

Woodhouse Care Homes Limited

Pranam Care Centre

Inspection report

49-53 Northcote Avenue
Southall
Middlesex
UB1 2AY

Tel: 02088612159

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Inadequate 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

This inspection took place on 1, 2 and 6 March 2017 and was unannounced.

Pranam Care Centre is a care home which provides accommodation and personal care for up to 50 older people. At the time of our inspection 28 people were living at the home. Some people were living with dementia.

The last inspection took place on 22 November 2016 when we found seven breaches of Regulation relating to safe care and treatment, meeting the requirements around Mental Capacity Act 2015, the environment, person centred care, dignity and respect, good governance, and recruitment.

Following the inspection in November 2016 we issued a warning notice for regulations relating to safe care and treatment and person centred care. We told the provider to make the necessary improvements by 31 January 2017.

After the inspection in November 2016, the provider provided us with action plans to say what they would do to meet legal requirements in relation to the breaches we found and the warning notice.

We undertook this comprehensive inspection to check that the provider had followed their plan and to confirm that they now met legal requirements.

At this inspection, we found that improvements had been made in some areas but further improvements were still needed.

The provider was registered with the Care Quality Commission in June 2015.

The previous registered manager had left in January 2017 and there was a new manager in post who confirmed an application had been made to the Care Quality Commission (CQC) to become the registered manager which was being processed. 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.

Some staff member's practice was unsafe and put people at risk as they used an incorrect technique when moving and handling people.

Some parts of the environment were not safe, not clean and unhygienic and could cause harm to people's health and wellbeing.

The provider did not always assess risks to people's health and wellbeing. Available risk assessments were

generic and did not identify specific risks to each individual. There were no risk management plans in place to guide staff on how to support people and how to minimise these risks.

Staff did not always manage medicines administration correctly. There were issues with recording of medicines administration, lack of clarity around verifying a dosage of prescribed medicines and the process by which medicines were administered.

The provider did not always seek people's consent to their care and treatment and did not always work within the principles of the MCA, therefore there was increased risk of people's rights not being protected.

The information on people's dietary needs was not always clear and consistent.

Staff did not always treat people with dignity and respect and did not always act in accordance with people's wishes and preferences.

People's care plans varied in details and they not always reflected changes in peoples care and support needs. Staff did not always read people's care plans, therefore, they did not always know them.

People and their family members were not always involved in care planning and reviewing processes.

The provider had a procedure for complaints and this was displayed, however people using the service and their relatives did not know of it.

The provider did not always maintain accurate, complete and detailed records relating to various aspects of providing the regulated activity.

There were some improvements in relation to leisure and social activities at the service, however, these were still limited and did not represent the interests of all people who used the service.

Improvements had been made in relation to the provider's recruitment processes.

Staff were able to describe potential signs of abuse and were aware of the provider's safeguarding policies and procedures.

The provider had a process in place for the reporting of incidents and accidents and staff followed it.

There were adequate staffing numbers on each shift.

Staff received an induction and a variety of training as well as regular support and supervision.

There was a daily menu in place and each person could choose between different meal options.

Staff had referred people to appropriate professionals when they had concerns about their health and wellbeing.

People had communication, dignity and respect care plans in place describing what people's preferred method of communication was and what name they would like to be referred to as.

We have made two recommendations relating to the provision of social and leisure activities and supporting

people to express their views about the care and treatment they received at the service.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The overall rating for this service is 'Inadequate' and the service is therefore in "special measures". Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

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.

Risk assessments were generic, did not identify specific risks to each individual and did not include information of how to support individuals who could be at risk of harm.

The environment at the service was not always safe, clean and hygienic.

Medicines were not always managed safely as there were errors in the recording of medicines administration and a lack of clarity about the correct dosage of medicines.

Staff received safeguarding training.

There were adequate staffing levels on each shift.

Is the service effective?

Requires Improvement ●

The service was not always effective.

The provider had not always asked people for consent to their care and treatment.

Information on people's nutritional needs was not always consistent and the staff did not always have guidelines on how to support people effectively.

The provider did always follow up on authorisation of DoLS applications.

Staff had an understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Staff received monthly supervision that was in the form of one to one or group meetings.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Staff did not always respect people's privacy and dignity.

People said they did not always have the choice of male or female worker when receiving personal care.

Some staff treated people with care and kindness.

Is the service responsive?

Inadequate ●

The service was not always responsive.

People who used the service had access to a limited range of activities in the service.

The provider had a complaints procedure, however people using the service and their relatives did not know of it.

People's care plans did not always reflect their changing needs and their preferences.

Staff did not always know the content of people's care plans.

People and their relatives were not always involved in care planning and reviewing.

Is the service well-led?

Inadequate ●

The service was not well-led.

The provider did not always maintain accurate and complete records of each service user.

The provider did not have effective systems and procedures in place to assess and monitor the quality of the service provided.

Family members gave mixed feedback about the management of the service.

Staff felt supported by the manager.

Pranam Care Centre

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 checked 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 1, 2 and 6 March 2017 and was unannounced. This inspection was carried out by three inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we gathered information from statutory notifications that the service is required to submit to the Care Quality Commission.

During our visit we spoke with the nominated Individual, the home manager, the deputy manager, four staff, the chef, two domestic staff members, fifteen people using the service, and two family members.

Many of people using the service were unable to share their experiences with us due to their complex needs. Therefore, in order to help us to understand people's experiences of using the service, we observed how people received care and support from staff. To do this we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at records which included seven people's care records, recruitment records for five staff, training and supervision records, and other records relating to the management of the service.

Following the inspection, we contacted two family members and two external professionals who gave us feedback about their experience of the service.

Is the service safe?

Our findings

At our inspection on 22 November 2016, we found that people were sometimes placed at risk because of poor practices at the service. At this inspection we found that improvements still needed to be made and that people were still not provided with safe care.

At the last inspection, we witnessed two incidents where a person using the service was placed at risk because of the way in which they were being supported while using a wheelchair. The manager informed us that they discussed the safe operation of wheelchairs with staff members and staff confirmed that this discussion took place. The manager provided us with a copy of team meeting where the topic was discussed. However, during this inspection we witnessed practice that remained unsafe. One person was being supported to move from an armchair to a wheelchair. Two members of staff had placed the wheelchair directly in the front of the person. The staff supported the person to stand up and asked the person to turn around in order to sit in the wheelchair. Consequently, the person's legs were twisted while they were transferring into the wheelchair. We reported this incident to the manager during the inspection. This practice was not safe and placed people at risk.

At our inspection on 22 November 2016, we found that rooms were not always equipped with call bells and some call bells were out of people's reach in the event of someone falling to the floor. During this inspection we observed that call bells in people's bedrooms were placed directly next to people's beds and were attached to people's pillows or furniture standing next to the bed. However, we saw that call bells in two of the lounges were blocked by armchairs, therefore, people would not be able to use them if needed.

At the inspection on 22 November 2016, we found a used disposable razor, two bottles of shampoo and two bottles of shower gel which had not been securely stored and were accessible which could be a potential hazard for people who were living with dementia.

During this inspection, we also saw small wicker storage units had been placed in bathrooms for storage. We found a disposable razor, a pair of scissors, hand wash, and shower gel stored in these units located in two bathrooms on the ground floor. The storage units were placed on the floor and could not be locked therefore these items were not stored securely.

In one bathroom, we found the cover surrounding the pipes for the sink was not fixed securely and a person could get their hand into the gap. We also found the toilet seat in a bathroom on the ground floor was not fixed securely. The grab rails next to the toilet and the padded back support on the toilet were not fixed securely to the wall. If a person placed their weight on these items they could come loose and the person may fall. In a second bathroom, we found the radiator cover had become detached from the wall and the screws were accessible. At the time the heating was on and the radiator was hot. These bathrooms were accessible to people who did not require the support of staff so there would be no one monitoring the person. There was therefore the risk that people could fall and burn themselves on a hot radiator. However, all of these items had been rectified by the maintenance staff before the end of the inspection.

The door to the laundry room was not locked in the evening which meant people could gain unsupervised access to the area which contained cleaning detergents and soiled items due to be washed. In a lounge, we saw the shade for a metal standard lamp was not fixed so this meant people could access the bulb. Following our inspection the provider confirmed that the lamp has been placed in a storage area where it cannot be accessed by people who use the service."

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

At our inspection on 22 November 2016, we found that risks to people had been assessed but there were no risk management plans to tell the staff how they could manage the risk and support the person. At this inspection, we found that improvements still needed to be made.

Following our last inspection, the provider had implemented new risk assessment documents to assess risks to the health and wellbeing of people using the service. On inspection of these documents, we saw they were generic and did not identify specific risks for each person. We looked at care records for people who staff described as having challenging behaviour. Risk assessments for those individuals stated that they all had "challenging behaviour due to confusion/hallucination, cognitive impairment" and did not describe the specific behaviour displayed by these persons. "Actions to be taken" recorded in these documents were not personalised. For example, all risk assessments stated, "use diversionary tactics", "don't mock or underestimate", "give him/her space", "remove yourself from the situation or remove him/her from the situation". None of the documents gave staff guidelines on how to support each person effectively when displaying challenging behaviour.

The risk assessments we looked at in relation to falls, self-harm, skin integrity and infection control were also generic and did not provide detailed information of the specific risk in relation to the person. We also saw that when a specific health issue had been identified, such as diabetes, risk assessments were not in place to describe what the risks related to the person's health were and how to manage them.

Following the inspection we received further evidence that indicated a more individual approach to risk was taken however this was not available during the inspection and we do not yet have evidence that these documents are currently and comprehensively being used in the service.

Staff we spoke with told us the manager guided them on how to work with people with challenging behaviour. They described to us a variety of strategies they used to respond to these behaviours. However, this information was not used to formulate people's risk management plans.

We also saw examples of risk assessments where staff were given specific guidelines on how to minimise risks and how to support a person, however, we observed that these guidelines were not followed. One person's risk assessment stated that they could become physically hostile towards another person using the service, therefore staff should ensure minimum contact between those two people. We observed both persons having their meals in the main dining room, sitting in close proximity to each other. We observed them having a heated disagreement which put them and other people using the service at risk of harm to their health and wellbeing.

People's nutritional needs had been recorded in their care documents, however, the information was inconsistent and there were no clear guidelines for staff on how to support people effectively. One person's records showed that their dietary needs had changed significantly and they were on a special diet. Staff told

us that the person could only consume liquid food, however, the person's care plan had not been updated to reflect this change. We looked at a sample of daily records for this person for the period of nine days prior to our visit. We saw that the information on the person's dietary needs was unclear and inconsistent. Five records stated that the person had a "normal diet", two records said "normal (liquid)", one record described it as "not normal / liquid food) and one as "liquid food". Staff also recorded that they gave the person biscuits, however there were no guidelines how the food should be served to the person.

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

At our inspection on 22 November 2016, we found that medicine procedures were not always followed and there was a risk of people not receiving their medicines as prescribed. At this inspection, we found that improvements had been made but further improvements still needed to be made.

Medicine Administration Record (MAR) charts showed errors in recording of administration of medicines. Two people using the service had been prescribed their medicines twice a day, however, it was signed by staff as administered three times a day for a period of ten days for one person and eleven days for the second person. Prior to our visit, one of the doses was crossed off and the administration of these medicines was signed as twice a day. Because the medicine was in an inhaler form we could not verify if these were recording errors or the medicines were administered incorrectly. Another person's medicines had been prescribed on alternate days. The medicines were signed on MAR charts by the person's GP as being stopped on 24/2/17, however, they were signed as given again to the person on 25/2/17 and 27/2/17.

Documents showed there was lack of clarity around verifying a dosage of prescribed medicines. One person had two different doses of the same medicine recorded independently on their MAR charts. A hospital discharge letter for this person stated they should only receive one dose. We discussed this with the deputy manager on the day of our visit. They said they offered the person both doses, however, the person refused to take the second dose and staff marked it on the person's MAR chart as "refused". If the person had not refused one of the doses, the medicine would have been given in a double quantity. A second person had two independent entries on MAR charts for one medicine but two different doses, both to be given at night. Their GP's notes showed that the dose increased and what the new dosage was, but the GP's letter was not available with MAR charts therefore it was unclear if both entries were valid. The staff member we spoke with could not verify this.

Records showed that GP visit records were emailed to the service, printed out and kept in a separate folder. However, medicines dosage changes agreed during these visits were not transferred to respective care plans and MAR charts. Therefore dose changes were not available for staff to check during medicines administration'. Staff member we spoke with could not verify any changes pointed out by us.

One person was prescribed a PRN (as required) medicine for their chest pain. This had been signed as given each morning for eight days prior to our visit. There was no record of the person having been in pain made on the MAR chart or in the person's care records. There was no PRN protocol guiding staff on when to administer this medicine and the person's care plan made no mention of this medicine.

Medicines administration rounds were undertaken in a timely manner with two staff members, although we observed that some medicines were prepared by one member of staff and administered by another. This was against the home's policy and the instructions given to staff in a staff meeting in December 2016.

During the inspection the medicines were stored securely, although staff worked in the medicines room

alone with the clinic door propped open. This allowed people to access the room and we saw one occasion when a person accessed the room and became disturbed and the staff member had to leave briefly to get help.

This was a further repeated breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also saw examples of good practice relating to medicines administration. Prior to our inspection, the service received a visit from the local authority that showed significant improvement to how the service managed medicines administration. However, some issues were noted including inconsistent Controlled Drug checks and medicines for people receiving respite care not being re-ordered from the GP when they were unsuitably packaged. We saw that these improvements were being actioned.

Photos, allergy information and information about how people liked to take their medicines were available in MAR charts folder.

Records showed that all staff who were involved with medicines administration had had adequate training and in house competency checks.

Covert medicines were recorded correctly with pharmacy information, and tablet crushers were clean. Insulin was stored and managed well, blood tests were done and recorded and injections were given safely. One person had support from the district nurse and the doses of Insulin given were recorded and kept in the home.

All senior care staff had received training in medicines administration and had been competency checked. Rotas showed that a senior care staff member had been available to administer medicines on each shift.

Senior care staff knew people and their medicines well and supported people to take their medicines in way that suited them.

At our inspection of 22 November 2016 we identified a breach in relation to information obtained during the recruitment process.

During our inspection on 1, 2 and 6 March 2017 we noted there had been improvements in the recruitment process. The provider had appropriate recruitment processes in place. We reviewed the employment records for two staff that had joined the service since the previous inspection and noted that a full employment history was recorded. In addition, two references were on file for each person from an employer related to the health and social care experience of the applicant. Also, we reviewed the records for three staff members that had been in post for a longer period and their information was in place.

The majority of people we spoke with told us there were enough staff on the shifts to support them. One person said, "You can always find someone around". A second person said, "Yes I find it is enough". However, two people told us there could be more staff on the shifts. One person said, "No I think they can do with more (staff)" and a second person said, "There are not many at the weekend". The majority of family members felt there were enough staff on duty. However, one relative said they had not seen many staff and it was difficult to find staff to talk to.

The manager confirmed seven people required the support of two staff, 11 people needed the support of one care worker while 10 people were independent and did not require assistance from staff for personal

care. At the time of the inspection the manager confirmed during the day there were three staff and one senior care worker on duty with one care worker and one senior working during the night.

The provider's training records showed that all staff received safeguarding training. Staff we spoke with were able to describe potential signs of abuse and were aware of the provider's safeguarding policies and procedures. Staff knew about the local authority's safeguarding role. One member of staff mentioned the whistle-blowing process as a way of alerting external services about a possible safeguarding concern.

The safeguarding policy and procedure included contact details of external safeguarding bodies, and was displayed on the visitors' information board next to the main entrance.

The provider had a central safeguarding folder that consisted details of all safeguarding concerns at the service. We saw that the provider worked with the local authority to investigate concerns and to protect people using the service. They had also notified the Care Quality Commission about the alerts and subsequent action and outcome of the investigations.

We looked at how accidents and incidents were managed in the service. We saw the provider had a process in place for the reporting of incidents and accidents. We saw a record form was completed when an incident or accident occurred. The record included information about the incident or accident, who was involved and what actions were taken. These forms were reviewed and each month an analysis was completed to identify any trends in the types of incidents and accidents recorded. We looked at four records of incidents and accidents reported since December 2016 and saw they were detailed and identified what actions were taken.

We saw each person had a Personal Emergency Evacuation Plan (PEEP) in place in case of an emergency which provided staff with guidance on what action should be taken to support the person appropriately. These forms were kept in each person's care folder. We asked the manager if this information was kept elsewhere which would be easier to access in an emergency. He agreed to review keeping a copy of the evacuation plans in one folder so they were easier to access.

Is the service effective?

Our findings

At our inspection on 22 November 2016 we identified a breach in relation to working within the principles of the Mental Capacity Act (2005).

During our inspection on 1, 2 and 6 March 2017 we saw that improvements still needed to be made.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked how the service sought people's consent to their care and treatment. We looked at care records for two persons who had capacity to make decisions and consent to their care. We saw that a consent document consisted of four general areas of care and treatment including pre-admission, person's care plans, administration of medicines and external activities. We looked at care plans for both people and we saw that these had not been signed by the person. Therefore, there was no evidence to indicate that these persons had been given all of the information in terms of what the care and treatment involved, including the benefits and risks and that individual aspects of care had been discussed and agreed with them. For example, one person had bed rails in use without padding. We checked their care plans and saw there was no record of them consenting for the bed rails to be used. Also the person's care plans did not refer to the use of bed rails and there was no risk assessment in place.

For a person who did not have capacity to make decisions we saw a document called "a consent form" stating that an Independent Mental Capacity Advisor (IMCA) had given consent for the person's care and treatment. An IMCA is not able to provide consent to a person's care and treatment.

This was a repeated breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked whether the service was working within the principles of the MCA. We asked the manager for a list of all the DoLS that had been applied for and authorised. The list had not been updated with dates DoLS had been authorised or when application for renewal were due. This information was updated and supplied before the end of the inspection. Following the inspection, the manager provided us with additional information explaining what action they had taken to follow up on DoLS applications. Submitted documents showed that the provider had not always followed up on DoLS applications. Therefore, people might have been deprived of their liberty unlawfully. For example, a DoLS application for two people had

been made in July 2016, however, there was no evidence to indicate that the service had actively sought the outcome of this application until February 2017. Another person had a DoLS application submitted in March 2016. The evidence showed that due to the local authority not receiving the initial application, new applications were submitted in September and October 2016. This was not followed up until February 2017. The records for another person stated that the service applied for their DoLS authorisation in March 2016. It had been followed up in January and February 2017 when it was confirmed that the local authority did not have a record of this application. Another application had been made for the same person, however, it was withdrawn as a new capacity assessment by the registered manager showed that DoLS were not required.

This was a repeated breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection the manager contacted us to inform us that they conducted a full audit of all DoLS applications and a review had been completed for all of the people using the service. They stated that they were monitoring whether the local authority had approved people's DoLS application on monthly basis.

Staff received training in the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff we spoke with understood the principles of the Act. One staff member told us, "People, who do not have mental capacity can make some choices, for example what they want to eat and what clothes to wear. But they cannot make major decisions for example about their finances."

The service employed two chefs. The head chef had experience of working in a care setting and the second chef was in the process of training to become a cook for the service. The head chef knew about peoples' dietary needs and requirements as this information was recorded on an "Advice to chef and catering" form and it was kept in a folder in the kitchen. We saw that the folder contained 21 forms and there were 28 people using the service. However, the chef explained, they knew about dietary needs of all the people as they had been told about it by the deputy manager and they had spoken to all the people in person. The chef was able to give us examples of what various people liked to eat and what their dietary requirements were.

There was a daily menu in place and each person could choose between two or three meal options. We saw that the menu had a range of meal options that catered for different cultural and religious needs and preferences of people who used the service.

Records showed that staff had referred people to appropriate professionals when they had concerns about someone's swallowing difficulties, weight loss or diet. We saw evidence of referrals made to a GP, dietitian or mental health professionals. A health professionals told us, "The staff often contact us to ask for advice and if they are concerned about a person's wellbeing."

We received mixed feedback about staff's skills and competences from people who used the service, their relatives and external health professionals. One person said, "Yes, we talk about anything and it is not a problem". A second person said, "They are all pretty good. I can speak to everyone. I talk to them and they talk to me". However, some people expressed that they could not communicate with all staff members. One person said, "It is a bit of a problem as English is not their first language. There are one or two of them (staff) that don't understand me". One relative said, "I don't know if the staff are qualified, they seem to treat my relative in a kind and caring manner. The staff are good." A second relative told us, "I could not understand some of the staff members, their English was not very good. The staff didn't seem to know what they were doing and you did not know who they were, they were doing what they were told but they were not thinking for themselves." Another family member told us they felt the service was not appropriately equipped and

staff were not adequately trained to attend to the specific needs of their relative.

External health professionals told us the staff did not always know how to respond to specific needs of people using the service. One professional told us "There was a situation where we felt staff were not able to manage health needs of people using the service." and "Staff had not recognised a significant change to the needs of a person."

Newly employed staff received an induction that consisted of a discussion about each person using the service and an introduction to the service. Staff confirmed they had received an induction and they were able to work with people using the service independently immediately after the induction. We looked at records for five staff members who started their employment at the service within the last six months. We saw that one staff member's file did not have induction documents in place. Additionally, there was no evidence to indicate that the service assessed skills and competencies of this staff members prior to them working with people unsupervised. Following our visit, the manager provided us with evidence that the staff member had received an induction and that their competency had also been checked.

Staff we spoke with told us they received a variety of training to support people they cared for effectively. The training included a combination of in-house training, courses provided by external providers and online training. Training courses included safeguarding vulnerable adults, medicines administration, moving and handling, first aid and dementia training. The provider had shown us a training matrix for staff working at the service. The document had not been updated with dates and it was not clear if all staff had received training the provider had considered mandatory. The information had been gathered and supplied before the end of the inspection. The document showed that all staff had completed their training. We saw that staff completed some eLearning courses during the duration of our inspection. Some staff members completed their training with their previous employer and we saw training certificates confirming that.

We saw evidence that all staff undertook a competency assessment and were confirmed by the previous registered manager as competent to work with people using the service.

Following the inspection, the manager informed us that the service aimed to run twice-yearly refresher training sessions for all staff to ensure they were up-to-date with all required training.

Staff told us they received regular support and supervision. We saw a supervision planner which identified when supervisions had occurred and were planned. The manager confirmed a combination of face to face meetings, observations of practice and group supervisions were used to provide staff with support. We looked at the supervision records for four staff and saw the discussions included ensuring dignity and respect when providing care, communication and areas of improvement. We saw evidence that staff at all levels received regular supervision and had received an annual appraisal.

Is the service caring?

Our findings

The majority of people we spoke with told us staff treated them with kindness. One person said, "They (the staff) are lovely, very kind. Yes, they look after me and make sure I am all right. A second person said, "They treat me really well. They are all very helpful". Another person said, "(The staff are) not bad, quite friendly. Yes, they are nice people. They are very helpful." One person told us, "Rubbish, they walk all over the place. They are alright."

We saw examples of positive and caring interactions between the staff and the people who used the service. During the lunchtime, staff offered people a choice of food and drink and asked if people enjoyed their food. One person got upset as they did not receive their usual food. The staff member quickly reacted and served the person the food they wanted.

We observed staff spoke with people in people's first language.

However, there were times during the inspection we saw the care and support in place did not meet the needs of the people using the service.

We witnessed a situation in which a person was standing in the communal area of the home, they said they were confused and they were not sure where they wanted to go. A staff member offered to walk them to the lounge, however, instead of helping the person they walked away from them in the opposite direction without explaining why. The person shouted, "Don't go away". The staff member returned and led the person to the lounge.

During an activity a person spoke to staff who were also in the lounge completing paperwork and said, "the best game is when it tells how educated you are" but the staff did not respond.

During a mealtime, a staff member stood over a person feeding them. We observed that this person could eat independently and did not need support. Another person started to experience swallowing problems, a staff member had offered them water, and assisted with their meal, however, the staff stood next to the person rather than sitting next to them.

People had communication, dignity and respect care plans in place describing what people's preferred method of communication was and what name they would like to be referred to as.

Staff we spoke with told us that they respected people's privacy and dignity when providing personal care. One staff member said, "I always ask people if they want to have a shower or bath. I ask them if they want a female or a male carer. I tell them what I do." A second staff member said, "I always close the window and the curtains and cover people's body. We should do it for them (people), we need to protect them."

Is the service responsive?

Our findings

At our inspection of 22 November 2016 we identified a repeated breach in relation to the cleaning of the home.

During our inspection on 1, 2 and 6 March 2017 we noted there was a malodour noticeable on the ground floor of the building and in the shower room on the first floor. We raised this with the manager and they arranged for a maintenance service to attend the home to make repairs in the bathroom during the inspection.

We saw the hand rails in the corridors around the home were dusty. The shower heads in the bathrooms were marked with limescale and the baths were also dusty. During the inspection we found one toilet was blocked and another toilet would not flush. The window sills in the lounge of the first floor were dusty and there appeared to be cigarette ash on the floor behind the door to the lounge.

The radiator in one person's room was making a loud and distracting noise. The person stated that this had been mostly occurring during the night but the person was not worried as they became used to their surroundings. We discussed this issue with the manager who informed us the issue had been looked into and they thought it was resolved. On the last day of our inspection, the person was still occupying the same room and the matter was not addressed by the provider.

This is a repeated breach of Regulation 15 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection on 1, 2 and 6 March 2017, the provider implemented an updated version of care plans, however, this had only occurred with a small number of documents to a small amount of documents and the majority of care plans had stayed unchanged.

The amount of details recorded in care plans varied and did not always reflect peoples' changing needs and their preferences. One person's care plan stated that they mobilised independently, however, other documents stated that the person had become bed bound and was not able to mobilise at all. A second person's care plan stated that they needed one staff member to assist them with personal care, however, the manager told us that there were two staff members providing personal care for this individual. Another person's care plan said that they had diabetes and they liked to have their tea with sugar. The care plan review stated that when the person asked for a sugar staff would give them a sweetener instead. There was no evidence that the person had agreed to this change.

One person's care records stated that in some situations the person did not like staff providing them with personal care. However, their care plan instructed that staff should attend their personal needs even if they "were not readily compliant." The care plan also indicated this was the area that staff were "likely to have a direct confrontation" with the person. A care plan review for another person stated, that staff used "strong persuasion to clean" the person.

One person's care documents stated that they did not wish to share information about them with anyone, however, we saw details about the person's care displayed in the service's laundry, the area that could be easily accessed by other people using the service, staff and external contractors.

Some care plans consisted of language that was not person centred. For example, one person's care plan described them as at "risk of absconding and wandering" and "being compliant in most matters". One care plan contained a swear word.

Some care plans consisted of guidelines on how staff should support people, however, staff had not always followed them. One person's care plan stated that they were at high risk of falling and staff needed to continuously observe them to ensure their safety. We observed this person being left on their own without any supervision. We also saw an accident report relating to the person hurting themselves, this was unobserved by staff and staff could not say how the accident had happened. This indicated that staff had not continuously observed the person as instructed in this person's care plan.

The majority of people we spoke with told us they did not have the choice of a male or female staff member when receiving personal care. One person said, "I would like a choice and having only a female carer. But I have not had any problems yet." A second person said, "No, they did not ask me. I would prefer a female carer". Another person said, "I would prefer a male care, I was not given a choice." We looked at people's care plans and we saw that one person stated they did not have preferences for male or female staff to provide personal care. The other person's plan did not indicate what their preferences were.

Staff we spoke with told us they read care plans as often as they could. However, when we asked about details of care for a specific person the staff admitted they did not see the care plan for this individual. They said they knew about people's changing needs as they were discussed in daily handover meetings.

We spoke with the manager about care plan inconsistencies on the day of our visit. The manager informed us that they were in the process of updating all care plans for everybody using the service.

The provider told us that people and their relatives were invited to take part in the planning and reviewing of people's care. However, family members said people's care was discussed at the beginning of their stay at the service but they were not involved in the review process. One relative told us, "I have never seen my relative's care plan or took part in reviewing." A second relative said, "the manager contacted us a few times to ask some details about my relative and they told us their care would be reviewed." We saw that six out of seven care plans we looked at were not signed by people using the service or, where appropriate, their representatives. Therefore, there was no evidence indicating that people and their relatives were involved in the planning of their care.

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

The provider had a procedure for complaints and this was displayed, however people using the service and their relatives did not know of it. All of the people we spoke with and their family members told us they were not advised by the provider on how to make a formal complaint about the care and treatment at the service.

The manager informed us that there were three verbal complaints received since the last inspection and they were dealt with immediately. We looked at the complaints folder and we saw that there were no records of these complaints and what action had been taken in response to them. We spoke about this with

the register manager who assured us that all future complaints would be recorded and monitored.

This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their family members stated they were happy to speak to the manager and the director in case on any concerns. Information about different advocacy service was displayed in the communal area of the service.

At the inspection on 22 November 2016, we found that people's individual social and leisure needs were not always met and did not reflect their preferences because there was limited organisation and support with social activities.

At the inspection on 1, 2 and 6 March 2017 we found that improvement had been made but further improvements still needed to be implemented.

People using the service told us that they took part in activities at the service. One person said, "Yes I like playing games, things like playing with the ball". A second person said, "Anything they do I will try and take part. Lots of things like we did some arts and crafts today." However, other people told us they did not know what activities were available at the service or that the activities provided were not interesting for them.

Family members told us they saw very little activities taking place at the service. One family member observed, "People are left wondering around. They are left there like zombies."

Following our last inspection, the provider had nominated an activities coordinator from the staff team to provide social and leisure activities for people living at the service. The activities coordinator spoke enthusiastically about their new role and expressed their interest in developing an activities programme which would engage everybody using the service. They said they would like to receive further training to develop an activities plan that was suitable and beneficial for people.

We observed activities taking place over the three days of our visit. We saw that there were specific hours allocated in the morning and in the afternoon to provide leisure activities to people. However, there were no activities taking place outside of these times. People were gathered in a main lounge where they were encouraged to take part in exercise, which was followed by a game.

The choice of activities on each day was limited and everybody was encouraged to undertake the same activities at the same time. On the first day of our inspection, a few people were doing arts and crafts and they said they enjoyed it. However, we also saw other people who decided not to join. One person told us, they were not interested in this type of activity and they were not offered a different choice. On the second day of our visit, we observed people being encouraged to take part in a karaoke session. There were three people asleep in the room, however, staff persisted with the activity. Two other people then said, they did not want to play anymore, but the staff member continued playing different songs and insisted they continue their engagement. When we joined an activities session on the second day of our inspection, some people were watching TV, some were chatting and some were resting or sleeping. Suddenly a staff member switched the TV off and they informed people that they were going to do exercise and play a game. Consequently, those people who were watching TV were not able to carry on doing it.

Half way through the game the staff member announced that it was a time for tea and biscuits and everyone was asked to move to the dining room. We discussed this with staff members on the day of our inspection

and they agreed to serve snacks alongside playing the game. Later on in our inspection, we saw that this had been put into action.

There was an activities board in the central area of the service which displayed a variety of information on activities taking place at the service. These included an activities timetable for the day, current week and the whole year.

The activities coordinator showed us an activities folder they had been developing to document different activities taking place at the service and in the community. We saw a variety of pictures showing people enjoying their time doing shopping, having a meal out or attending an event in the community.

At the inspection on 22 November 2016, the registered manager had agreed that when completing the service survey, people living at the service would be supported by an independent advocate, volunteer or family member. Therefore, the survey could not be influenced by staff working at the service. At this inspection staff told us that they had carried out further two surveys and staff supported people when completing them.

We recommend that the provider seek advice and guidance, about supporting people to express their views about the care and treatment they receive at the service.

Is the service well-led?

Our findings

At the inspection of 22 November 2016, we found that the provider had not maintained secure, accurate and complete records in respect of each person using the service and records for the management of the regulated activity.

During our inspection on 1, 2 and 6 March 2017 we saw that improvements had not been made.

We saw there was a discrepancy between information recorded on different documents related to people's care and treatment. Additionally, we saw that care plans did not always reflect changes to people's needs. The person's DoLS care plan mentioned that they had a specific health condition, however, this information was not mentioned in other care plans. A second person had two mobility care plans in place that stated the person could move independently. However, another document for the same person indicated the person's mobility had reduced over the past year and they were not able to mobilise independently.

The majority of care plans describing people's care and support needs were hand written. We saw that some of them, were illegible and it was not possible to read what they said. Therefore, there was not always a clear record of what people's needs were.

We saw risk assessment documents being reviewed on care plan templates and not risk assessment review forms. Therefore, it was not always clear if the information related to risk assessments or care plans.

We looked at daily care records for people who used the service and we saw that staff had not always completed them in full and they focused on food intake rather than activities and the person's day.

Additionally, some daily care records did not provide accurate information for the staff on how support should be provided. For example, one person's repositioning chart did not have the frequency of when they should be moved, therefore staff did not have guidelines on how often to turn the person. Additionally, the records were not accurate. The records for one person indicated that on two occasions they had been repositioned on two different sides of their body during the same time period. A fluid intake chart for this person stated that their daily fluid intake target was "normal", however, there was no information on how much fluid the person should receive.

Staff told us they used daily handover meetings to keep up to date with information about people living at the service. However, we looked at the handover records and we saw that the information about people was very limited and the records were not always completed. Therefore, there was a risk that important information about people's care and treatment would not be passed to the staff on the next shift.

This was a repeated breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at a range of audits related to health and safety of the building and the environment. These

included periodic health and safety checklist, quarterly home audits and general monthly and yearly risk assessments. We saw that the auditor throughout the period of five months used only one periodic health and safety checklist form. It was reviewed by adding the latest date at the bottom of the document. Similarly, monthly and yearly environmental risk assessments had one template and were reviewed by recording the latest date at the top of the document.

During our inspection, we found a number of issues related to health and safety and cleanliness of the environment at the service. These included, a broken radiator cover, dusty surfaces and a broken lamp. None of these issues were identified in the audits relating to building and environment that we looked at.

During our visit, the provider introduced a new weekly environmental cleanliness checklist and we saw a completed copy. The new check had also not identified the issues found by us.

We asked the manager to provide us with a copy of the current training for all staff employed at the home. They initially provided a copy of spreadsheets containing information on various training courses. The information was not updated and we could not ascertain that staff providing care had received the appropriate training. We spoke about this with the provider who reviewed the information for all the staff and provided us with the current list at the end of our inspection.

We also asked the manager for a copy of a staff file audit. The document was not updated with information for staff that started their employment with the last six months. Additionally, information related to two other staff members was highlighted in red and there was no explanation on what this meant.

The above evidence demonstrates that the provider did not operate effective systems and procedures to monitor and improve the quality and safety of the service.

This was a further repeated breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had a variety of systems in place to monitor the quality of the service provision, however they were not effective in identifying issues.

We looked at care plan audits for four months prior to our visit. We saw that the audits consisted of general information written across an audit template, stating that care plans needed to be updated. However, there were no specific issues and actions identified to ensure that all information about care and support needs for each individual was up to date.

We looked at weekly and monthly medicines audits and we saw they did not identify issues found by us during the inspection.

This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection, we asked the manager for an up to date list of all the DoLS that had been applied for and authorised. The list had not been updated with dates DoLS had been authorised or when applications for renewal were due. This information was updated and supplied before the end of the inspection.

During our visit the provider introduced a new daily record chart that was designed to reflect all aspect of people's life at the service, including food intake, medicines administration, activities scheduled

appointments.

The feedback about the management of the service varied. One family member told us, "The manager seems very good. I spoke to them at the beginning but I have not seen them since." A second relative said, "We met with the manager. They were supposed to meet with us again but they did not contact us."

External professionals told us that the service was chaotic and seemed unorganised. One professional said, "I asked staff to find some documents related to one person's care but they could not locate it."

The new manager received positive feedback from staff working at the service. One staff member told us, "Yes I feel supported. If I need any information, I can ask the manager. He is a good mentor and I can learn from him." A second staff member said, "The new manager is good. We have more training and meetings, about 2 – 3 meetings a week."

All staff we spoke with confirmed that the frequency of team meetings rose since the manager joined the service. We saw minutes confirming that the meeting took place. Topics discussed included dignity and respect, moving and handling and staff communication.

During our inspection, the provider introduced a new handover form and we saw a completed copy of it. It consisted of detailed information on different aspects of the service provision. This included information about which staff were on the shift, what were the duties assigned to individual staff members, personal care given and any other events taking place at the service on the day.

The manager spoke openly with us about a variety of issues at the service. They said they aimed at building a strong staff team, which was confident in their professional knowledge and skills and could work independently, offering a high quality of service provision.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered person had not ensured that care and treatment to service users was appropriate, met their needs and reflected their preferences.</p> <p>Regulation 9(1)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>The registered person had not ensured that people knew how to complain.</p> <p>Regulation 16 (2)</p>