Leonard Cheshire Disability

Arnold House - Care Home Physical Disabilities

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We inspected this service on 6 and 19 September 2018. The inspection was unannounced.

We last inspected the home on 19 and 22 February 2018. At the inspection in February 2018 the service was rated as 'Inadequate' and two Warning Notes were served on the registered provider and due to lack of safety of care and poor governance at the service.

Arnold House is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service is registered to provide residential care for up to 23 people with a physical disability. At the time of the inspection there were 19 people living at the service. People are aged from 20 to 65 years of age. Everyone at the service has a physical disability and some people have additional needs due to a cognitive impairment or mental health needs.

At this inspection, the service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Since the last inspection the registered manager was no longer in post and an acting manager had been employed on a temporary basis. The new permanent manager started work between the first and second day of the inspection, but at the time of writing this report had not yet applied to be the registered manager.

The overall rating for this service is 'Requires improvement'. However, the service will remain in 'special measures'. We do this when services have been rated as 'Inadequate' in any key question over two consecutive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures. Information on special measures is detailed at the end of this summary.

At this inspection we found there were improvements with medicines management, but staff were still not fully competent or confident using the new electronic medicines management system. The provider had taken some remedial action by the time of the inspection to support staff better so they gained confidence and competence.

At the last inspection we found not all people at the service were treated with dignity and respect and although some improvement had been made, we had similar concerns at this inspection. In the interim period, from February 2018 to the inspection in September 2018, the service and provider had taken some remedial action, but there were still issues of dignity and respect at the service.

Care records, in particular, person-centred plans (PCP's) had improved significantly since the last inspection, although some needed refining to be fully person-centred and the service was in the process of updating medicine care plans at the time of the inspection. There were risk assessments in place on care records, but the information did not always align with information on PCP's.

There had been improvements made to the décor to some areas of the service since the inspection in February 2018.

At this inspection we found the staff roster reflected the number of people working, but on the first day of the inspection we were aware that call bells were not always answered in a timely manner. We were not confident staff were deployed effectively on shift to meet people's needs.

Staff recruitment was safe at the service will all pre-employment checks taking place prior to people starting work.

The majority of people living at the service told us they felt safe, and staff knew what to do if they had concerns regarding the care of people. Since the last inspection the providers local management team had notified the relevant bodies of any issues which could be considered a safeguarding matter in a timely way, with the exception of one incident.

By the time of this inspection, the provider had taken some remedial action to address issues of concern raised by another organisation regarding the safety of staff supporting people with eating and drinking. The provider was reviewing the menu for appropriateness and was providing additional training to staff in this area.

Accidents and incidents were recorded and overseen by the acting manager. Care records were not always updated as a result, but we could see from associated care documents that actions were taken.

At the last inspection staff were not receiving supervision and training in line with provider requirements. At this inspection we found there were significant improvements as most staff who worked in the day had now undertaken refresher training, and supervision was taking place with greater regularity for the majority of staff.

The majority of people were not restricted to leave the service, and the provider had systems in place and staff were aware of the process to restrict people's liberty if required. Care records commented on people's mental capacity.
At the last inspection we were concerned at the lack of effective management at the service and provider level. This impacted on the quality of the service and placed people at risk of harm.

Since the last inspection an acting manager had been recruited to work alongside the deputy manager.Staff, people and relatives spoke well of the local management team. We found the local management team had made many improvements and were transparent and open in the period since February 2018. However, there remained a number of areas in which the quality of the service was still of concern. We also found despite extensive support from the provider there was a lack of effective overall scrutiny of the service by the provider. We also found a lack of responsibility and leadership by the provider to ensure all areas of the service were improving and staff at all levels were held accountable for their actions.

At the last inspection we noted people did not have many opportunities for leisure or social activities. At this inspection we found there was some improvement in this area, as people were going out of the service more

regularly and an activities co-ordinator had been recruited. The service had yet to complete personalised activity plans for all the people at the service.

The provider had a complaints system in place and we could see they responded to complaints within the timeframe set out by the provider.

We found the provider was in breach of two fundamental standards. These related to dignity and respect of service users and governance of the service.

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.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. Whilst improvements had been made in relation to medicines management, safe medicines administration processes were not embedded at the service.

Risk assessments were in place and were up to date. Further work was required to ensure all the information was consistent with PCP's.

Call bells were not always answered in a timely manner although staffing had recently increased at the service.

Recruitment of staff was safe.

Is the service effective?

Requires Improvement

The service was not always effective. People were not always supported to eat and drink by staff who were skilled in this area. People had been able to influence the menu since the last inspection.

Not all staff had undertaken training in key areas although training had improved at the service since the last inspection.

Supervision was taking place although some staff had only had one supervision since the last inspection and some appraisals were outstanding.

The service was following the principles of the Mental Capacity Act 2005 and staff understood the importance of asking for consent prior to providing care.

Is the service caring?

Requires Improvement

The service was not always caring. Some people told us some staff did not always treat them with dignity and respect.

People were being asked their view of the service by a customer support advisor and some people told us they were involved in the way their care was provided.

Is the service responsive?

Requires Improvement

The service was not always responsive. The service had increased opportunities for activities for people but these were irregular and not consistently person centred.

Person centred plans were now in place and were up to date, but required further refinement to make them fully person centred.

There was a complaints process in place for people living at the service, which most people felt they could use and they found the local management team receptive.

Is the service well-led?

Inadequate

The service was not well-led. Although the local management team had made improvements at the service since the last inspection with the support of provider staff, there remained a lack of overall provider scrutiny of improvements. This meant new processes were not always embedded and there remained areas of poor quality care at the service.

Audits were not always robust nor reflected accurately the care provided.

The acting manager and deputy were well regarded by the people living at the service, the staff and the relatives

Arnold House - Care Home Physical Disabilities

Detailed findings

Background to this inspection

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

This inspection took place on 6 and 19 September 2018. The first day of the inspection was unannounced. The inspection was undertaken by two adult social care inspectors, a CQC pharmacy inspector and two experts 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. Their involvement was talking with people using the service to ask them their views of the service and watching whilst lunch was served.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Following the last inspection the provider sent us in an action plan to tell us how they would address issues of concerns. Before the inspection, we reviewed the plan, and checked for any notifications made to us by the provider and the information we held on our database about the service and provider. Statutory notifications are pieces of information about important events which took place at the service, such as safeguarding incidents, which the provider is required to send to us by law.

Between the period from February 2018 to this inspection we regularly spoke with health and social care professionals employed by the local authority to obtain their feedback on the service.

The inspection site visit activity started on 6 September and ended on 19 September 2018. It included a visit to the service to meet people living there, the staff working with them and to check records kept at the

service.

Over the course of the two days of the inspection we spoke with twelve people who lived at the service and one relative. Not all the people who live at the service can communicate verbally.

We also spoke with the acting manager, the deputy manager, three team leaders and five members of care staff. We spoke with the regional manager, the provider's clinical consultant nurse and another nurse working for the provider. We spoke with a visiting health professional.

We looked at four care records, accident and incident records and records related to the management of the building. We checked two recruitment records for staff, supervision records and the whole team training records. We also reviewed electronic medicine administration system records (eMMs) for 15 people, checked stocks of medicines against records and checked on storage of medicines including controlled drugs storage. We looked at complaints, quality assurance documents across a whole range of areas and staff and residents' meetings. We observed lunch being provided and an activities session.

After the inspection we received additional information for the purposes of the inspection including additional quality assurance information, policies, rotas and spoke with the quality director and the quality assurance manager.

We also spoke with six relatives and two health and social care professionals to get their feedback on the service.

Requires Improvement

Is the service safe?

Our findings

At the last inspection we had serious concerns regarding people's safety in relation to the lack of risk assessments and poor medicines management. We served a warning notice related to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the service had improved and whilst there was still room for improvement, the service was no longer in breach of Regulation 12.

At the last inspection there were not always risk assessments in place to guide staff in caring for people safely. At this inspection we found risk assessments were in place and were up to date. They were also detailed and provided guidance to staff. However, for one person we found there was a discrepancy between the level of risk identified in risk assessments for specific areas, for example, self-harm and epilepsy, and that referred to in their person-centred plan (PCP). The risk noted in the risk assessment for both areas was high and moderate respectively. We would have expected if the level of risk was this high that the care plan would have spelt this out more clearly, referred to risk assessments being in place and cross referenced them to guide staff. We found another person had a catheter and although care records noted them to be at risk of urinary infections, there was no risk assessment in place to guide staff what symptoms to look out for.

We discussed this with the acting manager and senior managers who attended the feedback session and they undertook to review specific care records to ensure consistency across the care records. We were told that the staff were reviewing risk assessments to ensure they aligned with PCP's on the second day of the inspection.

At the last inspection we found serious concerns with the management of medicines and people were not always getting medicines as prescribed as there were problems with the ordering of medicines, poor communication with the GP and staff were not always recording medicines they gave people on medicine administration records (MAR).

Since the last inspection the provider had overhauled the medicines management system at the service by introducing an electronic medicines management system (eMMs). They had also streamlined ordering of medicines with the GP and pharmacy. Medicine care plans were in place for people, however they did not always have up to date information about people's medicines. Some people were prescribed medicines on a when required basis. There was guidance in place to advise staff when and how to give these medicines and these were recorded on eMMs. All medicines were administered by team leaders. Support workers administered creams and ointments.

Since the last inspection we noted that there had been improvements to some of the systems relating to the safe management of medicines. However, when we inspected on 6 September 2018 we observed that the systems in place to reduce the chance of medicines administration errors was not fully embedded. This meant that there was an increased risk of harm to people being cared for at Arnold House.

We saw two examples of errors which may have been avoided if these systems were fully embedded into daily practice. Not all staff were competent at booking in medicines delivered mid-cycle on the new electronic medication management system.

We saw one person did not receive a medicine for an underactive thyroid between 14 July and 30 July 2018 and another person did not receive an increased dose of a medicine to manage depression between 26 May and 5 July 2018.

This meant that the systems in place to reduce the risks of people not receiving their medicines as prescribed were not sufficiently robust to avoid errors occurring.

At the time of the inspection the provider had been aware of these recent safeguarding incidents and had taken remedial action to support staff in medicines management processes and procedures. Two nurse trained personnel were on site the first day of the inspection and the service had asked the pharmacy they worked with to offer a training session for team leaders, which was taking place the first morning of the inspection. In addition, the provider had committed the resources of one nurse to the service for a longer period of time to support staff with the booking in of medicines so all staff became familiar with this task. The second clinical nurse specialist would offer support on an 'as required' basis in the coming months.

An internal audit by the provider on 29, 30 and 31 August 2018 identified problems with stock versus the electronic MAR, and some processes such as booking in of medicines were not being followed as far back as April. The audit documentation acknowledged that stock checks in the previous months were being done by team leaders, but the service was manually adjusting the electronic system to reconcile stocks with MAR each month without exploring why there continued to be problems with stock reconciliation. This meant that learning opportunities were lost for staff over the previous months. This was evidence of a lack of oversight of medicines management by the provider despite there being serious concerns found at the last inspection.

People who were prescribed creams and ointments to be applied to their body had topical medicines administration records (TMARs). We found creams and ointments were securely stored in people's own rooms and TMARs were completed accurately when applied by staff. However, we found three peoples TMARs did not match the information on eMMs. Therefore, we could not be assured that the topical medicines were still being prescribed by the GP. We saw evidence that staff at the home requested for people's medicines to be periodically reviewed by the GP, however we saw that seven people had not received an annual review. Staff at the care home continued to follow this up with the GPs.

The CD cabinet was not in line with the regulations of the 'Misuse of Drugs and Misuse of Drugs (Safe Custody) Amendment 2007 because it was made of wood. The service was establishing a new clinical room which would be used solely for that purpose. This had a CD cabinet which complied with the Safe Custody regulations.

At the last inspection we noted that staff did not always complete the check list to show that commodes were washed daily and drinking water was changed daily. A system had not been put in place to monitor this since the last inspection. Following the inspection, the acting manager sent us a check list that staff would sign to evidence this along with other key hygiene tasks.

At this inspection we asked to see cleaning audits for the service. A new system was put in place in June 2018 and we could see that audits from early June 2018 were not completed accurately. Later documentation from August was completed but staff were not available for cleaning on one day during the

week, or over the weekend. There remained some gaps in the completion of the cleaning schedule. Up until the inspection the acting manager was not actively auditing the cleaning schedules completed by the cleaning staff but told us this would form part of the daily checks by the local management team.

On both days of the inspection we found the service to look clean. On the first day of the inspection we checked that kitchen food was stored appropriately and labelled. The booklet to record temperatures of the fridge and freezer, together with the log of foods cooked and the temperature checks was disorganised, and it was unclear how frequently temperatures of the fridge and freezer were checked. We discussed this with a senior manager and this information was readily available by the second day of the inspection.

We reviewed the hygiene audit carried out by the service in December 2017 which had 12 out of the 16 domains checked identified for priority action. Although some actions had been taken, these were handwritten on the audit, it was not clear what the improvements were across each domain or the priority for outstanding tasks. We discussed this with senior managers and the acting manager. A senior manager undertook to update the plan that day with the information written on the plan. We were later sent a copy. We saw that whilst a significant number of actions had been undertaken, there remained some outstanding, for example, 'catheter care - the service to print and make staff aware of the policy' remained outstanding. The section on hand hygiene was entirely blank as of September 2018, as it had been in December 2017. We were told there had not been an audit of this since December 2017. We noted that outstanding actions from the hygiene audit of December 2017 were not indicated on the service improvement plan (SIP), sent to us following the inspection. We were told the quality assurance framework only required an annual review of the hygiene audit but we would have expected this to be reviewed due to the priority action identified in December 2017.

Three out of four people told us they thought the service was sufficiently clean. Comments included "I am satisfied, if I ask them to mop they will with disinfectant." And "It's clean enough for me, it's not scrupulously clean eight out of ten." Some relatives told us they thought the service could be cleaner, particularly people's rooms. Some relatives told us the bathrooms were used for storage of continence equipment which meant the area was cluttered and hard to navigate.

Most people told us they felt safe living at the service. Feedback included "In general yes," and "with the majority [of staff] I feel safe.". Following an incident at the service in which an intruder entered the premises at night we could see that the protocols for night staff had changed to include checks of the building on a regular basis. The changes in protocol were discussed with staff and followed up with written documentation.

Staff training in safeguarding had improved significantly since the last inspection and staff knew what action to take if they had concerns and understood the importance of whistleblowing if concerns were not addressed by the service. One staff member told us "Everything is done to make sure they [people living at the service] are safe." Another said "To make sure we know how to treat residents and that they are okay. If you see anything, you report it. I would speak up." Since the last inspection we had found the local management team to be open and transparent and they had notified CQC and other relevant bodies of the majority of safeguarding concerns. One whistleblowing incident which raised concerns regarding the care of people at night had not been fully investigated by the provider nor notified to the local authority at the time of the inspection due to an oversight by the local management team.

At the last inspection we found there was a breach of the regulations as there was insufficient staff to meet people's needs as the service did not always ensure that the number of staff on the rota was reflected in the number working on a daily basis. Since the last inspection the service had initially increased staffing levels in

the morning to provide additional carer support, from March to July 2018. They had also brought in additional provider staff from February 2018, to support the service with the backlog of care planning and risk assessment documentation that had been identified as missing or inadequately completed at the last inspection.

At this inspection we saw that care staff numbers had reduced in July 2018 by one carer in the morning to six care staff as the service had fewer people living at the service. We were advised that the service felt confident they could meet people's needs. However, by the time of the inspection the service had increased staffing in the morning to seven again as the local management team and provider were aware of issues by staff with medicines management and were concerned reduced staffing was impacting on care to people living at the service.

We found on the first day of the inspection that call bells were ringing loudly across the service. We asked people if staff responded to their call bells promptly. Four people told us they waited too long, and one person told us of an incident that was raised as a safeguarding concern in relation to their alleged wait for personal care, which is still being investigated. Other feedback included "Sometimes they say they will be back in five minutes and it is more like 30 mins." And "Now they do. If I ring the bell they come. If they are held up they will tell me." We also asked if people thought there was enough staff. People had mixed views, we were told "No, there should be more staff." And "Yes, we don't get 1:1 care."

We asked staff their view of staffing levels. Feedback included "Morning there is six or seven. Evening five. It can be stressful." This staff member told us there were extra staff for appointments and we could see on the rota this was the case.

We were of the view staff on rotas may not be being efficiently deployed. On the afternoon of the first day of the inspection staff told us they only allocated staff to work with individual people for specific tasks such as eating and drinking. One relative told us they thought there were enough staff but questioned whether all staff were fulfilling their role effectively and whether their focus was always on the people who lived at the service. They told us they sometimes saw some staff on their mobile phone.

We discussed staffing levels and utilisation of staff with the local management team on the second day of the inspection. They could show us that for some shifts there was a detailed shift plan, and it was clear who was working with whom, but this was not always the case. We discussed call bell times with the local management team and senior managers, as some people told us they waited for long periods to have support when using the call bell. We found the service was not auditing all people's call bell times to ensure they were within the provider target timeframes. It was also acknowledged that between the first and second day of the inspection the procedure for answering call bells was altered and staff were told it was no longer acceptable for them to provide an initial response to call bells from the communal areas, they had to go to people's rooms.

The acting manager and newly employed manager told us they would do further work with staff in relation to shift planning. They also told us they would review all call bell timings in the future and would discuss waiting times for call bells with the staff team and people living at the service.
Accidents and incidents were recorded and overseen by the acting manager. Care records were not always updated as a result, but we could see from associated care documents that actions were taken. The local management team told us they would ensure care plans and risk assessments were updated following incidents.

We saw that building checks of essential services such as gas and fire safety equipment took place regularly.

Fire drills had taken place in the last 12 months and another was due to take place following the inspection. A fire risk assessment had been completed in February 2018 and there were several fire marshals within the staff team. Since the last inspection there had been a fire in the bungalow, which is located in the garden area, which had been managed safely by staff and the fire brigade.

Requires Improvement

Is the service effective?

Our findings

We asked people if the staff had the knowledge and skills to care for them. Five people told us "I think so," or similar. Another person said "Six months ago there were some difficulties, there have been some improvements. They are still improving. Now we need to see if they are just doing it because of CQC. The staff have not changed, time will tell. In February I would have given it three out of ten, now six and a half out of ten." Three people told us they did not think staff had the skills to care for them.

Several relatives told us that they thought some staff had the skills and were open to the changing nature of their care role and to improving their skills and knowledge, but other staff were set in their ways and were reluctant to change.

Following the last inspection, the provider told us they wanted to support team leaders to take on additional management roles including increased responsibility for medicines management, supervision of care staff and updating of care records. Whilst we could see the local management team had undertaken some work to ensure team leaders were aware of their additional duties through staff briefings, there were few meetings with team leaders in the period from February 2018 to the inspection in September 2018. Of those that took place, minutes were not always kept. By the time of the inspection additional support was available for team leaders around medicines management, but we were of the view that whilst some team leaders had risen to the challenge of taking on new tasks, others were less skilled. One relative told us they noted some team leaders needed to be more skilled in their role.

One relative told us they were surprised that when they asked senior managers why there was no management cover at weekends or in the evening as the quality of the service dipped then. They report they had been told that there was no possibility of changing the structure of management cover. They found this view inflexible to change. A person living at the service also noted a change in the quality of care dependant on who was in the building. They told us "When [acting manager] is here 10/10 when [deputy manager] is here five out of ten, when neither are here zero." Several relatives told us they thought the quality of care dipped when there were no members of the management team on duty at the service.

At the last inspection we found the service to be in breach of the regulations due to poor uptake of refresher training and lack of regular supervision. At this inspection we found that training had increased significantly to overall home compliance at 83%. The majority of staff had undertaken refresher training in key areas such as safeguarding, manual handling, fire safety and infection control. Whereas safeguarding attendance was at 54% at the last inspection, this had improved to 81.2% and decision making and mental capacity was at 97.8%. Staff told us "Quite a lot of online training. Done practical moving and handling training." Regarding online training one staff member said "Not easy to access. Few of us having problems."

However, within these figures we were concerned that some staff, in particular two core members of the night staff team had not taken refresher training in key areas such as safeguarding, manual handling, fire safety and choking. This was of concern as they routinely worked together one night a week and were two out of only three staff. We discussed this with the acting manager and regional manager who told us they

had again discussed the need for these staff to undertake core training by a set deadline. Evidence was seen of memos issued to staff regarding attendance at training. If this did not take place the provider would consider sanctions available to impose on staff, including the loss of work shifts.

Evidence was seen of upcoming training around awareness of health conditions, fire training, moving and handling practical courses and hospice end of life training.

At the last inspection we found that staff supervision did not take place regularly. At this inspection we found that staff supervision had improved across the board, but it was not clear that staff would reach the required supervisions due of four per year given current progress. For example, everyone had had either a group or individual supervision; 20 staff had had two supervisions and occasionally staff had had a third supervision. 19 out of 46 staff had had an appraisal. Supervision took place on a 1:1 basis or group basis. We noted that the aim to have team leaders supervising care staff was not taking place at the time of the inspection. We asked staff if they had supervision they told us "Not really, in passing." Another person said "If I need it. You can approach the manager at any time." We saw that new staff had met with the acting manager as part of their induction.

We saw from minutes of residents' meetings and other documents that the service had undertaken some work with people regarding the menus at the service. Care records noted foods people liked and we could see some of these were on the menu. People told us "Yes, there is a menu board. It is now at the right height" And "The chef is very friendly and keen that you enjoy his food. The food has got better and there is more variety. The menu needs tweaking. [Acting manager] has done a new menu after consulting with us. We had two meetings one to suggest things to staff." Two people told us they were 'scared' to change their mind about the food choices they made in case the staff got angry with them. We heard one person ask for a cheese salad at lunchtime and was told by staff they could have it, but really they should be having the sausages and mash as that was what they had previously asked for.

People who required pureed food had a limited menu and we could see that some people who were at risk of choking were given foods that were not ideal, even if the person had the mental capacity and was choosing to have the food, for example eating breaded fish, rather than poached or grilled fish.

Speech and language therapists (SaLT's) from the local authority had raised concerns with the provider over the summer with regard to the menu for people at risk of choking, the foods people were being offered and staff skill in this area. The local authority offered a course at the end of August 2018 for five staff to attend from the service, to upskill them. However, only two staff attended, but it was only at the time of inspection that it became apparent to the management team at the service that three staff had not attended the training course, nor let managers know they had not attended.

By the time of the inspection the provider was aware of concerns related to the quality of the menu, and staff skill in this area and had commissioned a contractor to support the chef and staff in this area which had commenced during the inspection.

We became aware on the second day of the inspection that one person who had been placed on a fluid chart due to queries regarding fluid intake and staff skill in the use of thickeners, had not had their fluid chart completed properly over the preceding week and the local management team had not checked this was completed. Medical advice was sought and there was no negative impact noted. It was thought the person had been given fluids but they had not been recorded. We discussed this with the local and senior managers who acknowledged they needed to improve the handover sheet to include this detail. People at risk of weight loss were weighed monthly.

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 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 Deprivation of Liberty Safeguards (DoLS).

The service had obtained a DoLs for one person and had applied for another person. Staff understood about the need for consent before providing care. We asked people if staff asked before providing care, two people told us yes, one person said "Not normally, some just do it." Not all consent documentation was signed by people or their legal representative. If people were physically unable to sign, this was not routinely noted on their documents.

We could see from care records that people had access to health professionals including district nurses, SALT and GP's. The acting manager told us that staff were reminded of health appointments through the diary system. People were generally positive about the support they received with healthcare. Whilst some health and social care professionals were positive about partnership working with the service, others highlighted issues where staff skill and knowledge was at times limited. For example, with supporting people with eating and drinking. We also saw some people who had significant communication difficulties but it was not clear that all options for communication aids had been explored. One person told us they wanted more help with communication and more time taken by staff to be understood.

The building was on two levels but people's bedrooms and the communal area was on the ground floor. There was a patio area outside that was accessible for people in wheelchairs but the main part of the garden was not wheelchair accessible. We could see the garden had pots of flowers planted out and people told us they had been able to use it in the summer, but they told us that the gazebo for shade was now damaged and no longer in use.

Requires Improvement

Is the service caring?

Our findings

At the last inspection people gave us mixed responses when we asked if they were treated with dignity and respect. Some people told us some staff were respectful to them, whilst other people told us staff members were not respectful. There was a breach of the regulation in relation to dignity and respect at the service.

We found similar responses at this inspection. Whilst five people answered "they do" and "yes" when we asked people if they were treated with dignity and respect, three people told us they were not treated respectfully. Feedback included "Three or staff don't listen to me, they talk over me as though I do not exist. I say 'excuse me I am here'. They don't like me using my voice." Another person told us "[Carer name] a couple of times washed me with the curtain open by the window into the garden, and the door open. I asked her to shut the door. I was on the bed pan on the bed and [carer name] left the door open at night. I had to ask her to shut the door. Eventually she did. Some of them treat me like a child. Others are not respectful. A few are like that." A third person indicated they felt they were treated like a child by some staff at the service. A fourth person told us that staff did not always knock before entering their room.

One person who told us that they overheard staff saying in earshot of people in communal areas that another person was difficult. On the first day of the inspection we heard staff talking about one person's personal matters in the corridor. A relative also told us that they were in the communal living room when a carer changed a person's catheter bag. This was inappropriate as it compromised the person's privacy. Since the last inspection, the local management team had undertaken some actions to address staff competency in the area of dignity and respect by providing training in this area, and in August 2018 erected a 'dignity board' in the corridor to give examples of best practice and poor care.

We found there was an overall lack of provider focus to prioritise action to improve quality in this area. For example, an internal provider audit dated 9 August 2018 noted that one staff member 'can raise their voices (sic) sometimes if things don't go right.' Rather than the provider seeing this as an issue with staff competency to behave appropriately, the person who told the provider they had been shouted at was reminded of their right to lodge a complaint. No action was taken by the provider following the internal audit, and at the time of the inspection issues of dignity and respect were not addressed in the local service improvement plan.

These concerns were a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since the last inspection the provider had ensured people had access to a 'customer support advisor' who was a member of staff from the provider who met with people to gain their views. Resident meetings had also taken place more frequently to involve people more in the running of the service. This was positive, although the local management team had not established an effective system to collate people's views gathered from a variety of sources. They told us they would do so following the inspection. Some staff clearly did treat people with respect. A staff member told us "I always knock on the door. If people want to talk, they go into another room. They want privacy."

When we asked people if staff were kind and caring, some people told us "Yes", "Very much so" and "On the whole yes." One person told us staff knew their personal needs "Yes from the drinks I like, and that I don't take sugar." One staff member told us, "Majority of staff are caring. There are staff who get over worked and tired." Two relatives told us they had never had any concerns regarding staff being caring to their family member, and had found staff to be kind.

We could see from the menu that people's food choices were included to meet their cultural needs. One person told us they were Muslim but did not require any support in this area but they had been asked by the service if they did.

People's PCP's indicated when people were independent in specific tasks and two people told us they were supported to be as independent as possible. We saw from care records details as to who was involved in creating PCP's, for example the person, their family, staff or professionals, although we did not always see PCP's signed. If people were unable to sign this was not always noted on the document.

We saw attention had been made to detail important relationships for people in care records and how best to maintain these for example, skyping or emailing family members. Care plans also documented important dates such as family birthdays. This were examples of caring attention to detail by the service and would be particularly important for people with communication needs.

Requires Improvement

Is the service responsive?

Our findings

At the last inspection we were concerned as not all people's person-centred plans (PCPs) were in place. With those that were, we found some with gaps in information, and others with information that was out of date. At this inspection we found a significant improvement as people did have PCPs in place and were up to date and detailed.

PCPs contained lots of personal information regarding people's everyday routines and for people who were unable to communicate verbally easily, these were very helpful. Sections included information on people's morning and evening routines, and outlined how they liked to be cared for and what order care tasks were to be carried out. For example, one person's PCP stated they liked a glass of rose wine at lunchtime and we saw this was provided to them on the day of the inspection. Another stated "[Person] likes to retire to her bedroom straight after supper to take off her upper clothing and put on her clean night dress." In this instance although the PCP was signed by the person, it was not clear that they had been actively involved in developing their PCP as it was written in the third person. PCP's were usually written in the third person even though some people could easily have written them themselves. Not all PCP's were signed by people living at the service. We asked people if staff listened to them and of the three people who answered this question we were told "They do", "yes" and "very much so."

PCP's were comprehensive and covered a broad range of areas of care delivery including food, drink, diet and mealtimes. Other sections included information on people's mobility, mental health and cognition. PCP's had been written in the last six months and dates for review were set out in them.

On the first day of the inspection we found some areas in which we would have expected health information to have been referred to in the PCP, or cross referenced more effectively. For example, one PCP did not refer to a person having a bowel condition when outlining their dietary and meal time needs. This person's PCP also did not refer to their epilepsy or concerns regarding self- harm, although we saw detailed risk assessments later in the file. On another file we noted that a person was at risk of urinary tract infections for which they had recently been treated for. However, there was no care plan in place to specifically address this need.

There were medicine care plans in place but these were not detailed and did not always show up to date medicines prescribed. The acting manager told us they were in the process of reviewing them and hoped to have them completed by mid-October 2018.

The local management team told us key-working was now in place but we saw this was mixed in it's person centred nature across care records. For example, on one care record we saw two key worker sessions were used to cut a person's nails, whilst in another a person had chosen to go shopping to get specific items and their key worker had accompanied them on two occasions to get them. We discussed this with the acting manager who acknowledged that key working had to be further established at the service and to be fully effective taken into account when planning rotas and activities.

At the last inspection we were concerned activities were not taking place and people were not going out of the service regularly. At this inspection we found some improvement as activities had increased, but it was not clear how the needs of the wide variety of people with varying intellect and interests were met by the service. For example, some people who lived at the service were studying but there was unreliable wifi access in communal areas, despite this being raised over six months ago by people living at the service. The regional manager told us the provider had committed to installation by the end of October 2018.

People told us at this inspection they were going out of the service more often for lunch and to the local shops. "We go out. I like to go clothes shopping and to go out for meals. If I could, I would go out every day to the shops."

We could also see trips to the British Museum and the Science Museum in central London had taken place in the last six months, and one person who was interested in horses had been taken to see them on two occasions. There had been a trip to Southend over the summer which people told us they enjoyed. The acting manager told us they had more staff who could drive the van and they were keen to plan more trips using volunteers as people told them this was a priority for them.

One staff member told us "The younger staff like to take people out. A few of us last week went bowling and to the cinema, shopping, twice last week. We make sure there are enough staff behind." A new activities worker had started at the service in August 2018 and we saw some games and karaoke sessions taking place. Although games and quizzes were enjoyed by some people, to other people they were viewed as quite patronising.

Some activity plans on care records were generic and lacked detail, others had been personalised. The local management team were aware there was further work required for care records in relation to hobbies and activities to be fully personalised, and for activities to be sustained by staff and volunteers over a period so that people could participate in hobbies in a meaningful way.

There was a complaints process in place and we could see since last inspection complaints related to overall care concerns with some from relatives. Issues raised included cleanliness, staff attitudes and lack of activities. We were told by the acting manager they were input on line for provider scrutiny to see if trends occurred, but none had been identified.

We asked people if they felt they could make a complaint. Four people were positive and feedback included "To the interim manager, [name] would listen." "[Deputy manager] or [acting manager] or if bigger to the head office." A third person said "Yes, [acting manager] listens to me, it is getting better." One person told us they found it difficult to make a complaint due to communication issues and one person told us they were anxious what would happen if they made a complaint.

Relatives told us that they felt the acting manager "will listen to you" and "will get back to you to acknowledge your comment or complaint, even if it takes longer to sort out the issue." This was greatly appreciated by family members.

Although the provider had a policy regarding end of life care, no-one was currently being supported with end of life care and people's wishes in this regard were not addressed in the support plans viewed. However, the acting manager told us this would have been discussed with other people for whom it was more relevant.

Inadequate

Is the service well-led?

Our findings

At the last inspection we found serious concerns with the management of the service, at both service and provider level.

At this inspection whilst there had been improvements made at the service, we were concerned that sufficient progress had not been made in some areas. We were also concerned the provider was still unable to show that they had sufficient oversight of the work being undertaken to improve quality at the service.

For example, at the last inspection we noted the provider lacked a co-ordinated response to the issues of concern highlighted from their own internal audit three months before our inspection in February 2018.

At this inspection we noted there were over 30 visits from senior managers supporting the service since the inspection in February 2018 and whilst some improvements were made, there was no effective oversight by senior management to check the process and ensure the changes were embedded to sustain improvements in quality. For example, whilst a new electronic medicine system had been implemented at the service, and intensive support was given initially in the months following the inspection there was little or no senior management scrutiny after initial implementation. This meant an error in medicines from 1 June 2018 was not found until August 2018 and problems with staff competency in booking in medicines mid cycle was also not identified until August despite a number of staff reporting they had never felt confident with this process from implementation in April.

Audits were undertaken of medicines from April onwards at the service but there was no record kept of the reason why adjustments were made to the system to reconcile medicine stocks and MAR records. Lack of provider scrutiny in this area meant learning needs were not identified earlier. This was identified by the provider as an issue at the audit at the end of August 2018, but could have identified months earlier.

At the last inspection we found a lack of rigour in the quality assurance processes. At this inspection we found this still to be the case in some areas. For example, the internal provider audit in August 2018 did not look at any actions taken following the hygiene audit from December 2017 which had identified 12 out of 16 domains requiring priority action. At this inspection we found the document had hand written notes on the action plan indicating certain actions had been taken but the document had not been updated. This meant that senior managers could not clearly gauge improvements made at the service, and the standard now achieved at the service.

The provider quality framework indicated the hygiene audit to be a yearly task, but given the poor rating the service had given itself in December 2017 we would expect an internal quality audit to review progress within a year, and when undertaking a full internal audit. Hygiene issues were not addressed in the August provider internal audit report.

Following this inspection we received a partially updated hygiene audit document which showed progress in the majority of areas. Actions outstanding from this hygiene audit were not included in the service

improvement plan sent to us following this inspection. This indicated a lack of provider oversight of this area.

We noted in the inspection report in February 2018 the lack of effective audits by the registered manager at service level for monthly returns as they did not contain evidence to support compliance. We also found these had not been scrutinised by senior managers to check accuracy.

At this inspection we found evidence of the 'Manager's Service Health Check' form completed with the same wording across reports which was vague and not a clear indication of the situation. For example, in the reports dated 31 July and 24 August 2018 in the section 'Are staff's medication training and competency checks up to date?', the answer for both was 'Team leaders all competent.' This was clearly not the case as by this time there had been two medicines errors which highlighted staff competency issues. Even if staff had been trained in medicines management, they were not all competent in the booking in of medicines. The same answer was given to the question 'Have staff been observed to ensure SALT guidance is being followed?' in 31 July and 24 August 2018 internal audits, 'Yes at lunch times but not evidenced' however we are aware that SALT had raised concerns regarding safe supporting of people at risk of choking in August 2018.

Similarly, we found an example where a completed audit report answered positively to questions regarding people feeling safe and being satisfied with care and support at the service without any records kept of who was spoken with on 18 June 2018. We also found that 31 July 2018 audit stated 'Evidenced in previous residents' meetings' as an answer. This response lacks rigour as the meeting on 17 July 2018 had four relatives and three people using the service in attendance and did not address specifically the issue of safety.

Although supervision and training was addressed in senior management audits and had improved significantly since the last inspection, we found core night staff who had not undertaken refresher training in key areas such as safeguarding, manual handling, choking and fire safety. These staff had not received one to one supervision following the last inspection until 2 August 2018.

At the last inspection we raised concerns regarding people's experience of night time support. We were aware that the answering of call bells was discussed with people at a meeting following the last inspection, but we saw at this inspection there was no formal audit of night time care by either the local management team or the provider. Although visits to service had taken place on six occasions to undertake supervision during the night shift by the acting manager, on only two occasions scant notes were kept but no formal night time audits took place in the period between February and September 2018. We also noted a whistleblowing incident in August 2018 which alleged staff at night were sleeping on shift was not fully investigated or referred to the local safeguarding authority due to an oversight by the local management team. One relative told us their family member had told them that some night staff were brusque and did not always speak when providing support to them.

The answering and monitoring of call bell waiting times was not robust or always timely. Staff were able to answer the bells remotely and the service was not checking all call bell waiting times over the quality target. This meant that the provider could not be confident they had an accurate picture of this indicator of quality of care. At the last inspection some people told us they had to wait for long periods when requesting assistance via the call bell, and some people told us this at this inspection.

At the last inspection we noted there were instances of staff practice which did not show people dignity and respect. At this inspection we found instances where this remained the case as set out in the 'caring' section

of the report. Whilst the local management team had undertaken some actions to address staff competency in this area, there was a lack of provider focus to prioritise action to improve quality in this area. Following the internal provider audit dated 9 August 2018 and the allegation of a staff member raising their voice, no action was taken by the provider to raise the profile of dignity issues at the service. At the time of the inspection issues of dignity and respect were not addressed in the local service improvement plan, nor held elsewhere.

Whilst new systems had been set up following the last inspection to share information and aid better communication for management and key personnel, for example, daily 'Flash Meetings', we found these were no longer taking place daily and there was no pattern to meetings. Lack of structure to communication can contribute to poor care. At this inspection we found the local management team had not checked one person's daily fluid chart and noted it was not being completed properly by staff in the period of the inspection.

These concerns were a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed the lack of scrutiny of audits with the quality manager, regional manager and acting manager. They told us that senior management provider support was used to improve the care records and establish safe medicines management at the service and that the onus had been on tackling priority issues to ensure care was safe at the service. They also indicated that often day to day issues arose at the service when senior managers were visiting which meant other planned tasks were postponed. They acknowledged that the baseline to start making improvements from was low in February and told us there was a foundation laid to build on.

We saw improvements in that the acting manager and deputy had offered to meet with people living at the service on a regular basis. There were five meetings with either relatives and, or people living at the service since the last inspection and the provider's customer support advisor had visited the service on a number of occasions and was working to get the views of people living there. We could see some issues raised by people at these meetings and at the customer support advisor had been raised and addressed, for example there were more outings for people and some individual requests had been met. Menu choices were being changed due to people's feedback.

The acting manager and deputy had on display 'You said, we did' posters so people could see some of their views were being acted on. However, there was not a robust system in place at the time of the inspection to capture people's views from a range of internal and external sources and to ensure actions were followed through. For example, we could see information gathered from people as part of 'Resident of the Day' was not robustly collated. By the time of writing this report the service had shared a plan with us about how they would address these issues going forward.

There were other ways in which we could see the service had made significant improvements, and the local management team were well regarded by people living at the service and their relatives.

For example, the care records were up to date and comprehensive with PCP's and risk assessments in place. Now core documentation was in place the service was working to improve these and other associated documents, for example improving medicines care plans, risk assessments and ensuring activity plans were personalised. Key working sessions and documentation of these were improving.

We found medicines management had improved significantly and medicines errors had significantly

reduced. Supervision was now taking place on a more regular basis. Core training and refresher training was now being undertaken by the majority of staff.

The acting manager and deputy had drawn up staff briefings to state clearly expectations of staff regarding key areas of their role, for example, training, shift patterns and tasks for night staff to complete on shift. Briefings also recognised staff progress in some areas and praised positive action. But we found there were few team leader or all staff team meetings. We discussed this with the acting manager who told us time constraints had impacted and on occasion staff meetings were replaced by briefings as staff were busy with their caring role.

We were of the view that there was progress since the February 2018 inspection in the quality of care at the service but there remained areas which required further improvement. People confirmed in their view that improvements had been made since the last inspection. Feedback from people included "Feb three out of ten now six and a half out of ten" and previously "five out of ten and now seven out of ten." A third person told us "The temporary manager is brilliant." Another person noted that when the acting manager and deputy manager were working in the building the care was better than when they were not. This view was echoed by a relative who told us they were not always happy with the care at the weekends or in the evening.

One staff member told us "Everything is so new. Changes are for the better" and "[acting manager], she has been brilliant" Another staff member said "Lots of improvements. It's mostly residents. They are happy. [Acting manager] is on the ball." A third staff member told us of the care records "Much better than they were. We worked a lot to try to get up to scratch. We all tried and pulled together," and "I think the residents are happier."

Relatives were unanimous in their praise of the acting manager. We were told "[acting manager] has been excellent" another person told us "brilliant." A third person told us they thought everyone had "been spoilt having such a good manager." All the relatives told us that communication with the service had improved dramatically since the acting manager started working there and this was appreciated greatly. Relatives were anxiously about the imminent change of management and hoped communication would remain as effective and responsive as it had been since the last inspection.

People and their relatives remained ambivalent as to whether they would recommend the service to other people. One relative told us at present they would not recommend the service. They found the provider's leadership was "quite archaic and will just fire fight" rather than have a sound foundation. Another family member told us they thought that "head office are trying to get things up to the right standard."

Some people were more positive and told us "If it keeps improving I would give them seven and a half out of ten. They are on target as they are being watched by [organisation name]." Another two people told us "50/50" and "Yes" they would recommend the service, but were aware the acting manager, who they had great confidence in, was leaving and were apprehensive about the future.

The provider planned to keep the interim manager in post for a few months to provide additional support and handover to the new manager, as needed.

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 10 HSCA RA Regulations 2014 Dignity and respect People were not always treated with dignity and respect at the service in the way care was provided. Regulation 10 (1)(2)(a)(b)

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 17 HSCA RA Regulations 2014 Good governance The provider could not evidence the systems or processes to assess, monitor, mitigate the risks and improve the quality of the care were effective at the service. Regulation 17(1)(2)(a)(b)

The enforcement action we took:

Issued a Warning Notice