Kilkee Lodge Care Home Limited

Kilkee Lodge Residential Home

Inspection report

Coggeshall Road
Braintree
Essex
CM7 9ED

Tel: 01376342455

Date of inspection visit:
14 December 2016

Date of publication:
28 March 2017

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 14 December 2016 and was unannounced. The service provides accommodation and personal care for up to 80 people, some of whom are living with dementia. On the day of our inspection 76 people were using the service.

The service did not have a registered manager. 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 service is run. The previous registered manager left the service in September 2016 and another registered manager working for the provider has been managing the service. They returned to manage the service where they are registered in early December. Throughout this period an experienced deputy manager has been working at the service. A new manager has been appointed and will commence at the service in January 2017 and the provider informed us that they would be seeking registration with the (CQC).

Kilkee Lodge is a care service over two floors with dining and communal rooms for the use of the people that use the service. Work had recently taken place to develop and refurbish the upstairs dining room and experience for people using the service. The entrance way had some information available about the service for example, but we found this was limited. For example there was no complaints process displayed, but there was a suggestion box available, however we noted there were no forms to fill in. The corridor flooring on the ground floor was unclean in places, but the cleaning staff tried their best to keep this flooring clean as it was difficult to maintain. We found the people's rooms we saw, were clean and odour free, as were the communal rooms, bathrooms and lavatories.

People were not always safe because the service had made an error with the recording of medicines, but this has no impact upon the well-being of the person. When people fell this had not always analysed, or the care plan for reducing the falls had not followed. For example some people required supervision but were left alone. We saw one person lying in bed and their catheter was on the floor instead of being housed in a catheter stand. Although this was not necessarily a trip hazard, it was a concern with regard to effective infection control.

Staff had been recruited safely and had received training in a number of core subjects. Recruitment was on-going to fill staff vacancies which were covered by agency staff. Having to induct new agency staff into the way the service worked was demanding for all of the regular staff and they looked forward to a time when the service was fully recruited.

The deputy manager carried out dependency level assessments from the information provided by the staff team to calculate the number of staff required to provide care and support to people using the service. Although the staffing compliment on the rota was in agreement with the number of staff required, regular staff considered they were pushed to provide the care required when working with agency staff unfamiliar

with the service. The deputy manager tried to use known agency staff to cover staff vacancies and this was usually successful.

Some people considered that there should be more staff on duty and in particular would have liked more activities. Other people spoke very highly of the staff and the service. We did hear call bells being used on many occasions during our inspection which were answered usually within a short period of time. However we did observe people being left in communal lounges for periods of time with no staff present.

The service had increased the number of staff employed at senior care levels since our last inspection. The deputy manager told us the staff team was stable with many staff having over ten years dedicated experience of working at the service.

Following a visit from the Essex County Council Contractual Compliance team in September 2016 the service had responded to areas of concern identified. The senior staffing levels had been increased and additional training and supervision sessions for staff had been provided. The staff we spoke with told us that they were supported in their roles and had received training in various subjects how to recognise and respond to allegations of abuse.

We have made a recommendation in this report about the need to check the information in each care document for accuracy. This was because a care plan and daily record regarding the frequency of a person being re-positioned, two or four hourly were not in agreement. This was also the case for moving and handling, although we were confident from our observations and talking with staff about their training knowledge and skill for moving and handling. We have therefore also made a recommendation for the clear recording of moving and handling people in their care plan.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals. This ensured that the decision was taken in accordance with the Mental Capacity Act (MCA) 2005, DoLS and associated Codes of Practice. MCA, Safeguards and Codes of Practice are in place to protect the rights of adults by ensuring that if there is a need for restrictions on their freedom and liberty these are assessed and decided by appropriately trained professionals. People at the service were subject to the Deprivation of Liberty Safeguards (DoLS). Staff had been trained and had a good understanding of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Regular staff knew people well and it was reported to us the staff were kind and compassionate.
We saw examples of staff supporting people discreetly with regard to using the lavatory. However the care was not always person-centred with regard to when people could have a bath. The service arranged to offer people a bath upon a weekly rota system sometimes more than once based upon the individuals choice.

The service carried out assessments of people's needs to determine if the service could provide the support the person required prior to them coming the service. The care was reviewed on a monthly basis and when required. However although the service had identified that a person could become excitable in their behaviour, there was not an analysis as to why and the how the staff were to respond was not sufficiently detailed.

We have a recommendation that when reviewing peoples care their hand and nail cleanliness is included and action taken as required.

The service handovers from shift to shift were well organised allowing staff time to raise questions and clear

information given for what the staff were to achieve in the forthcoming shift.

There were two complaints policies in use in the service and we have made a recommendation about the management of complaints.

Although we saw people enjoying Christmas facilities and singing with an entertainer on the day of our inspection, people told us that there was a lack of activities for them to do over the seven day period.

The deputy manager provided consistent supportive management to the staff and knew the people who used the service. The day to day monitoring and auditing was not as reliable as required, no doubt in some way due to the changes of management within the service.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of this 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 consistently safe

The management of people's medicines was not always safe.

Infection control was not always observed as robustly as required

The service had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

There were sufficient numbers of staff on duty in order to meet the needs of people using the service when effectively deployed.

Is the service effective?

Requires Improvement

The service was not consistently effective

Although people had access to food and drink throughout the day for those people reliant upon staff for recording their fluid intake this was not always recorded accurately

Staff were supported to provide care to people who used the service through supervision and annual appraisals.

Staff understood and had implemented appropriate actions regarding the Mental Capacity Act 2005.

People's health needs were monitored by the staff and there was access to healthcare professionals.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

People who used the service and their relatives were involved in developing and reviewing care plans and assessments.

People's rooms were individualised with people's own furniture

and personal possessions.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Care plans were in place but need further work with regard to offering personal care that was person-centred.

Accurate assessments were carried out prior to the person coming to the service, so that their needs were identified.

There was more than one complaints policy and procedure, so if people wished to make a complaint, it was not clear how this could be achieved

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The provider had a quality assurance system in place and gathered information about the quality of their service from a variety of sources, but this was not always being analysed.

There was no registered manager in place. Staff said they could approach the deputy manager for support and advice.

There were staff meetings and sufficient time for handovers between shifts for the staff to be aware of the changes in people's conditions.

Kilkee Lodge Residential Home

Detailed findings

Background to this inspection

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

The inspection took place on 14 December 2016 and was unannounced.

The inspection team consisted of two inspectors and one expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone. Our expert had experience of older people and dementia care.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also we reviewed the information we held about the service, which included safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law.

We focused on speaking with people who lived at the service, talking with staff and observing how people were cared for. Some people had very complex needs and were not able, or chose not to talk to us. We used observation to gather evidence of people's experiences of the service. We spent time observing care in the communal and dining areas and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with nine people who lived in the service and five relatives. We also spoke with the provider deputy manager, the chef and seven members of the care staff, plus a visiting professional as part of this inspection.

We looked at eight people's care records, two staff recruitment records, ten medication records, staffing rotas, training information and records which related to how the service monitored staffing levels and the quality of the service. We also looked at information which related to the management of the service such as health and safety records, policies and procedures, quality monitoring audits and records of complaints.

Requires Improvement

Is the service safe?

Our findings

The administration of medicine must be provided in safe way which includes accurate records being kept. Medication was administered by senior staff only who had received training in the safe management of medicines. The service had a policy and procedure for the administration of medicines. An error had occurred with the recording of a controlled drug. Some prescription medicines are controlled under the Misuse of Drugs legislation (and subsequent amendments). These medicines are called controlled medicines or controlled drugs. Although the number of medicines for one person was correctly recorded in the controlled drugs book. The Medication Administration Record (MAR) was not correct.

This is a breach of Regulation 12 (2) of the Health and Social Act 2008 (Regulated Activities) Regulations 2014. Care and treatment must be provided in a safe way for service users, the proper and safe management of medicines.

The temperature of the clinical rooms were recorded daily as were the fridges and found to be within the normal and acceptable limits. Other than the breach above medicines were provided to people effectively. Having increased the senior care staff establishment meant people were having their medicines given at the prescribed time. We saw staff administering with patience and understanding. Staff spoke with people about their medication explaining what it is was for. One person told us, "I have a pill at 6am which is for my indigestion then I have breakfast in my room before getting up, that's my choice, I like to do that."

We saw the records were maintained accurately of the prescribed creams and lotions for people that used the service. Body map charts of where and when creams were to be applied were completed and the times agreed with the MAR charts. A body map recorded a sore on a person's head which had reopened following a fall and we saw evidence that the District Nurse team had been contacted and attended to dress the injury.

One reason for increasing the number of senior care staff on duty at the service was because it had been recognised the length of time it took to administer the medicines. People using the service and care staff we spoke with were all pleased with this change.

All staff are responsible for the safety of people in their care and for the effective management and control of infection. At 10.05 we observed a person their in bed, with their catheter lying on floor. This is an issue of dignity and also infection control as the catheter was not mounted on a stand. We later observed the person in a lounge with the catheter valve touching the floor as there was no strap in use. We raised the matter with a senior member of staff who informed us that the catheter bag had recently been changed and we checked and the catheter bag change had been dated two days previously. The senior took the appropriate action to readjust so that the catheter bag so that the valve was no longer on the floor.

We saw a risk assessment for a person who had experienced a fall from their bed and also a recliner chair. The risk assessment stated that they should not be left on their own and we questioned how realistic this was as we observed the person alone in both his room and in the lounge. We discussed this with the staff

and the care plan was being further reviewed. We were aware of the bedrails being in place appropriately and accurately recorded to prevent the person from falling out of bed. When not in bed the person would be supported in a lounge, so that staff could observe and support them. Should a person experience a fall, there was a post falls monitoring procedure in place which meant that observations took place over 12 hours to check upon the person's well-being.

At 12.15, we observed two people walked into the lounge and one walked towards an empty chair in the corner of the room. There were no staff members in the lounge. As the person turned around to sit down they stepped one leg through the frame of the zimmer, which if they had sat down would have caused an accident. There were no staff present in the lounge at the time although there were other people present. We summoned a member of staff who came and supported the people in the lounge. We understand the staff now complete their notes and recording duties in the lounges so that they are present with people to support them.

This is a breach of Regulation 12 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Care and treatment must be provided in a safe way for service users, doing all that is reasonably practicable to mitigate any such risk

The service had provided staff with training regarding how to keep people safe and what to do if they suspected there was any likelihood of harm. The staff we spoke with told us they knew how to report matters to the local safeguarding team. They were also aware of the whistle-blowing policy. A staff member told us, "I think it's nice here, if I did see anything wrong I would report it immediately to my supervisor."

We saw that the service had an emergency plan for evacuation and carried out weekly checks on the fire alarms system which were recorded. The lift was regularly serviced with call out contracts in place should the lift break-down. We also noted that safety checks of the standing aids and slings used for moving and handling were checked regularly and were within date.

To reduce the risk of harm to people and support them in keeping safe the service is required to undertake risk assessments and then have a plan in place which staff should be aware of so any risk might be mitigated. We saw a risk assessment regarding preventing pressure sores for a person was in place. It was dated September 2016 and referred to the need for the person to have adequate fluids. These measures were combined with four hourly repositioning and a pressure mattress was in place. We found the setting corresponded with levels recorded.

Services are required to ensure there sufficient numbers of skilled staff on duty to support people to meet their needs. The service used a recognised assessment tool to establish if people's needs were high medium or low. Only one person at the time of our inspection was recorded as having a low need with the other people's needs assessed as medium or high. From our observations we considered this was correct and the service had calculated they needed 1727 hours of care for October. The service had not completed the dependency tool for November which the deputy manager stated they would address and also complete for December to ensure sufficient staff were on duty to meet people's needs. The staff rota for the previous three months and planned ahead was stable with regular members of staff employed. The deputy manager had tried to cover vacant posts and staff sickness with agency staff and we saw that the same agency staff were regularly used.

We heard call bells being used regularly during the inspection and frequently we saw they were answered within a reasonable period of time. However on one occasion we heard a number of call bells in use in the same area and people having to wait longer than expected for staff to attend to them. We spoke to the

deputy manager about this. We understand that a new system of staff deployment is now in operation with clear instructions to staff regarding answering call bells wherever they are working at any time in the service.

Some people would not be able to use the call bells due to their mental capacity. Although staff did check upon peoples whereabouts and well-being to compensate for them not being able to use the call bell. This could have been better managed and recorded at regular intervals.

We have also spoken with the new manager since the inspection who has put in place a call bell audit to gauge and analyse the time taken to answer calls and will deploy staff to work throughout the service from the results of the analysis of the call bell audit.

One person told us they had been at the service for a number of years. They told us, "The place is really tip-top but it needs a few things sorted out. I do feel safe in the home, and if you have to use your buzzer the staff do come pretty quickly initially, but sometimes they'll say, "I'm busy helping somebody else, I'll be back in 5 minutes, but it's a lot longer than 5 minutes I can tell you, and it's very uncomfortable when you want to go to the toilet and are left waiting."

We observed three people using a lounge and no staff came into the lounge for 20 minutes. The people were not in need during that time and staff were passing but this was a long time for no interaction and communication with staff for people in the lounge. A member of staff told us, "I generally think there is enough staff but there are more issues at weekends and can be hard especially covering for sickness and holidays by the agency staff.

One person told us, "Nobody talks with me like you're doing now, nobody comes in for a chat and sometimes the buzzer takes a long time to be answered, staff are so busy." One person told us, "We do have lots of agency carers now but I wish we could have a stable staff where they get to know you, and we get to know them." A relative told us, "I think it's alright here for [my relative] they do not really know where they are anyway, but I do feel they are safe, and they look after [my relative] OK."

We observed the Deputy Manager and another member of staff undertaking moving and handling using the hoist and sling. This was carried out well with lots of appropriate and supportive communication to the person. We saw that the care plan had been audited on 07/11/16 and the information from our observations was both accurate and correct.

We saw that a number of people at the service were cared for on bed rest and each had a repositioning chart instructing the staff how and when to assist the person to move position. This process is used to relieve pressure on the body to help with preventing pressure sores. There were no pressure sores recorded at the service other than one person with a grade one pressure ulcer. We saw that the notes were accurate with monitoring the condition and the actions to be taken to support the person.

A further procedure to help in the prevention of pressure sores is to use airwave mattresses and these then need to be checked that they are at the correct setting with regard to the person's weight. We checked upon the airwave mattress settings in use and they corresponded with the person's weight. Although the risk assessment for the air wave mattresses was not greatly detailed they were sufficient and importantly indicated they did require the setting to be checked regularly and kept out of reach to prevent people from re-setting them incorrectly.

The care plan stated two hourly positioning but this was changed on staff sheet in the person's room to four hourly which is being signed as undertaken.

We recommend that the service considers how the information in the care plan and positioning chart can be audited and updated so that the information on both is accurate.

Regarding the management of falls the service was not involved with Prosper (Promoting safer provision of care for elderly residents). This project seeks to improve safety and reduce harm for care home residents across north-east and west Essex by developing the skills of those working in care homes through education, measurement and culture change. The deputy manager planned to discuss using this service for advice and would discuss with the new manager.

The provider had appropriate recruitment procedures in place. We looked at the provider's recruitment policy and the recruitment records for two members of staff. The manager told us about the application forms used by the service which had been designed to ascertain why the person wanted to work providing care and support. As a result of completing the application form, the manager would determine if an interview would be offered to the candidate. For the successful candidates, we saw that appropriate checks had been undertaken before staff began working at the service. We saw that Disclosure and Barring Service (DBS) checks were carried out and at least two satisfactory written references were obtained, including one from the staff member's previous employer. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, Proof of identity was obtained from each member of staff. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained. A member of staff told us about the recruitment process the information they were required to supply and that they had not commenced work at the service until their references and disclosure and barring service information had also been checked.

Requires Improvement

Is the service effective?

Our findings

We saw that one person's care plan stated that the fluid output was to be recorded but we could not see that a record had been completed accurately. This person's fluid intake was documented on daily sheets which were totalled by the night staff as follows, 10 December 2016 780 mls, 11 December 2016 840 mls and 12t December 2016 580 mls. This seemed quite a low fluid intake for this person and we could not be sure if they were completely accurate or being picked up and addressed. There were gaps in the chart, where eteries would be expected around meal times and the person did not appear dehydrated. We spoke to senior member of staff about this and they said that the night staff total up the fluids at night but low fluids are not handed over.

The fluid balance records for another person we checked were documented as the 9th December 2016 880 mls, 10th December 2016 620 mls,11th December 2016 600 mls and 12th December 2016 440 mls. We could not see any evidence that these decreasing levels of low fluids were being analysed.

This is a breach of Regulation 14 (1) of the Health and Social Care Act 2008 (Regulations 2014) Meeting the nutritional and hydration needs of service users.

We addressed this situation with the deputy manager and asked for regular auditing and checking that people were having sufficient fluids to drink. Fluid levels can have a running total during the day rather than leave to the night staff to total. Hence, concerns of accuracy or if sufficient fluids are being given can be addressed at the time. We saw that from the attention staff gave to people regarding drinking and eating that the information was not being accurately recorded. The deputy manager was going to raise this as an urgent matter with the senior staff to ensure that fluids were offered and accurately recorded once consumed.

We did see a clear risk assessment regarding choking and nutrition for one person. The person was prescribed a thick and easy supplement and clear instructions were in place in their room for the administration. A member of staff told us about how they assisted a person with their eating. The food was separately pureed and we saw staff sit alongside people and support was well paced, so that people were not rushed and could enjoy their meal.

The service staff were aware of the importance of monitoring people's weights and to report any concerns to other professionals to seek their help. People were weighted weekly or monthly depending on their MUST nutrition score and this information was collated. 'MUST' Malnutrition Universal Screening Tool is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (under nutrition), or obese. It also includes management guidelines which can be used to develop a care plan.

A member of staff was aware of who required supplements and the action to take. We observed people at risk of malnutrition being given strawberry smoothies and cream shots and being supported to take them.

The dining room had tables with dark blue table cloths with menu's, cruets, proper cutlery, glasses, flowers,

Christmas decorations and a candle on each table. Staff were attentively supported. people to enjoy their meal and people we spoke with told us the food was excellent and the surrounding lovely. The staff weighed people regularly and as required and although the fluids of some people received were not accurately recorded we did feel that people were having sufficient amounts of fluids to drink.

One person told us, "The food is 20 out of 20, no problems. They come round and ask you what you would like the day before, and there's always an alternative offered if you want one."

Staff were supported through regular staff meetings, supervision and an annual appraisal. An annual appraisal is a one to one meeting between the manager and member of staff to discuss the achievements over the past year and set objectives for the staff development in the next year. The service also operated a keyworker system which was discussed as part of supervision so that the staff member could discuss aspects of care and feel supported about the support they were delivering. This meant that staff were properly supported to provide care to people who used the service. One person told us, "I have supervision and seniors are helpful." They informed us about their safeguarding training and knew about the different types of abuse. Another member of staff told us, "Training is mainly face to face and included moving and handling MCA (mental capacity Act) and dementia, I prefer this training to learning on the computer." Another member of staff who said they were new to the service was very pleased with their training and was working upon achieving the care certificate.

"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 looked at records and discussed the DoLS with the manager, who told us that there were DoLS in place as well as some in the process of being applied for. They told us why the DoLS were required and how the service had worked with the person and families to explain the situation and plan the management of care. In some cases the deputy manager had arranged for a best interest meeting to be held with the person, their families and other professionals to determine how care was to be provided and these meetings were recorded. We looked at the documentation and saw that the service was following the requirements in the DoLS.

We saw best interest meetings and how the service had worked with the person and their families to address risk assessments to keep the person safe. A Best Interest meeting should be held where an adult (16+) lacks mental capacity to make a decision for themselves and needs others to make those decisions on their behalf. There was clear documentation in place for bed rails with covers to be in place to prevent the person from falling out of bed.

In order to provide effective care and support it is important that the service works with other professionals for their advice and support to provide the care that people require. We saw an Occupational Therapist had

been consulted and given advice regarding the positioning and placement of pillows for a person. The service had taken photographs as a permanent guide for the staff how to put these in place for the comfort and care of the person.

The advice of a Diabetic Nurse had been sought with regard to hypoglycaemia (low blood sugar) and hyperglycaemia (high blood sugar), conditions associated with diabetes, so the staff would recognise the symptoms and take effective actions should these conditions occur. One person informed us about their diabetes and explained the staff gave them sweetener rather than sugar. They considered their diabetes was well controlled and enjoyed the selections of food available to them and liked the roast on Wednesdays.

We also noted that that for people not able to attend the dentist and optician that the service arranged for these services to visit people at the service.

Two visiting professionals spoke positively about the service and informed us that the staff were keen to learn. The had built up a good relationship with the service and had provided some training with them on positioning of people in bed. They also informed us the service staff, "Picked up when people's mobility was reduced and made a referral for assessment."

Good

Is the service caring?

Our findings

People were treated with dignity and respect. We saw staff communicating with people in various ways including hand gestures as well as talking to people in a polite and respectful manner. Prior to any care being provided we saw that staff approached the person from the front so that they could easily recognise them and gained their consent before providing any care. A member of staff told us," I would like the care I give to my residents to be the care that I receive."

We spoke with a carer who told us they had only been at the service for a short time, but had many years of experience in supporting people. They were preparing to help escort a person to a hospital appointment, and whilst waiting for the taxi, they were chatting and laughing with the person who was showing them a photo album. The staff member told us, "It's really nice here, the staff are lovely people." The person told us, "I'm really happy here, I feel very safe and well looked after."

We noticed a person sleeping in the ground floor lounge all morning, and they also slept through lunch. When the afternoon staff took over, a staff member came in with a dinner, gently spoke with the person and sat with them for an hour and gave them lunch. The member of staff sat for the whole period, while supporting the person with their lunch. After this they asked another person, if they were warm enough, "or would like a blanket?" and they offered them a blanket which they took.

We saw in the care plan documents, people's preferences documented for being supported by a male or female member of staff was recorded. People confirmed with us that the service did provide the staff of the gender they preferred. We also noted that the preferences as to what people liked to be called was also recorded and we heard staff addressing people appropriately.

The staff of the service had discussed with and listened to people's views. People's bedrooms were individualised with their own furniture and personal possessions. We looked at daily records, which showed staff had involved people who used the service and their relatives in developing and reviewing care plans and assessments. The people who used the service told us they knew about their care plans. Relatives we spoke with were aware of their relatives care plans.

A carer asked people discreetly and quietly if they wanted to use the lavatory. We also observed staff knocking on doors and waiting to be invited in. We observed a positive rapport between some people who used the service and members of staff. Some staff had worked at the service for considerable periods of time and knew people well. We observed staff to be kind and patient and had good relationships with those people they supported. We saw lots of smiles and laughter. People were offered choices and staff took time to let people respond. One person told us, "Yes they look after me."

A person told us, "This is my own little home now and the staff are kind. I have arranged the room how I want it and the staff helped me, it is nice to have some keep sakes here with me." A relative informed us, "I visit regularly at different times always made welcome, no problems at all."

Requires Improvement

Is the service responsive?

Our findings

The deputy manager explained the care plans were of a standard layout for each person, so that it was easy to find information. All of the care plans we looked at contained an assessment of the person's needs. Where risks had been identified there was a risk assessment in place.

During the inspection we were aware that a person was shouting out and we spoke to member of staff about the person's care. We were told that they can be aggressive. The care plan informed us that the person could become agitated and frustrated at times. Although the staff were kind and approached the person to understand why they were shouting, there was no clear analysis or triggers recorded in the care plan as to why they shouted and there was no guidance in the care plan for staff about how to respond. We looked at initial assessments and saw that information was recorded with regard to the needs of the person. The assessment was developed into a care plan and further developed within a few days of the person moving into the service.

Prior to coming to the service the deputy manager carried out an assessment to determine if the service could meet the person's needs. They explained that it was with great regret that sometimes they were not able to offer a service to someone which was upsetting for all concerned, the person, the family and themselves. However they were aware of their responsibilities to other people using the service and the staff plus knowing what was within the scope of the service provision.

We spoke with two people who were chatting together in a room. They told us, "They could do with more activities here, sometimes there's nothing for us to do, and it does get a little boring." People told us about a trip out to Clacton in the summer and a recent trip out to a day centre to listen to children singing that was enjoyed by all. During the afternoon of our inspection we saw one lounge was full with people using the service as a singer was entertaining them and from the smiles and laughter we could see this was enjoyed.

A member of staff noticed that the drinks in the 1st floor lounge had not been given out and they went to each person in turn and asked if they would like a drink. The member of staff was clearly well known by the way people greeted them by their name a smile and a chat. "The person told us, "I like to help out and when I see something needs doing, I just do it." They further explained to us that some people liked to stay in their rooms which was their choice but they did encourage people to come and join in with the activities when they were on and liked to see people enjoying themselves.

The arrangements for bathing and showering could have been better arranged to be person-centred. For although people were clean and were provided with a shower or bath at the time if required and everyone we saw had clear well-fitting clothes. The service routinely bathed and showered people as per the room numbers. For example on Tuesday 13 December 2016 the people in six rooms were scheduled for a bath. We checked the care records and saw that two people had a shower and one person had a bed bath, others had hygiene care but nothing recorded about being offered a bath or refusing a shower. People should be offered a shower or bath as per their choice to deliver person-centred care and also this needs to be recorded accurately in the care plan and an audit carried out to check this happening and to take any

corrective action when it is not.

We saw that monthly reviews of the care plans were undertaken. There was evidence that changes in needs were identified and acted upon. However we were concerned that we could not see information for the monitoring of peoples hand and nail care. We were aware that chiropodist supported people with footcare needs. We saw some people had finger nails that were dirty and in need of attention.

We recommend that the service adds to the monthly reviews of care for those people requiring support with hand and nail care, this is reviewed and actions recorded. We also recommend that staff are observant each time they provide to check peoples hand and nail cleanliness and provide support as required.

Detailed handovers between the day care staff completing their shift and those coming on duty to provide care are important for the smooth and continuous running of the service. We observed the handover between the early and the late shift. The handover was informative and appropriately detailed. There was sufficient time for the staff to ask questions and clarify information. The senior member of staff handing over information was knowledgeable and clear with regard to what needed to be done to support people in the upcoming afternoon and evening. A handover sheet of information was also completed so that the staff could refer back to it later in the day. The information corresponded with our own observations of the morning shift and the content of the handover.

Services need to have a clear policy and procedure in place to give people confidence that any complaint can be raised, taken seriously and also resolved as far as possible to everyone's satisfaction. Information about how to complain was lacking in the reception area of the service. We asked to see the updated service users guide/statement of purpose which does explain the complaints process on pages 21 and 22. This information clearly explained the system in use. We were also aware from talking with the deputy manager, how they and senior staff visited and spoke with people on a daily basis. During our inspection at various times people using the service asked to speak with the deputy manager and it was clear they had confidence in this person to discuss matters and resolve problems at the time.

We asked to see the way in which the service recorded complaints in the complaints file and also we saw some compliments from people and families of people that had used the service. The complaint file had a different policy and procedure from the one in the service user guide/statement of purpose as mentioned above. Although complaints had been logged in this file it was not clear how they had taken to be resolved and there were no timeframes in place with regard to how the service would keep people informed about the progress of their complaint. The previous temporary manager had been dealing with the complaints and from discussions with the current deputy manager we were confident that matters were being addressed but as yet were not recorded.

We recommend to prevent confusion that the service seeks advice and guidance from a reputable source, about the management of and learning from complaints

Requires Improvement

Is the service well-led?

Our findings

A person told us, "We never see a manager, the manager a couple of years ago would come round to our rooms each day and have a chat but they don't do that now." Other people told us that they knew the deputy manager very well and frequently saw them.

A staff member who had been at the service for many years told us, "I'm glad we have a new manager coming here, as things with the old manager were slipping. I have met the new manager coming in January 2017 and I am hopeful that they are more approachable and concerned with doing things the proper way and not cutting corners. The current temporary manager has been working on improving staffing levels so hopefully the new manager will continue with that and be just as good."

The deputy manager explained to us that through observations, staff discussions and using the dependency tool, the needs of people using the service had slowly but definitely increased. The service had increased staff in response and in turn this had meant an increase in the number of senior care staff to ensure staff were supported and managed well to deliver care and support.

All staff we spoke with informed us that the deputy manager was supportive of them and approachable. One member of staff told us, "She is very knowledgeable and helpful." Another person told us, "Whenever I do anything, she always makes a point of saying thank you." During our inspection we saw the deputy manager directing staff and resolving issues as they went around the service. Another member of staff told us, "The deputy manager is really good, approachable and does what they can, mucking in when needed, they go beyond what is needed and often come in at weekends to help if needed."

In order to provide good effective care to people using the service it is important to have clear policies and procedures of which staff are aware and can implement. We looked at the policies for infection control and moving and handling given the issues we identified during our inspection. These related to catheter care and the risks associated with infection control as the policy and procedure was not being implemented.

We saw staff safely using moving and handling techniques as required to move and support people. We spoke with staff about their actions and learnt they had gained their knowledge from training. However the moving and handling policy states that type and size of slings, any configuration of loops or leg attachments should be documented but this was not always done in practice.

We recommend that the service seek support and training, for the staff regarding the accurate recording and review of documentation with regard to moving and handling people.

The service carried out surveys to gain the views of people using the service, relative and staff. We saw that there were some common themes such as less agency staff used and also more activities at the weekends. We appreciate the management of the service were recruiting staff and had a robust recruiting system. While suitable staff were found to work at the service, agency staff were used to cover shortfalls. However although the service had carried out the surveys, we could not see that the information had always been analysed and

hence lessons learnt put into practice for the development of the service. The provider informed us that they were looking forward to the new manager starting with the service and then implementing planned development would be take place.

From talking with the staff we understood that they knew people well and we observed staff to be kind and caring in their practice. However the service is large with a number of people choosing to be in their room most of the time or requiring support in bed. To provide this support staff were not always visible in the communal areas which meant that people were at risk of falls because staff were not there to remind them to use zimmer frames and walking sticks.

The service was going through a transition management period. The current manager covering the service had recognised the need for improved staffing levels, in line with the increasing needs of the people using the service.

The service did maintain a list of falls and injury along with accident reports However we could not see any analysis by time location and individual. Dealing with falls on an individual basis rather than looking at patterns, for example in October and November 2016, on one of the floors, we noted that most falls were between 20.30 and 02.45 The Deputy Manager said that they had done more analysis but that this had been stopped with all the changes. They had put crash mats in place and had purchased a number of rise and fall beds which had helped with this situation. So although we could not see an action plan from an analysis, the service had identified issues on an individual basis and took responsive action.

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 Care and treatment must be provided in a safe way for service users. The proper and safe management of medicines Regulation 12 (2) (g) Care and treatment must be provided in safeway for service users. Doing all that is reasonably practicable to mitigate any such risks. Regulation (12) (2) (b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs The nutritional and hydration needs of service users must be met Regulation (14) (1)