Barrington House Limited

Barrington House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Barrington House provides residential care for up to 21 people with learning disabilities. The home cared for adults and older people. However, most people were over 65 or close to this age group. People's needs were varied and included support with general age-related conditions. Some people had more specialist needs associated with dementia, diabetes, autism and epilepsy. Whilst some people could tell us their experiences of living at Barrington House, others had complex communication needs and required staff who knew them well to meet their needs. We observed that people were happy and relaxed with staff. Accommodation was provided on the ground and first floor. Only ambulant people could use the first floor but the provider was in the process of getting quotes to have a stairlift installed.

The care service has been in operation a long time and the building was therefore not developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. The building could not easily be adapted so it is difficult for the service to meet these standards.

There was a registered manager in post. 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.

This is the second time the home has been rated requires improvement. At the last inspection there were breaches of regulations 9,11,12 and 17 and requirement notices were issued. The breaches were in relation to a lack of assessment of people's social needs, a failure to give appropriate consideration to Deprivation of Liberty Safeguards (DoLS) requirements, a lack of assessment of the risks to people's health and safety and doing all that is reasonably practicable to mitigate any such risks and a failure to ensure that accurate record keeping was in place and to ensure actions were taken to mitigate risks. We asked the provider to complete an action plan to show improvements they would make, what they would do, and by when, to improve the key questions in safe, effective, responsive and well led to at least good.

This comprehensive inspection took place on 16 and 17 May 2018 to check the provider had made suitable improvements to ensure they had met regulatory requirements. We found the home was meeting legal requirements in relation to DoLS. However, we identified there were continuing breaches of Regulations 9,12 and 17. This was because we could not be sure people were receiving person centred care, recommended exercises had not been carried out, risks to people's care were not always addressed and record keeping was not always up to date or accurate. We made a recommendation to ensure people's dignity.

Since the last inspection the provider had introduced a new computer package and documentation had gradually been transferred since January 2018. Not all documentation was in place at the time of inspection. Staff had varying levels of skill in using the package. The result meant a distortion in record keeping in some areas so it was difficult to assess records as a reliable source of information and this affected the provider's ability to monitor the service adequately. It was recognised that additional time was needed to ensure full

training on the package and to fully embed progress made into everyday practices.

People told us they were happy and although we observed some negative practices we also observed staff interactions that were very positive and that staff treated people in a caring and kind manner. People told us they would talk to their keyworkers if they had any worries or concerns. The home ensured people's spiritual needs were met. One person told us their keyworker was, "Very important to me. Tomorrow we are going into town so I can shop for summer clothes. She would always organise anything like that." Another person told us, "It feels like home. I've made lots of friends here. Most of the staff have been here a long time and they know me. They sit and have a chat."

There were enough staff to meet people's individual needs. Staff knew how to safeguard people from abuse and what they should do if they thought someone was at risk. Incidents and accidents were well managed. People's medicines were managed safely.

People's needs were effectively met because staff had the training and skills they needed to do so. Specialist training had been identified as a need for staff and training had been booked. Staff attended regular supervision meetings and told us they were well supported. There were regular staff meetings and staff felt they were updated about the home and could share their views. Staff supported people in the least restrictive way possible. People were encouraged to be involved in decisions and choices when it was appropriate. Mental Capacity Act 2005 (MCA) assessments were completed as required and in line with legal requirements. Staff had attended MCA and Deprivation of Liberty Safeguards (DoLS) training.

Staff had a good understanding of the care and support needs of people and had developed positive relationships with them. People were supported to attend health appointments, such as the GP or dentist.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report. Full information about CQC's regulatory response to the more serious 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?

Requires Improvement

The service was not always safe.

Systems for ensuring the management of risks to people were not always effective.

There were enough staff working in the home to ensure people's needs were met. Recruitment procedures ensured only suitable people worked at the home.

There were safe systems for the management of medicines.

Is the service effective?

Good

The service was effective.

The registered manager and staff had a good understanding of mental Capacity assessments (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were given choice about what they wanted to eat.

People were supported to attend healthcare services and maintain good health.

Is the service caring?

Requires Improvement

The service not always caring.

People were not always treated with respect and dignity.

Bedrooms were personalised and reflected people's tastes and personalities.

Staff talked to people in a way they could understand.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Whilst there was a range of activities provided, assessments had not been carried out in relation to people's individual needs and

wishes in relation to activities or in relation to their sexuality and end of life care.

The service used easy read documentation to help people understand conditions and to explain procedures to them.

There was a complaints procedure and this was available in an easy read format.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Record keeping was not always accurate and was not appropriately analysed to assess the quality of care provided.

Although there were good auditing measures, the systems to address shortfalls found had been slow.

There were regular staff meetings and staff felt their views were listened to.

Barrington House

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.

Barrington House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.
The last inspection of the home was carried out in March 2017. There were four breaches of regulations and areas of practice that needed to improve. The home was rated 'Requires Improvement.' Following our inspection the provider sent us an action plan telling us how they would make improvements to meet the regulations.

We visited the home on the 16 and 17 May 2018. This was an unannounced inspection. This inspection was carried out by an inspector and an Expert by Experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service. We considered information which had been shared with us by the local authority, looked at safeguarding concerns that had been raised and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we reviewed the records of the home, this included three staff recruitment files, staff training, medicine records, accidents and incidents and quality audits along with information in regard to the upkeep of the premises. We looked at three people's support plans and risk assessments in full, along with risk assessments and daily records for another two people. We spoke with nine people. Some people were not able to tell us their views of life at Barrington House so we observed the support delivered in communal areas to get a view of care and support provided. This helped us understand the experience of

people living there. We also spoke with the registered manager, care manager, assistant care manager, cook and three members of care staff. Following the inspection, we received comments from one health care professional and social care professional.

Requires Improvement

Is the service safe?

Our findings

At our last inspection this key question was rated requires improvement and the provider was in breach of Regulation 12 of the of the Health and Social Act because they had failed to ensure people's safety by assessing the risks to their health and safety and doing all that was reasonably practicable to mitigate any such risks. Following our inspection, the provider sent us an action plan telling us what they would do to meet the regulations by 31 July 2017. At this inspection we found the service remained in breach of Regulation 12.

A pressure relieving mattress was used for one person identified at risk. These need to be set in line with people's individual weights and according to the manufacturer's instructions. The systems to check that the mattresses were set correctly were ineffective. The mattress was set at 120Kgs but should have been set at 80 Kgs. Mattresses set incorrectly leave people at risk of developing pressure sores and can be very uncomfortable for the person.

Three people had exercises prescribed by a physiotherapist. There were laminated guidelines within their bedrooms. There were no records to show the exercises had been carried out. We asked staff if the exercises were carried out but staff told us people were often reluctant to do them. We were told a person's relative often did exercises with one person. We asked if any contact had been made with the physiotherapist regarding people's lack of participation. The registered manager said they would start again and document progress and if problems were highlighted they would contact the physiotherapist for advice and support. A long-term maintenance programme of exercise can help to slow down the risk of contractures and maintain movement and function so it is important that exercises are carried out as prescribed.

At the last inspection although we observed staff using safe and appropriate moving and handling techniques we also saw inappropriate techniques used to reposition one person at the dining table. Staff used an underarm lift to reposition the person. This remained the case at this inspection. We observed some very good moving and handling techniques but also observed two staff using an underarm lift to transfer a person from a wheelchair to a chair. The person's care plan stated a handling belt should be used. Staff told us they realised an underarm lift was not appropriate but as the person was low weight they thought it would be quicker to move them in this way. Underarm lifts have the potential to cause injury to the person and to staff. We discussed this with the registered manager who confirmed all staff had received training. They said they would speak with staff and monitor that this practice did not occur again.

One person's body mass index (BMI) was low and a referral had been made to a dietician for advice and support. However, there were at least four people whose BMI showed they were obese. The computer system used, showed them as low risk and therefore there was no support plan to assist in managing weight. Obesity can lead to significant long-term health complications. We discussed this with the registered manager and in response, by the second day of inspection, an appointment had been made with the people's GP to request a referral to a dietician for advice and support in weight management.

Systems for the care and support of people with diabetes remained unsafe. At the last inspection one

person's care plan gave advice about what to do if the person's blood sugars were too low but there was no advice about what to do if they were too high. Staff confirmed it was normal for the person to have high blood sugar. At this inspection this remained the same. The care plan advised weekly testing but that daily testing should be carried out when the readings were high. We were told the person's blood sugars could be up to 17 mmol/l. On 4 May the reading was 21.3 mmol/l and on 5 May 27.1 mmol/l. The next reading was not until 9 May. There were no records of any actions taken. Drinking water can help to lower blood sugars and prevent dehydration. Staff were not aware of this and so this advice was not included in the care plan. There was no advice within the care plan that if the person's blood sugar was above a certain number, advice and support should be sought or any particular action should be taken. This continued to leave the potential for the risk of harm to the person.

The above areas are a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014).

There were enough staff working in the home to meet people's needs safely. In addition to the registered manager there was a care manager and an assistant care manager and at least four care staff on duty throughout the morning and three in the afternoon. At night there was a waking staff member and a sleep-in staff member who was available should there be an emergency. There were clear on-call arrangements for evenings and weekends and staff knew who to call in an emergency. Staff told us there were enough staff to meet people's individual needs.

Staff recruitment records showed appropriate checks were undertaken before staff began work. This ensured as far as possible only suitable staff worked at the service. Checks included the completion of application forms, a record of interviews, confirmation of identity, references and a disclosure and barring check (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or adults at risk.

Medicines were stored, administered, recorded and disposed of safely. People's medicines were stored securely in a locked trolley and excess medicine was stored within a cupboard. There was advice on the medication administration records (MAR) about how people chose to take their medicines. Some people had been prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them, for example if they experienced pain. A copy of each person's PRN protocols were stored within the MAR charts. A daily medicine's audit was carried out to ensure the safe management of medicines.

Staff took appropriate action following accidents and incidents to ensure people's safety. Records did not always demonstrate risk assessments were reviewed following falls but it was evident in monthly audits the registered manager checked appropriate actions had been taken. When one person could no longer sit on the lounge chairs, alternative seating was bought within a couple of days. Another person fell as the shower stool was not strong enough so a new shower chair was bought. The systems ensured lessons were learned and improvements made when things went wrong.

Risk assessment documentation in care plans had been updated at regular intervals. Where new risks to people had been identified, assessments had been carried out to manage the risks whilst still protecting people's freedom and maintaining their independence.

Those who could, told us they felt safe. Some people were not able to tell us if they felt safe but we observed people to be content and noted when people needed support, staff provided regular reassurance and guidance. One person told us, "The night staff look in to check I'm all right. We have fire drills every so often. They have explained how the smoke alarms work and the main thing is not to panic." This person could

describe the evacuation routes and processes. Another said, "I feel safe. I don't have to do anything I don't want to. There is always someone with me." A new call bell system had been installed since the last inspection of the service. One person told us, "I have a buzzer in my room and if I press it they come right away." The registered manager was in the process of gaining quotes for having a stairlift installed.

Most of the staff had received fire safety training. People had personal emergency evacuation plans. They contained information to ensure staff and emergency services were aware of people's individual needs and the assistance required in the event of an emergency evacuation. Regular fire evacuation drills were carried out to ensure that people knew what to do in the event of an emergency. Fire drills were routinely evaluated to ensure staff had responded to the drill appropriately and in a timely manner. The local fire and rescue service had carried out an assessment of the building and any actions recommended had all been addressed.

Staff understood different types of abuse and told us what actions they would take if they believed people were at risk. All the long-term staff had up to date training in safeguarding. They told us that if an incident occurred, they reported it to the registered manager who was responsible for advising the local safeguarding authority. Where appropriate, safeguarding referrals had been made to the local authority for investigation.

People were protected from the risk of infection. Most of the staff team had received training in food hygiene and infection control. All areas of the home were clean and cleaning schedules demonstrated the cleaning tasks were completed daily.

People lived in a safe environment because the home had good systems to carry out regular health and safety checks. All the relevant safety checks had been completed, such as gas, electrical appliance safety and monitoring of water temperatures. There were procedures to ensure equipment was checked regularly and ongoing safety maintenance was completed. There was also a business continuity plan that provided detailed advice and guidance to assist staff in a range of emergencies such as extreme weather, infectious disease, damage to the premises, loss of utilities and computerised data.

Good

Is the service effective?

Our findings

At our last inspection this key question was rated requires improvement in the effective domain and the provider was in breach of Regulation 11 of the of the Health and Social Act because they had failed to give appropriate consideration to Deprivation of Liberty Safeguards (DoLS) in accordance with legal requirements. Following our inspection, the provider sent us an action plan telling us what they would do to meet the regulations by 30 June 2017. At this inspection we found the service was meeting legal requirements.

Staff asked people's consent before providing support. Staff had assessed people's abilities to understand and make a variety of decisions. The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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. Staff knew this and that if people were unable to make complex decisions, for example about medical treatments, a relative or advocate would be asked to support them and a best interests meeting held to ensure all proposed treatments were in their best interests. An independent mental capacity assessor had been used in relation to one person regarding their long-term health needs and as they now received medicine covertly. Easy read documentation was available on breast and bowel screening to assist people to understand these procedures and to make informed decisions.

People can only be deprived of their liberty to 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 DoLS. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Referrals had been made for authorisations for those who required them. There was a key pad lock to enter and leave the home. An independent care act advocate had requested one person should have opportunities to go out more than once a week. Records showed they went out once a week but not always a second time. The registered manager said they had requested funding for a second day at a day centre and were awaiting the outcome. They said the person was regularly offered outings to the local store and on a weekly trip out but they often refused.

People were supported to maintain good health and received on-going healthcare support from professionals. Staff supported people to attend a range of healthcare appointments. If people needed specialist advice and support or monitoring in relation to specific conditions, for example diabetes appointments had been made. Staff asked for professional advice if people lost weight or showed signs of difficulty with eating. A referral had recently made to the local Speech and Language Therapist (SALT) for advice and support for one person. A health professional told us, "The home notifies us if there are any problems." They also told us they jointly introduced a pictogram annual review which, "Enables patients to participate in their healthcare plans."

One person had difficulties forming new relationships with people. Their health was deteriorating and whilst

they did not currently need support from a hospice, a worker was coming in to the service on a weekly basis to spend time with the person to get to know them. This was so that when they did need this support they would have an established relationship with the person and their needs could be more easily met.

There was a four-weekly menu that was varied. Staff told us it was easy to prepare additional food if someone did not eat their meal. People were offered a choice of drinks throughout the day. One person told us, "I don't always like the dinners but they will do something different. Yesterday they did me a cheese and ham omelette because I didn't like the choices. The cook comes around every morning with the menu and asks what we would like. I always love the macaroni cheese, and fish and chips every Friday." Another person told us, "The cooks are really good, especially when they do pies and casseroles. There is always plenty of fresh fruit, which I like. I'm borderline diabetic, they have explained what that means and I have to be careful. They give me mainly fruit and yogurts for sweets, which I like, but also occasional treats."

Staff were available to support and encourage people to eat their meals but only one person required assistance. The cook had a list of people's likes and dislikes and was involved in discussions with staff about how best to meet them. The cook told us they always went into dining room during meals and assisted with some drink service. In the kitchen there was guidance regarding one person's current nutrition needs. The cook was fully aware of who lived with diabetes and to what degree. They told us fresh vegetables were served on "alternate days and Sundays."

People had access to all areas of the house. They could choose where to spend their time. Bedrooms had been personalised and people had pictures, ornaments to make their rooms homely. The care service has been in operation a long time and the building was therefore not developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. The building could not easily be adapted so it is difficult for the service to meet these standards. However, people had the equipment needed to meet their individual needs. This included stand aid hoists, hoist, handling belts and one person had an electric bed. A new call system had been fitted and the registered manager was getting quotes to have a stairlift installed. People had a choice of using a shower/wet room or an assisted bathroom. Some people had walking aids and some required the use of wheelchairs. One person told us, "We have residents' meetings where we discuss ideas for activities and trips and how the people in wheelchairs can be included." People told us they were supported to make use of their local shops and amenities.

Staff had the skills and knowledge to meet people's needs. They completed a wide range of online eLearning. Staff were advised in advance when their training was due. A record was kept of staff's individual training. They received training in looking after people, for example in safeguarding, food hygiene, fire evacuation, moving and handling, health and safety and infection control. Eight of the 22 staff had completed a health-related qualification at level two or above. A further ten staff had recently signed up to study for a health-related qualification. The registered manager told us she was studying for a health-related level seven qualification in management.

Service specific training that had been identified for staff working at Barrington House. Training included, diabetes and epilepsy. Seven of the 22 staff had completed training in diabetes and 13 had completed training in epilepsy. Although some staff had no formal training they could tell us how people presented when they had a seizure and how they supported them and this was in line with the advice in care plans. Seven staff had completed training in dementia. One staff member told us they had received this training in previous employment and were able to tell us how they supported people who were agitated through distraction and talking techniques. One person had a specific health condition and there was detailed advice and guidance within their care plan about the condition and how it affected them. The registered

manager had booked to attend a course on how to support people who hoard. They were hopeful this would give advice and guidance to support people.

We asked about training in topics such as equality and diversity. Only two staff had completed this training. However, nine staff had been booked to start a six-week course at the end of May 2018. Four staff had also been booked to attend a course on end of live, one was due to do a course on nutrition and hydration, one on falls prevention and two on medicines management. These courses were six weeks in duration.

Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were competent to work unsupervised. Staff told us they felt supported in their role. Staff supervision was held every other month. One staff member told us, "If I need help or if I have concerns I can go to any of the seniors or management." The registered manager told us two staff had been identified as having difficulty coping with training via computer packages so they were encouraged to complete written courses instead. The registered manager told us this had given the staff greater confidence and they had now signed up for additional training.

Requires Improvement

Is the service caring?

Our findings

At our last inspection we recommended further support was provided and the effectiveness monitored to ensure people's dignity was promoted at all times. At this inspection, we observed staff talking and communicating with people in a way they could understand. Although we observed some very caring practices, there remained times when some of the practices observed were not always caring or dignified.

We spent time in the dining room and observed staff supporting people with their meals. People received a mixed experience. Some staff showed attention to detail and gave reassurance to people and checked if they needed assistance, which was then given in a kindly manner. However, we also observed practices that were less dignified or person centred. For example, one person was sat at a table colouring. A staff member approached them from behind, took their wheelchair brakes off, took a crayon from their hand and reversed the wheelchair to move them to the dining table. There was no verbal communication throughout the whole process.

Another person sat at their table ready for their meal, but plated meals were put in other empty places at this table, awaiting people coming. All meals were plated up in the kitchen and brought in individually, in no order, so tables did not function socially as they could if it had been a more shared occasion. Staff served people with little interaction and whilst meal choices had been made in advance, meals were placed with no comment or just, "There you are." A staff member told us they did not like to interfere with people eating but the result was very limited interaction for people and staff who chatted to each other.

There was a lack of person centred support and the above areas are a continuing breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014).

In contrast both after the lunchtime meal the quality of staff interactions was noticeably more positive and engaging than during the morning. People told us they were happy and staff were caring and attentive to their needs. Staff paid attention to what individuals were doing and showed interest and encouragement. One person told us, "This is a really happy home and all the staff join in with that happy approach, it starts with the management." Another told us, "They treat us all as individuals. I like the routines, it feels like a family. I love my room, it means you can be on your own. Staff are encouraging me to join in more, which is good for me, I now go down to have tea with the others and I have all my meals in the dining room." A third person told us "It feels like home. I've made lots of friends here. Most of the staff have been here a long time and they know me. They sit and have a chat."

Since the last inspection a checklist had been used to ensure people had been supported to receive all aspects of personal care and to ensure their rooms belongings were cleaned regularly. People's bedrooms and belongings were clean and although there was an odour in two bedrooms cleaning was underway at the time. Bedrooms had been personalised and reflected people's tastes and personalities. One person's room was not very personal but staff told us this was the person's choice and they had worked with them to encourage them to have a few pictures on display.

A visiting social care professional told us, "Core staff are flexible and seem motivated to work in clients' best interests. We observed staff knocked on doors and requested permission to enter before going in. Staff gave examples of how they maintained people's dignity when providing personal care. Staff told us people were included in activities and were not discriminated against due to any disability. For example, when they played bingo, big boards were used with large numbering so people could see easily.

One person's care plan included specific advice to ensure they left the person's television remote control to hand so the person could change the channels independently. Other care plans also included specific advice about how they liked to be supported in relation to moving and how they received their medicines.

Records were stored in the office and only made available to those with a right to see them. Staff told us they had regular opportunities to read through care plans to make sure they were kept up to date with people's needs. Computer tablets were password protected.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection this key question was rated requires improvement in the responsive domain and the provider was in breach of Regulation 9 of the of the Health and Social Act because they had failed to assess and plan to meet people's social needs. Following our inspection, the provider sent us an action plan telling us what they would do to meet the regulations by 31 July 2017. Following our inspection, we received an action plan that told us how the service would make improvements. At this inspection we found the provider continued to be in breach of Regulation 9.

A social care professional told us, "This service is dependable and solid and many of the staff have been there a long time and really care for the clients and love working there. The manager is very person-centred and went above and beyond to respond to a crisis. She took on board the person's need to be active. A staff member told us, "I think it's important to spend time with people and find out about what they want to do, but I don't know whether that's what everyone does." Despite these positive comments we found the service did not always provide person centred care.

People told us they had opportunities to take part in activities. Since the last inspection three staff had completed a course on running group activities. One of the staff no longer worked for the home and another staff member could not remember doing the course. They told us no changes had been made as a result of the course. Whilst there were a range of activities provided, there was no system to audit or assess each person was happy with the activities. Over the past two months the new computer system was used to record the activities people had participated in and the outcome and in time this could be used to audit activities but the process was still in its infancy and not yet ready to provide feedback information. Only two staff had received training in person centred care and no assessment had been carried out on people's individual needs and wishes regarding activities.

Staff told us some people joined in a number of the activities and others were difficult to motivate. It was evident that whilst some people led very busy and active lives, others had fewer opportunities. Records of daily activities continued to show a heavy reliance on the use of television as a form of activity and entertainment with no reference to demonstrating people had been offered activities and declined or that alternatives had been offered. No assessment had been carried out to determine people's individual wishes and preferences in relation to social activities.

There was a lack of person centred assessment and support and the above areas are a continuing breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014).

We were told regular activities included a weekly music for health activity and a Diva the dog (pet therapist), bingo, arts and crafts, aromatherapy, bowls and occasional visits from Jaws and Claws (small animals). Four people went to a day centre one day a week. Five people (including two of the four who went to the day centre) had a weekly trip once a week and one person was taken out on a one to one shopping trip for two hours once a week.

Trips were also arranged from the home to local shops and hairdressers/barbers. One person went to church independently each week. Another two people received visits from another church locally. People told us these visits were important to them. One person enjoyed watching steam trains on an iPad and another person enjoyed rug making. The cook told us care staff did a baking activity with some people on Sundays making cakes and biscuits. One person told us, "Two people do cooking with staff help on a Sunday afternoon, it's great they can do it because they want to. I could but I don't want to." Another person told us, "I like planting in the garden, I spend time out there when it is nice weather. In here I like watching the TV." This person was pleased to show the planting that has been done in a raised planter in the garden.

Despite the lack of individual assessment of social and recreational needs there were some examples of person centred care. For example, the service was putting on a buffet for the Royal wedding and everyone was excited and looking forward to the event. There were flags attached to the chairs in the lounge. One person who was an avid fan of royalty had requested to buy a brown suit to wear on the day and staff took them to Hastings to fulfil this wish and to buy some memorabilia.

Staff told us some people had opportunities to meet friends and to make friends through attending day centres and clubs. One person went to a monthly disco. People's needs in relation to sexuality and relationships had not been assessed.

The home had an easy read document that could be used to explain end of life. This was called 'When I die.' We asked if people's wishes had been assessed in relation to end of life care. The registered manager told us they had tried but had not been very successful. They had consulted with people's relatives and where there were specific wishes these had been added to care plans. However, they acknowledged that further work was needed to obtain people's views in relation to this subject.

People told us they would talk to their keyworkers if they had any worries or concerns. There was an easy read/pictorial version of the complaint procedure on display. The document would assist people who were unable to use the full complaint procedure, to raise any concerns or worries they might have. There was one complaint recorded, one person had complained their bed had not been made. The staff member apologised personally and in writing. However, when spoke with the care manager we asked if there was any reason why the person could not have made their own bed and were told no. Rather than accepting this as a complaint this probably could have been dealt with differently.

From 1 August 2016, providers of publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify record, flag, share and meet people's information and communication needs. Although staff had not received AIS training they had identified the communication needs of people. Communication was part of the individual assessment tool completed for each person. Any needs identified to facilitate communication were recorded and responded to. For example, staff supported people to use hearing aids and glasses when needed. For some people the importance of using simple short sentences was emphasised and for others the use of pictorial images. When they supported a person using a stand aid hoist to move from a wheelchair to a chair they reassured the person throughout the move and told them what they were doing.

In January 2018 the service had moved from using one computer package to another but we were told the transfer was a gradual process. Not all information had been transferred over and staff were still learning to use the computer package. In the interim hard copies of care plans were available in the office. Care staff had access to computer tablets for updating daily tasks carried out. Care plans contained information about people's needs in relation to personal care, mobility, skin integrity, and health. There was guidance for staff about how to support people to move about the home, this included the use of mobility aids or the support

of staff. There was some information within care plans that was personal and specific to each individual. For example, in relation to the management of epilepsy, diabetes and supporting people to move about the home.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection this key question was rated requires improvement in the well led domain and the provider was in breach of Regulation 17 of the of the Health and Social Act because they had failed to ensure accurate record keeping was in place and actions taken to mitigate risks. Following our inspection, the provider sent us an action plan telling us what they would do to meet the regulations by 18 May 2017. At this inspection we found the service remained in breach of Regulation 17.

There was a registered manager in post. A health care professional told us, "I have found the service is well led, the staff appear to care for their residents and cope well with their demands. As stated previously, since the last inspection the provider had introduced a new computer package in January 2018 that was still being developed. Areas of the package had been introduced gradually and staff had varying levels of skill in using the package. The result meant a distortion in record keeping in some areas so it was difficult to assess records as a reliable source of information and this affected the providers ability to monitor the service adequately. It was recognised that additional time was needed to ensure full training on the package and to fully embed progress made into everyday practices.

There was a lack of monitoring in relation to one person's blood sugar levels and one person's mattress settings and that exercises prescribed by a physiotherapist had not been carried out. This type of monitoring was not covered in the home's regular audits. We discussed this with the registered manager and they confirmed this would be added to regular monitoring. Although there was a lack of staff training in some specialist areas it was noted this was being addressed and would hopefully have a positive impact on the importance of regular monitoring to ensure people's wellbeing.

Although people had health care passports these were not all up to date. Health care passports are used to provide information to hospital staff if a person needed to be admitted for treatment. One person's passport had not been updated in line with their care plan and information about their mobility was not up to date. For example, the document said the person held on to a staff member when walking but their care plan stated a handling belt should be moved for all transfers and the person no longer walked. Another person's health care passport did not include updates to their current health condition.

The management of record keeping related to recruitment was not effective. Some of the staff team were known to each other. We asked if risk assessments had been carried out to determine any conflict of interest but this had not been done. There was no set format for questions when interviewing staff. Comments from the interview were written on the back of the application forms. The registered manager told us people were involved in the interview process but their contribution to interviews had not been documented.

One person was funded to receive an additional three hours one to one support each week. We were told two hours a week were used to support an outing and the additional hour was either given as a one-hour activity or two half hour activities. Whilst staff were confident the hour was always provided, records for the additional hour did not always demonstrate the activities provided and this was not documented on the rota. Daily records continued to show a heavy reliance on tv or films as activities. Records were repetitive

and task orientated with little reference to how people were and what they had been doing.

Menus were varied. We were told fresh vegetables were provided every other day. We asked to see a record of the actual meals served. The current recording systems for menus was ineffective but we were told the computer system had the ability to print menus and records of what individual people had eaten. The registered manager had identified this weakness and was in discussion to gain further training on how to use the system effectively. At the time of inspection staff had not always recorded what people had eaten and there was rarely any reference to vegetables. A quality and food service audit was carried out monthly and this had not identified any problems with food provision.

One person's daily records showed they had complained of symptoms of a urine infection. Staff took appropriate action in that they called the person's GP and antibiotics had been prescribed. However, there was no advice to increase the person's fluid intake as a way of dealing with the infection.

Not all staff had been assessed as competent in moving and handling or in giving medicines. It was noted the main two people who assessed staff competency had not been assessed in relation to competency this year.

A monthly audit was carried out of all accidents and incidents that had occurred. The audits ensured records had been completed and appropriate actions taken. For example, when one person had a fall and could no longer sit in the lounge chairs a new chair had been bought that was more suited to their individual needs. Whilst records showed the actions taken and that lessons had been learned when things went wrong there was no reference that risk assessments had been reviewed as a result of accidents and incidents to ensure they were still appropriate.

New systems had been introduced to audit personal care provision on the new computer system. For a number of people records identified creams had not been applied and showers had not been given. In relation to the creams it was evident the MAR had been signed so this was a records issue on the computer and it was just taking staff time to get to know the new system and for this to be embedded into everyday practice. However, there was no action plan to show what actions had been taken as a result of the audit. For example, it was noted that some people had not had a shower for some time. There was no record that this had been checked out to see if this was accurate.

The above areas are a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014).

We spoke the local authority who told us they were now working with the provider to support them in making improvements. Staff told us management were visible around the home and knew people and staff well. Staff were aware of their individual roles and responsibilities and knew who to contact if they had any concerns. They were updated about people's care and support needs during handovers at the start and end of each shift.

A staff survey was carried out in April 2018. The results had been collated in terms of responses but not analysed in relation to content. In some areas the results were low and whilst 2-3 of the 19 staff gave negative responses, in relation to questions such as if staff felt valued 7/19 ticked neither agree or disagree. 7/19 also ticked similarly to a question about positive staff meetings. However, although the comments had not been analysed fully an employee of the month award had recently been introduced to recognise staff individual performance and achievements. A suggestion box had also been provided to encourage staff to make suggestions for changes. All staff told us they felt supported and valued. A staff member told us the

registered manager was lovely, "Very professional. I had a problem with a work colleague and they got us to sit down together and it had all been because of miscommunication. We now work very well together." A staff member who had recently been promoted and was awaiting a copy of their new job description gave us a detailed account of the changes to their role and their new responsibilities.

One person told us, "We have residents' meetings where we discuss ideas for activities and trips and how the people in wheelchairs can be included. They also ask us about the food." Minutes confirmed people were encouraged to share their views. Regular staff meetings had been held and records demonstrated staff were kept up to date on a range of matters. Whilst there was no record of staff voice within the notes, staff told us they had opportunities to share their views on the running of the service. Records showed staff were praised for their individual contributions, for example during the cold weather a staff member was praised for collecting and driving staff to and from their homes so they did not have to drive through snow. Other staff were praised for coming in early and staying late for activities. Staff meetings were held regularly. A staff member told us the meetings were good. They said, "We can make suggestions, we got a bingo machine when this was requested. Some staff asked if they could take people out for lunch and this was agreed.

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 There was no proper system in place to assess and plan to meet people's social needs. 9(1)(3)(a)

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured the safety of service users by assessing the risks to their health and safety and doing all that is reasonably practicable to mitigate any such risks. 12(2)(a)(b)

The enforcement action we took:

Warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure that accurate record keeping was in place and to ensure actions were taken to mitigate risks. 17(2)(a)(b)(c)(d)

The enforcement action we took:

Warning notice