Larchwood Care Homes (South) Limited

Stambridge Meadows

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

The inspection was completed on 19 and 20 January 2017 and there were 37 people living at the service when we inspected.

Stambridge Meadows provides accommodation and personal care for up to 49 older people. Some people also have dementia related needs.

At the time of the inspection a manager was in post. The manager was previously the deputy manager and had been in their new role as manager of the service since the beginning of November 2016. The manager was not registered with the Care Quality Commission and an application to be registered with us had yet to be submitted. An assurance was provided by the manager that this would be submitted as a matter of priority. 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.

Quality assurance checks and audits carried out by the provider were not as robust as they should be. They had not recognised the issues we identified during our inspection and had not identified where people were placed at risk of harm or where their health and wellbeing was compromised.

While the majority of people told us they felt safe, suitable control measures were not put in place to mitigate risks or potential risk of harm for people using the service as steps to ensure people and others health and safety were not always considered. Risk assessments had not been developed for all areas of identified risk. Bedrail assessments had not always been completed to determine that these were suitable for the individual person so that any risks identified were balanced against the anticipated benefits.

Although staff had received training relating to safeguarding, not all staff understood the importance or procedures to follow to ensure people's safety and wellbeing. Despite staff having attended training, not all staff understood the relevant requirements of the Mental Capacity Act [MCA] 2005 or the key requirements of the Deprivation of Liberty Safeguards.

People and staff told us the service did not always have enough staff available to meet their needs. This meant that people had to wait on occasions for care to be provided. There was a high number of vacancies at the service and this was impacting on the above.

Improvements were required to ensure people received their medicines as prescribed and medication records completed appropriately. This referred specifically to codes on the Medication Administration Records [MAR] and PRN 'as needed' protocols being in place.

Staff had received formal supervision, however improvements were required to ensure that where subjects

and topics were raised by staff, this was followed up and there was a clear audit trail to demonstrate actions taken. Improvements were also required to ensure that aims and objectives were set as part of annual appraisal procedures.

People and their relatives were not fully involved in the assessment and planning of people's care.

Not all of a person's care and support needs had been identified, documented or reviewed to ensure these were accurate and up-to-date. Improvements were required to ensure that the care plans for people who could be anxious or distressed, considered the reasons for people becoming anxious and the steps staff should take to comfort and reassure them. Improvements were needed in the way the service and staff supported people to lead meaningful lives and to participate in social activities of their choice and ability, particularly for people living with dementia.

The dining experience was generally positive although some minor improvements were required on the first floor. People were supported to have enough to eat and drink. People were supported to maintain good health and have access to healthcare services as and when required.

Arrangements were in place for staff to receive appropriate training opportunities for their role and area of responsibility. The majority of mandatory training for staff was up-to-date and staff received an induction.

Where appropriate people were enabled and supported to be independent. People were also treated with dignity and respect. Staff knew the care needs of the people they supported and people told us that staff were kind and caring.

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.

Robust procedures and processes that make sure people are protected had not been considered and followed by the provider.

Risks were not suitably managed or mitigated so as to ensure people's safety and wellbeing.

Arrangements were not always in place to ensure that there were sufficient numbers of staff available to support people safely.

Improvements were required to ensure that the management of medicines was appropriate and recruitment procedures were safe.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff had not acted in accordance with the requirements of the Mental Capacity Act 2005 and associated codes of practice, including Deprivation of Liberty Safeguards.

Improvements were required to ensure follow-up actions from staff supervisions were addressed and staff received an annual appraisal of their overall performance.

Staff supported people to meet their nutritional needs. People were supported to access healthcare professionals when needed.

Is the service caring?

Requires Improvement

The service was not always caring.

Although people stated that staff treated them with care and kindness, there was sometimes a lack of attention by staff to ensure that people were always treated with dignity and respect.

Where appropriate people were enabled and supported to be as

independent as they wanted to be.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People's care plans were not sufficiently detailed or accurate to include all of a person's care needs and the care and support to be delivered by staff.

Not all people who used the service were engaged in meaningful activities or supported to pursue pastimes that interested them.

People were confident to raise concerns and were listened to.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Systems were in place to regularly assess and monitor the quality of the service provided, however further improvements were required as they had not highlighted the areas of concern we had identified.

Quality monitoring processes were not robust and working as effectively as they should be so as to demonstrate compliance and to drive improvement.

Systems were in place to seek the views of people who used the service and those acting on their behalf.

Stambridge Meadows

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 19 and 20 January 2017 and was unannounced. The inspection team consisted of one inspector on both days of the inspection. The inspector was accompanied by an expert by experience on 19 January 2017. An expert by experience is a person who has personal experience of caring for older people and people living with dementia.

We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and manager are required to notify us about by law.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 14 people who used the service, six relatives, five members of staff, the manager and the provider's representative [Regional Manager].

We reviewed seven people's care plans and care records. We looked at the service's staff support records for seven members of staff. We also looked at the service's arrangements for the management of medicines, complaints and compliments information and quality monitoring and audit information.

Inadequate

Is the service safe?

Our findings

Not all risks were identified and suitable control measures put in place to mitigate the risk or potential risk of harm for people using the service. For example, one person told us they had a pressure ulcer to their sacrum. The person's pre-admission assessment recorded the person as having a pressure ulcer, however no information was recorded to confirm either way if the person had a pressure ulcer or not. No information was available to confirm that the above had been
followed up and verified by staff with an appropriate healthcare professional, for example, District Nurse. A formal pressure ulcer assessment was completed to assist staff to assess the risk of the person developing a pressure ulcer. Although this confirmed the person was 'at risk', a risk assessment had not been considered to evidence suitable control measures put in place to mitigate the risk or potential risk of harm for the person. We discussed this with the manager and they in turn discussed this with a senior member of staff on duty. The latter confirmed they had been told by the person's family that the pressure ulcer had healed. However, at the time of the inspection no-one had checked this to confirm this was accurate. The manager acted in response to what we told them and checked this out immediately. The manager confirmed the person did not have an existing pressure ulcer; however their skin was noted to be red.

A member of staff told us that in order to maintain good skin integrity for the above person, topical creams were to be applied and were observed to be readily available. This was to protect the person's skin where it was observed to be red and to help the healing process and prevent further tissue damage, such as moisture lesion or pressure ulcer. However, we found no record of application had been maintained since their admission to the service. No rationale was provided as to why this had not been maintained and the person was unable to confirm if this had been applied. Therefore it was not possible to confirm if the person received this topical cream as required at regular intervals and this potentially placed their health at risk.

The pre-admission assessment for another person recorded them as having leg ulcers. A formal pressure ulcer assessment was not completed to assist staff to assess the risk of the person developing a pressure ulcer or their skin integrity deteriorating further. In addition, no risk assessment relating to pressure ulcers or their skin integrity was completed to evidence the measures already in place or additional control measures to reduce the risk.

Some people were assessed as at high risk of developing pressure ulcers. We checked the setting of pressure relieving mattresses that were in place to help prevent pressure ulcers developing or deteriorating. The majority of people using the service had equipment in place that automatically self-adjusted according to the person's weight and movement patterns when in bed. However, where people had equipment in place that relied on staff setting this correctly, we found that one out of two viewed were incorrectly set in relation to the person's weight. The pressure mattress setting for this person was fixed on setting three and this was for a person who weighed between 57 and 74 kilograms; however their weight records detailed they weighed in the region of 40 kilograms. This meant that we could not be assured that the amount of support the person received through their pressure relieving mattress was correct and would aid the prevention of pressure ulcers developing or deteriorating further. Furthermore, records to confirm if the air mattress was on the correct setting or not were either not completed or confirmed that the mattress was set correctly.

Our observations during the inspection showed several people as requiring bedrails to be fitted and used so as to reduce the risk of falls or potential risk of falls to them when lying in bed. No risk assessment was completed for one person to show that an assessment had been considered to confirm this equipment was suitable. The risk assessment for another person was poorly completed as it had not considered all potential risks, such as the risk of entrapment, rolling over the top of the bedrails or climbing over the bedrails and ensuring the bedrails were fitted correctly.

This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The staff training information provided to us showed the majority of staff employed at the service had up-to-date safeguarding training. Staff were able to demonstrate a good understanding and awareness of the different types of abuse and how to respond appropriately where abuse was suspected. Staff confirmed they would report any concerns to external agencies such as the Local Authority or the Care Quality Commission if required. Staff confirmed they would do this without hesitation in order to promote people's safety and wellbeing.

Although the above was positive we found that following concerns about potential physical harm relating to one member of staff's conduct in September 2016, robust procedures and processes that make sure people are protected had not been considered and followed. This referred specifically to the previous registered manager instigating an internal investigation into the concerns and allegations raised, however no consideration was made by them or the provider to raise a safeguarding alert with the Local Authority or to notify the Care Quality Commission. Whilst actions and recommendations were recorded as part of the outcome of the investigation, no evidence was available to indicate the necessary steps taken to ensure further poor practice or abuse was not repeated. This demonstrated that neither the provider or previous registered manager fully understood their roles and associated responsibilities in relation to the provider's safeguarding policies and procedures.

Supervision records for one member of staff consistently recorded over several months that they were concerned about unexplained marks and bruises to a number of people living at the service. The supervision records documented the supervisor was to discuss all of the concerns raised with the previous registered manager. No evidence was available to show the above was escalated to them and/or Local Authority. In addition, the safeguarding record provided no indication that the concerns raised had been dealt with.

This is a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's and relative's comments about staffing levels at the service were variable. One person told us, "I use my buzzer quite often and if they're [staff] not too busy they answer it quite quickly. There are times when you have to wait too long, as the staff are just too busy, there's not enough of them." Another person told us that breakfast could often be late when there were insufficient staff on duty or when there was a higher ratio of agency staff A relative told us, "The buzzer can sometimes take ages to be answered. I was here one day when we buzzed and after 15 minutes I had to go and find somebody [staff] to help us, there was nobody around." Staff told us that staffing levels, as told to us by the manager, had not always been maintained. Staff told us this impacted on the delivery of care to people using the service. Staff confirmed they did not have time to sit and talk with people using the service and when short staffed people often had to wait for long periods of time for care and support to be provided, for example, assistance with some aspects of personal care. We discussed this with the manager. The manager confirmed there were a significant number of vacant posts at the service.

Staff rosters for the period 12 December 2016 to 20 January 2017 inclusive were viewed following the inspection. These showed staffing levels as told to us by the manager were not always maintained and indicated there were not always sufficient numbers of staff rostered to provide care and support to people using the service. It was difficult to determine if this was as a result of staffing shortfalls or related to the staff roster not being accurate. Additionally, the roster did not clearly identify when the manager was supernumerary. Our observations during the inspection indicated that the deployment of staff was suitable to meet people's needs. We noted that communal lounge areas were generally supported by staff throughout the day. Nevertheless, the majority of interactions by staff with people using the service were routine and task orientated.

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

Medicines were stored safely for the protection of people who used the service. There were arrangements in place to record when medicines were received into the service and given to people. Observation of the medication rounds during the inspection showed these were completed with due regard to people's dignity and personal choice. Although people told us they received their medication as they should and at the times they needed them, some aspects of medicines management required improvement.

Records showed where people were prescribed a variable dose of medication, for example, one or two, the specific dose administered had not always been recorded. The latter meant that people could be potentially placed at risk of receiving too much or too little medication. Where a specific code was used on the Medication Administration Record [MAR] form and an explanation for the medication being omitted was required, this was not always recorded to provide clarification. The MAR records for two people showed that their prescribed pain relief medication was administered as if it was PRN 'as needed' medication. The latter was discussed with a senior member of staff and they confirmed that this had been highlighted previously with all seniors. As part of good practice procedures improvements were required to ensure PRN protocols were devised. This is designed to assure sufficient information is provided to minimise risk and encourage the appropriate use of PRN medication administered.

Improvements were required to ensure that the right staff were employed at the service. Staff recruitment records for three members of staff showed that not all records as required by regulation had been sought. For example, there was only one written reference for one person, the reference for one person was not from their most recent employer, the employment history for one person had not been fully explored and there was no evidence of interview notes for two employees. An assurance was provided by the manager that the above gaps relating to references and employment history would be sought.

All but one person told us they felt safe living at the service. One person stated, "I feel nice and safe here." Another person told us, "I do feel safe here, the staff are friendly. Relatives confirmed that in their opinion their member of family was kept safe and they had no concerns about their safety. One relative told us, "The staff are good and keep [Name of person using the service] safe. I feel they are in a safe place." The one person who told us they did not feel safe stated that this primarily related to when others living at the service entered their room and this made them feel very uneasy and unsafe.

Requires Improvement

Is the service effective?

Our findings

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. 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.

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 DoLS, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. However, not all staff were able to demonstrate a basic understanding of MCA and DoLS and how these should be applied. This primarily related to senior members of staff who were assigned the responsibility of completing this documentation.

MCA assessments were generally poor as in most cases it did not provide specific information relating to the exact decision being assessed or provide sufficient detail as to why the action being taken was in the person's best interests. For example, the MCA form for one person in April 2016 detailed they lacked the capacity to make day-to-day decisions for all activities of daily living. It confirmed staff were to make these decisions on their behalf. A further MCA dated July 2016 detailed the decision being assessed related to their understanding to have a stair gate fitted across the door to their room. The outcome of the assessment now recorded the person as having capacity but the action to be taken solely related to them being unable to operate the stair gate independently. Nothing was recorded to confirm an assessment of their capability to understand the use or need of the stair gate across their door was in their best interest. Consent to this had not been sought by the person or those acting on their behalf. We discussed this with the manager and they told us the person's next of kin had agreed to this but acknowledged this had not been recorded and they had no information to confirm if appropriate Lasting Power of Attorney [LPA] arrangements were in place.

Our observations also showed that one person's consent had not been gained in relation to the use of a stair gate that was fitted across the doorway to their room. At the time of the inspection the stair gate had been in place for six days following their admission to the service. It was evident from our discussions with the person and following a review of their care file, the person lacked the capacity to make an informed decision or give consent. The person was observed to have their movements within the service restricted and it was unclear as to why this had not been picked up by the senior member of staff assigned to that floor. This meant staff had not acted in accordance with the requirements of the Mental Capacity Act 2005 and associated codes of practice, including Deprivation of Liberty Safeguards. We informed the manager and following a discussion with the senior member of staff, the manager confirmed the stair gate had been fitted

for the previous occupant of the room and staff had failed to remove it. Once brought to the manager's attention, an instruction was given for the stair gate to be immediately removed.

This is a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were complimentary about the quality of the training provided. Staff confirmed they received regular training opportunities in a range of subjects and this provided them with the skills and knowledge to undertake their role and responsibilities and to meet people's needs to an appropriate standard. Staff told us that this ensured that their knowledge was current and up-to-date. The provider's staff training plan showed that staff received both 'face-to-face' and on-line training. The majority of mandatory training for staff was up-to-date. However, the assistant chef did not have an up-to-date catering qualification or food hygiene certificate. We discussed this with the manager and they confirmed they had not been aware of this shortfall. Additionally, neither the manager or a senior member of staff had up-to-date moving and handling training, yet as part of their role they supported people living at the service with their moving and handling needs. Although information relating to training booked for January and February 2017 was provided to us, this did not include the above training.

The manager confirmed that all newly employed staff received a comprehensive induction. This related to both an 'in-house' orientation induction and completion of the Skills for Care 'Care Certificate' or an equivalent. Staff told us that in addition to the above they were given the opportunity to 'shadow' and work alongside more experienced members of staff. The manager confirmed this could be flexible according to previous experience and level of competence. A record of induction was available for two out of three staff files viewed. The identified shortfall related to an appointment made by the previous registered manager.

Staff told us they felt valued and supported by the newly appointed manager. Staff told us the manager was "very hands-on" and always provided good support. However, not all staff felt valued and supported by other senior members of staff. When questioned further staff told us this primarily related to not all senior staff members being willing to support them 'on the floor' when either short-staffed or when the shift was busy and additional support was required.

Staff told us they received regular formal supervision and records confirmed this. However, where subjects and topics were raised, information was not always available to show these had been followed up to demonstrate actions taken. For example, where concerns were raised about poor teamwork amongst some staff members and a lack of perceived competence and commitment by others, improvements were required to ensure that where subjects and topics were raised by staff, this was followed up and there was a clear audit trail to demonstrate actions taken. Staff told us and records confirmed, not all staff employed longer than 12 months had received an appraisal of their overall performance for the preceding 12 months. Furthermore, where appraisals had been undertaken no aims and objectives had been set. The latter related to the previous registered manager.

People were positive about the meals provided. One person told us, "Yes, the food is nice." Another person told us, "I think the food is very good. There is plenty of choice and if I don't like something or I change my mind, an alternative is always provided." Relatives confirmed they had no concerns about the meals provided.

The dining experience across the service was generally satisfactory and people were supported to eat and drink. However, we did have to advise a senior member of staff in the morning about four people's breakfast being left in front of them. Each person was noted to be asleep and the food and drink lukewarm or cold.

Once brought to their attention the food and drink was taken away and provided when people woke up. People were supported to use suitable aids to eat and drink as independently as possible, for example, to eat their meal using a spoon and use of specialist beakers. This showed that people were enabled and empowered to maintain their independence and skills where appropriate. In general, where people required assistance from staff to eat and drink, this was provided in a sensitive and dignified manner, for example, people were not rushed to eat their meal and positive encouragement to eat and drink was provided. However, some staff failed to provide sufficient information, explanation or reminder to people about the actual meals provided, for example, people were not told what food items were on their plate. Condiments within the first floor dining room were not routinely placed on the table or offered, yet four people seated on one table were capable of using these. People were observed having to ask for salt and pepper and we had to intervene to request sauces to be offered as the meal was dry and no gravy was provided.

People's care records showed their healthcare needs were recorded and this included evidence of staff interventions and the outcomes of healthcare appointments. Each person was noted to have access to local healthcare services and healthcare professionals so as to maintain their health and wellbeing, for example, to attend hospital and GP appointments, interventions from District Nurse services, or the Dementia Nurse Specialist.

Requires Improvement

Is the service caring?

Our findings

People were not always encouraged to make day-to-day choices and decisions. As stated previously, consent for the use of stair gates across people's bedroom doors was not always considered and one person's movements within the service had been restricted since their admission to the service.

Staff were able to verbally give good examples of what dignity meant to them, for example, knocking on doors, keeping the door and curtains closed during personal care and providing explanations to people about the care and support to be provided. However, our observations showed that staff did not always respect people's privacy and dignity, for example, leaving people's food in front of them to get cold and staff failing to recognise it as an issue. Other observations showed staff knocked on people's doors before entering and staff were observed to use the term of address favoured by the individual. In addition, we saw that people were supported to maintain their personal appearance so as to ensure their self-esteem and sense of self-worth. People were supported to wear clothes they liked, that suited their individual needs and were colour co-ordinated. Staff were noted to speak to people respectfully and to listen to what they had to say. The latter ensured that people were offered 'time to talk', and a chance to voice any concerns or simply have a chat.

The majority of staff interactions with people were positive and the atmosphere within the service was seen to be welcoming, calm and friendly. Staff were noted to have a good rapport with the people they supported and there was much good humoured banter during both days of the inspection which people enjoyed. This included housekeeping staff. One of the housekeepers was overheard to greet one person, "Good morning my lovely, how are you doing today?" The person was observed to respond favourably and clearly enjoyed the interaction. Staff were generally attentive to people's needs, whether it was supporting a person with their personal care needs, supporting someone to eat and drink or supporting people to mobilise within the home environment.

People were satisfied and happy with the care and support they received. One person told us, "The care I get here is very good and I have no complaints. The staff are kind and caring." Another person told us, "This place is like a five star hotel. The carers are all lovely and look after me alright. They're angels." A relative told us, "I always find the staff friendly and welcoming. We visit at various times, and it's always the same welcome and from what I can see our relative is looked after very well." Another relative told us, "It's such a lovely place. [Name of relative] has an excellent room and the staff are lovely, always helpful. I am so pleased our relative is here, they love the cat."

People were supported to maintain relationships with others. People's relatives and those acting on their behalf visited at any time. Staff told us that people's friends and family were welcome at all times. Relatives confirmed that there were no restrictions when they visited and that they were always made to feel welcome. One visitor told us that they always felt welcomed when they visited the service and could stay as long as they wanted.

Requires Improvement

Is the service responsive?

Our findings

Appropriate arrangements were in place to assess the needs of people prior to admission. This ensured that the service were able to meet the person's needs.

Although some people's care plans provided sufficient detail to give staff the information they needed to provide personalised care and support that was consistent and responsive to their individual needs, others were not as fully reflective or accurate of people's care needs as they should be. This meant there was a risk that relevant information was not captured for use by other care staff and professionals or provided sufficient evidence to show that appropriate care was being provided and delivered. For example, one element of a person's care plan made reference to them being unable to mobilise and requiring assistance of staff for all transfers. However, another part of their care plan still referred to the person being able to mobilise independently although they were unsteady on their feet. The latter was contradictory and not accurate as the person was immobile. The care plan relating to mobility and falls had not been reviewed and up-dated since October and November 2016 respectively.

We found that two people were allergic to specific medications which could cause an unpleasant, but not serious, side effect or lead to more serious complications such as anaphylactic shock. A care plan had not been devised or considered for one person to help staff to recognise the potential allergic reactions the person may experience. No information was recorded detailing the actions staff should take in an emergency to support the person's safety and wellbeing.

Staff told us that there were some people who could become anxious or distressed. Improvements were required to ensure that the care plans for these people considered the reasons for them becoming anxious and the steps staff should take to reassure them. Guidance and directions on the best ways to support the person required reviewing so that staff had all of the information required to support the person appropriately and to reduce their anxiety. Where information was recorded detailing the behaviours observed, the events that preceded and followed this and staff's interventions needed improvement. There was little evidence to demonstrate staff's interventions and the outcome of incidents so as to provide assurance that these were effectively being dealt with and positive outcomes were attained for people living at the service.

People told us they had the choice as to whether or not they joined in with social activities at the service. The service employed a member of staff who was responsible for the implementation and delivery of the weekly activities programme four days a week. They confirmed there were a number of challenges with the role, particularly as they were on their own. They told us they tried very hard to support as many people as they could each day with meaningful activities. Our observations showed there were few opportunities provided for people to join in, particularly for people living with more advanced stages of dementia and who required more support to benefit from occupation and stimulation. Additionally, there was a lack of individual or smaller group activities available for people to enjoy. The service had a minibus but there was a lack of drivers able to drive it therefore community based activities were limited. Although a social activities care plan was in place detailing people's preferences, information recorded was not always accurate and

there was a lack of information detailing how people's social activities were to be delivered.

This is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were made aware of changes in people's needs through handover meetings, discussions with senior members of staff and the manager. Staff told us that handover meetings were undertaken between each shift and were important in making sure that they had up-to-date information each day about people who used the service. This meant that staff had day-to-day information about the welfare and needs of the people they supported.

Information on how to make a complaint was available for people to access. People and their relatives or those acting on their behalf told us if they had any worries or concerns they would discuss these either with their member of family, with staff or the manager. Relatives stated they felt able to express their views about the service and in their opinion they would be listened to. One relative told us, "If I ever did have a problem or see anything not quite right, I'd speak to one of the seniors or to the manager. The manager is easy to talk with and always available."

Staff told us they were aware of the complaints procedure and knew how to respond to people's concerns. Complaint records showed there had been three complaints in the preceding 12 months. Although a record had been maintained of each complaint and there was evidence to show that each one had been responded to and action taken by the previous registered manager, they had not taken the necessary and proportionate action in response to one of these. A record of compliments was also available to evidence and capture the service's achievements.

Requires Improvement

Is the service well-led?

Our findings

The provider was able to demonstrate to us the arrangements in place to regularly assess and monitor the quality of the service provided. The manager monitored the quality of the service through the completion of a number of audits. This also included an annual internal review by the organisation's internal quality assurance team. In addition to this the use of questionnaires for people who used the service and those acting on their behalf had been completed to seek their views about the quality of the service provided.

Although the above procedures were in place, they did not identify the issues we identified during our inspection and had not identified where people were placed at risk of harm, potential harm or where their health and wellbeing was compromised. There was evidence to show that because of this some people did not experience positive care outcomes and the lack of robust quality monitoring meant there was a lack of consistency in how well the service was managed and led.

The provider's quality monitoring reports for July 2016 to December 2016 were viewed. These highlighted a number of concerns relating to staff/staffing issues and the previous registered manager and the impact this had on the service. However, it was not possible to determine what actions had been taken to address these as there was a lack of information available. On 16 and 17 November 2016, an internal review was undertaken by the provider's Head of Quality Projects. A copy of the summary report was viewed and this identified the main issues of concern within the service and where relevant provided a comparison with the results of a full audit undertaken in April 2016 by the regional manager. In all but one area, the compliance percentage score was lower in November 2016 than in April 2016. The results showed that despite quality assurance arrangements and processes being in place which should help the provider to assess, monitor and improve the quality of the service provided, these had not been as effective as they should be.

The summary report showed that a number of the shortfalls identified in November 2016 remained outstanding at this inspection. For example, where a bedrails risk assessment was in place, insufficient information was recorded in relation to controlling and mitigating the risk. Some of the care plans viewed did not have a manual handling assessment completed. Additionally, staff personnel files did not have all the required documentation. Observations included meals being left in people's rooms and it was unknown how long they had been left there by staff. Our own observations on the first day of inspection demonstrated that the latter remained outstanding. Four people's breakfast had been placed in front of them and remained untouched as the person was asleep. The bowls of porridge, plates of toast and beakers of tea were either luke warm or cold.

In addition to this and soon after the new manager's appointment, safeguarding concerns were raised by healthcare professionals relating to poor pressure ulcer management care for people using the service. Following the investigation by the Local Authority and service it was recognised that these concerns had been on-going for some time and the previous registered manager had failed to act on these appropriately. It also showed that the absence of robust quality monitoring meant the provider had failed to recognise any risk of harm to people or non-compliance with regulatory requirements sooner. Had there been a more effective quality assurance and governance process in place, this would have identified the issues we found

during our inspection, identified where improvements were needed or applied learning across the service sooner.

A general staff meeting had been held since the appointment of the new manager in November 2016, so as to give staff the opportunity to express their views and opinions on the day-to-day running and quality of the service. Minutes of the meeting were viewed and although a record had been maintained, where matters were highlighted for action or monitoring, it was not possible to determine how these were to be checked and the issues addressed. The manager confirmed that meetings for senior members of staff and heads of department [catering, housekeeping and maintenance] were to be scheduled. Records showed that meetings with senior staff were last completed in August 2016.

Meetings with people who used the service, relatives and those acting on their behalf were last completed in August 2015 and October 2015 respectively. This showed that people had not had a formal means to enable them to have a 'voice' and express their views about the service. A relative told us, "There haven't been any residents meetings recently but we did get a survey from Larchwood at the end of last year [2016] which I completed and sent back."

This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although the manager was previously the deputy manager and commenced their new post in November 2016, they confirmed that up until their appointment they had had very little involvement with the provider's quality assurance processes and arrangements. These had been undertaken by the previous registered manager. The provider's internal review recognised the manager's inexperience and confirmed they would require additional support and supervision to understand their role and responsibilities so as to be an effective manager. As a result of this the manager received an induction to their new role and additional 'hands-on' support from a peripatetic manager from within the organisation. The purpose of this was to provide additional day-to-day support and to enhance the manager's knowledge base of the service and organisation's systems and processes. As well as the above, records showed and the manager confirmed, they had received regular support by the regional manager through formal supervision arrangements. The manager told us, "I feel valued and supported by the regional manager. I feel that they listen to me and appreciate the knowledge I have about Stambridge Meadows."

Since their appointment the manager had monitored the quality of the service through the completion of a number of audits, such as infection control, health and safety and medication. In addition to these, clinical audits relating to the incidence of pressure ulcers, urinary tract infections, accidents and incidents including falls and nutrition were completed. This showed the manager was conscious of what was required of them and keen to make amends so as to rectify previous shortfalls.

The manager told us the views of people who used the service, those acting on their behalf, staff employed at the service and others had been sought on 4 December 2016. The manager confirmed that at the time of the inspection only seven completed staff questionnaires had been returned and few responses had been received from people using the service and those acting on their behalf. However, it was evident that the main key topics raised related to insufficient staffing levels and social activities. The manager stated additional time would be given with the hope that more responses would be received prior to the results of the questionnaires being collated, action plan devised and where appropriate actioned.

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 9 HSCA RA Regulations 2014 Person-centred care People's care was not always assessed and care was not always planned in sufficient detail to give staff the information they needed to provide personalised care and support that was consistent and responsive to their individual needs, and was not always fully reflective or accurate of people's care needs as they should be. People's health and social care needs were not always met. This was a breach of Regulation 9(3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent People's capacity to consent and make decisions had not been considered and the provider had not acted in line with the Mental Capacity Act 2005 in all instances to protect people's rights and assessment of their capacity to consent. This was a breach of Regulation 11 (1), (2) and (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Deployment of staff was suitable to meet people's needs. Staffing levels were not always maintained and indicated there were not

always sufficient numbers of staff to provide care and support to people using the service. This was a breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations