One staff member told us, "I want to do the best I can, just as I would like to be cared for." Another said, "I want the residents to feel good about themselves." We observed staff treating people with genuine kindness during the inspection. Staff clearly knew each individual well and were aware of their specific needs and preferences. We saw people and staff members laughing and joking throughout the inspection, even when staff were clearly busy.

There were also positive relationships between staff members and people's relatives. Staff told us that this was important as it helped family members to feel relaxed about the care that people were receiving and also meant that they would be able to raise any issues if they had them. One staff member said, "A lot of family members visit, I like to chat with them and see how things are going."

People told us that they felt involved in planning their care. They explained that the service listened to what they had to say about the provision of their care and that staff took steps to make sure that their needs and wishes were listened to. One person told us, "I do feel in control of my care." Another person said, "I feel listened to." A third told us, "They discuss my care with me, but generally I do my own thing." Staff members confirmed that they worked hard to involve people and their family members in the planning of their care. One staff member told us, "As a senior carer I really try to involve people in their care. For some of them that's difficult but I want them to try and decide what they would like to happen."

We spoke with the registered manager and the provider about how they involved people in planning their care, and how they recorded this involvement. They explained that it was very important to them that they listened to what people had to say about their care delivery and made sure their wishes were respected when care plans were written up. They also told us that this was an area which had not previously been robustly documented, but they were working on new ways to show that people had contributed to the planning of their care.

During our visit we saw that people had been encouraged to personalise their bedrooms and bring in their own furniture and decorations if they wanted to. There were also pictures and images used throughout the service to provide people with understandable information about the service. This helped people to maintain as much independence as possible. People and their family members were also provided with information about the service, including a user guide which contained useful information about the service, such as how to make a complaint internally and to external organisations, such as the Care Quality Commission (CQC).

People felt that staff members treated them with dignity and respect at all times. They explained that staff took steps to ensure they were covered when they were helping them with personal care and made sure doors were shut when they were using the bathroom. One person told us, "They always shut the door in the toilet and don't disturb me until I ring the bell." Another person said, "It's all okay, no problems."

Staff members told us that they had received training in privacy and dignity, and worked hard to ensure they maintained this at all times. One staff member said, "I want to treat people with respect, just as I would like it." During the inspection we saw staff treating people with respect. They spoke to people with kindness and politeness and gave people time to absorb what they had been told and form their answer. Whenever staff addressed people they did so using their preferred name and were discreet when people required support in areas such as personal care. Staff worked hard to ensure people's privacy and dignity were maintained at all times, whilst still promoting their choice and independence.

Staff members also told us that they encouraged people's relatives to visit the service and spend time with their loved ones. They told us that there were no restrictions on family members visiting and that there were a number of different areas within the service, including a sensory 'indoor garden' room. They explained that this allowed people to spend quality time with their family in privacy. We saw people were visited by their family members and that staff greeted them with familiarity and kindness. They chatted with relatives about how their family members were doing and helped them ensure they had the time and space they needed to enjoy their visit.

Requires Improvement

Is the service responsive?

Our findings

People did not always benefit from receiving person-centred care from the service. Some people felt that their care had been planned for them, rather than with them and were not aware of the plans which were in place for their care. One person told us, "I haven't seen any written plans about me. I would like them to go through that with me." Another person said, "I would like to re-look at when I have my shower."

Care plans lacked detail which would have provided staff with important information about people's specific needs and wishes in relation to their care. Instead we found that care plans contained generalised statements which did not provide insight into the way in which people wished to be cared for. For example, one care plan stated that a person liked to watch television, however there were no details regarding the types of programme which they had enjoyed watching before they moved in. It also did not provide information regarding where the person preferred to watch television or whether they needed any specific support such as glasses or subtitles.

Care plans were in place and provided staff with basic information regarding people's needs however; we found that staff member's individual knowledge of each person, built up over time spent working with people, was more detailed than the contents of their care plan. This meant that different staff members may provide different care to others and new staff members would not have the information they needed as it was not recorded in care plans. Care plans were reviewed on a monthly basis; however we found that changes were rarely made. We identified that people had changes in their care and support needs which were not reflected in the reviewed and updated versions of their care plans. This meant that staff members may not be aware of the most recent developments regarding people's care.

There was a lack of stimulation and meaningful activities for people. People told us that they didn't feel there were enough things for them to do and the activities that were provided were often not to their taste or preference. One person said, "I don't really do anything, it's a bit boring." Another person told us, "My daughter comes in everyday and takes me out. I would be bored if she didn't." A third person stated, "I want more things to do."

Relatives also told us they felt that people could be doing more activities and could be kept busier. One relative said, "I don't think enough is done for people like my sister who has dementia and poor sight." Another told us, "I think more needs to be done for people who stay in their rooms, one-to-one activity would be good." Staff members told us that they had an activity schedule in place; however they were not always able to provide the activities on it as they had to provide activities alongside their care tasks. The registered manager and provider confirmed that there was no designated activities coordinator at the service. They told us that there was a lead member of staff and that all staff were responsible for ensuring activities took place for people.

During the inspection we observed that there was an activities schedule displayed on the wall however the activities that were planned did not take place. In the morning there were no formal activities carried out and in communal areas we saw that televisions were on and music was playing at the same time. People sat

in chairs and had little interaction or stimulation with those around them. Staff members tried to engage with people, however had to prioritise people's care needs. In the afternoon we saw that staff had a little more time and were able to spend time throwing a ball and interacting with people in communal areas. Throughout the day those people who remained in the bedrooms did not receive any activities or stimulation from members of staff.

People's care plans did not provide detailed information about the activities that they enjoyed and there were no records to demonstrate when activities had taken place, or how people engaged with them. The activities plan showed that regular activities were scheduled for each day, however there was nothing to show that this was actually taking place, or that people had been involved in deciding what activities should take place.

People did not benefit from receiving person-centred care which had been planned with them to ensure their needs were met and preferences were reflected. This was a breach of regulation 9 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that staff members were able to provide us with information about people and their needs, which wasn't always recorded in their care plans. Staff members were able to demonstrate a knowledge and understanding of people's specific needs and were able to engage with them in conversation where possible. People told us that they felt staff knew them well and were confident that staff members could meet their needs. On person told us, "I can get help if and when I need it. The staff know what I need but try to let me have a go myself." Another person said, "I feel that my care is focussed on me as I sit and talk to staff about what I want and need." We found that pre-admission assessments were completed by the service, to get an idea of people's care and support needs. These helped the service to identify how they could meet people's needs and were used to create their care plans.

People told us they felt confident in raising any issues or complaints about the care that they received. They also felt that any issues they raised would be dealt with appropriately and action would be taken to put things right. One person told us, "I have complained in the past to the manager, he came to see me and we sorted it out." Another person said, "If I'm not happy I speak to the manager, I know him well." Relatives also told us that they felt confident in the complaints procedures at the service. One relative told us, "I would talk to the manager or even the owner if I had a concern. I have done this in the past and we had a meeting." Another stated, "I feel listened to, the senior carer sorts things out if I'm concerned."

We saw that complaints information was available to people on notice boards within the service. These included details about how to make a complaint internally and to external organisations, such as the Care Quality Commission (CQC). The registered manager showed us that they had implemented a logging system to record complaints when they were made, as well as details of the actions they took in response to them. There were systems in place to act in response to complaints or feedback from people and their family members.

Requires Improvement

Is the service well-led?

Our findings

Systems in place for quality assurance at the service were not effective. They failed to allow the registered manager and provider to have oversight of the service and to identify areas which required improvement to ensure people received the care and support they needed. We saw that there were checks and audits carried out by the registered manager, however these were not on a regular basis and failed to provide an action plan, detailing what improvements were necessary and how they would be achieved.

The checks which did take place were not robust and there was no evidence of changes being made as a result of those checks. Where risks to people's health and welfare existed, such as when people had lost significant weight, there was no evidence that this had been highlighted as part of a quality assurance process. This meant the lack of action taken in response to risk had not been identified, and remedial action had not been taken.

Checks of the cleanliness and suitability of the environment had not been carried out on a regular basis. There were no robust schedules to show when cleaning had taken place across the service and there were no management checks in place to show that cleaning had been checked. This meant that areas which required attention were not identified in a timely manner.

Care plans were reviewed on a regular basis however; the quality of these reviews had not been checked. As a result people's care plans did not reflect their current needs and wishes and failed to provide staff members with the information they needed to provide people with person-centred care. In addition, there was no oversight of activities for people and their effectiveness. We also found that only nine care plans had received a full care plan audit by the service management. This showed that there were not sufficient checks being carried out to meet people's care needs and that action had not been taken to ensure that all people had appropriate information in their care plan.

People and their family members told us that they had been asked about the care they received by the service in the past. Some could remember completing a survey, however others were not aware that this had taken place. The provider showed us a summary of answers which were given in response to a satisfaction survey completed in April 2016. We saw that they had grouped answers together however; there were no records to show what action had been taken as a result of the feedback that people had given. There was nothing to show that the results of the satisfaction survey had been used to help develop the service.

There were not sufficient systems in place to assess, monitor and improve the quality and safety of care being provided by the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were systems in place to ensure that accidents and incidents were recorded and reported to appropriate external organisations, such as the Care Quality Commission (CQC) or local authority. However; we found that the provider and registered manager had not ensured that details of allegations of abuse

were sent to the CQC, as per their legal requirements. We found a number of safeguarding incidents which had been reported to the local authority by the registered manager, but not to the CQC. The registered manager told us that they were aware that certain incidents, such as a death or an event that stopped the service, had to be reported to CQC, however they were not aware that allegations of abuse also had to be reported. This meant that CQC were not always made aware of safeguarding incidents at the service, or the actions taken by the registered manager and the provider in response to them.

The registered manager and provider had not notified the Care Quality Commission (CQC) of abuse or allegations of abuse which took place at the service. This was a breach of regulation 18 (1) (2) of the Care Quality Commission (Registration) Regulations 2009.

Staff members had mixed feelings about the management of the service and the provider. They told us that they felt they were able to approach both the registered manager and the provider if they had any concerns, however they were not sure that they would always be dealt with. In addition, some staff members didn't feel that they were always appreciated for the work that they did. One staff member said, "I feel supported by the manager, he is always available." Another told us, "We don't get praised or told 'well done'." A third staff member said, "We all need to be appreciated, they don't care about us."

We spoke with the provider and the registered manager about the concerns that staff raised. They were surprised by them and felt that they were always approachable to staff and made an effort to respond to any concerns raised. They told us that they recognised staff efforts with an annual gift but acknowledged that staff had raised these points with us. They told us that they planned to address this and look at different ways of making staff feel valued by the organisation.

People told us they were happy with the service they received and felt that the registered manager and provider were visible presences. One person told us, "I see him [registered manager] every day. He's very approachable." Another said, "He [registered manager] is always about, he chats to me and is quite open." Relatives also spoke positively about the provider and registered manager. One relative said, "I always see the manager and I have met the owner."

People were happy with the service they received and the care provided by members of staff. They explained that staff had a positive impact on them and spent time making sure they were happy and comfortable at the service. One person said, "It's a good team here, I know the staff, the maintenance man, the cook and the carers."

Staff members were also positive about the service and were motivated to perform their roles. They spoke to us about the people they cared for and were able to show an understanding of their needs and wishes. They also told us they were part of a strong team who worked together to ensure people received the care they needed. One staff member told us, "We work as a team, we cover shifts if we can."

The registered manager and members of staff were open and honest throughout the inspection. Staff members told us that they were willing to share any concerns they had and were supported to do so if necessary. They were aware of whistleblowing procedures and were prepared to carry them out if they had any concerns about people's welfare. One staff member told us, "If I saw something I didn't like I would speak up, no hesitation."

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 18 Registration Regulations 2009 Notifications of other incidents The registered manager and provider had not notified the Care Quality Commission (CQC) of abuse or allegations of abuse which took place at the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People did not benefit from receiving person-centred care which had been planned with them to ensure their needs were met and preferences were reflected.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs People did not always receive sufficient nutritious food and drink to enable them to sustain good health.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The service was not always clean and free of dirt or stains. Risks associated with infection control were not managed by the service and action had not been taken to ensure that cleaning was carried out in a robust fashion.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not provided in a safe way as risks to people's health and safety had not always been assessed. Where risks had been assessed, there were not clear records to show that all that was reasonably practicable had been done to mitigate those risks.

The enforcement action we took:

Warning Notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There were not sufficient systems in place to assess, monitor and improve the quality and safety of care being provided by the service.

The enforcement action we took:

Warning Notice