

Athena Care (Ormskirk) Limited

Abbey Wood Lodge Care Home

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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection visit took place on 21 August 2018 and was unannounced. We also attended relative's meetings at the home on 29 August 2018 and 05 September 2018.

Abbey Wood Lodge Care Home is a purpose-built care home on the outskirts of Ormskirk, Lancashire. The service can support a maximum of 60 people with residential care needs. The home is designed over three floors. The ground floor supports people with the least support needs and the upper floors supports those with higher needs. People on the first and second floors are primarily living with varying degrees of dementia. Parking space is available for people visiting the home. At the time of our inspection visit there were 47 people who lived at the home.

Abbey Wood Lodge Care Home is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

There was a registered manager in place. 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.

When we undertook this inspection visit the registered manager was not present. We were informed they had resigned from post. The home had an interim manager in post who was being supported by the head of operations.

At the last inspection on 21, 24 and 25th July 2017 we asked the provider to take action to make improvements because we found breaches of legal requirements. This was in relation to need for consent, safe care and treatment, safeguarding service users from abuse and improper treatment, meeting nutritional and hydration needs, receiving and acting on complaints, staffing, dignity and respect, clarity on fees and good governance. Following the inspection we requested and received an action plan from the provider. The provider said they would meet the relevant legal requirements by 31 May 2018.

During our inspection visit on 21 August 2018 we found these actions had been completed.

Prior to this scheduled inspection visit on 21 August 2018, CQC was notified by the service about a safeguarding matter which had a significant impact on people who lived at the home. The service had also brought the safeguarding matter to the attention of the Police and the Local Authority. The inspection carried out by CQC was in part to assess the action taken by the provider following our last inspection. We also carried out an assessment of ongoing regulatory risk to people who lived at the home. The service were working openly and transparently with the authorities whilst investigations were undertaken.

At the last inspection of the service we found there were not enough staff to meet the needs of people in the home. During this inspection we observed requests for support were dealt with promptly and call bells were answered in a timely manner. People living at the home told us they believed there were enough staff to provide the support required. We noted that to address the current staff situation the management team relied on a number of bank and agency staff to cover the rota. This can be a problem because they don't know their way around the home and they will be unfamiliar with people's assessed needs. The management team were actively recruiting permanent members of staff.

We have made a recommendation that staffing levels are kept under review to ensure sufficient staff numbers are available to support people with their care.

Procedures were in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and the staff we spoke with during the inspection visit understood their responsibilities to report unsafe care or abusive practices.

When we last inspected the service we found the management of medicines regulation in breach. This was because we found prescriptions were not always followed and information to support staff in the management of medicines needed review. During this inspection we found medicines practice protected people from unsafe management of their medicines. People received their medicines as prescribed and when needed. Appropriate records had been completed.

At the last inspection of the service, we found the home in breach of the regulation associated with ensuring the risks to people's health, care and welfare were appropriately assessed. During this inspection we found risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

People were supported to have access to healthcare professionals and their healthcare needs had been met. A visiting healthcare professional told us they felt the service provided good care and staff were always helpful.

When we last inspected the service we found concerns around the risks to people of malnutrition and dehydration. Records used to support those at risk were poorly completed and were not used effectively to reduce associated risks. During this inspection we found on the whole people's nutritional needs were met and people's nutritional records had been maintained. However we did observe one isolated incident where one person identified as being at risk of weight loss did not receive the support they required with their meal at lunch time. We discussed this with the providers representatives who told us senior staff will be in presence at meal times to observe people receive support they require.

We have made a recommendation about management of the risk of malnutrition and dehydration.

When we last inspected the service we found the home in breach of the regulation associated with quality auditing and assurance. During this inspection we found the service had made significant improvements to their auditing and assurance systems.

When we last inspected the service we found the home was not following their own guidance and procedures for managing, recording and responding to complaints. During this inspection we found formal complaints had been documented and appropriately responded to.

Whilst there were systems in place for formal feedback, a number of relatives told us they had raised

informal concerns with the registered manager which had not been actioned. We spoke with the management team and they had not been made aware of the concerns by the registered manager. The management team spoke with relatives during the inspection period and took appropriate action to address their concerns.

We have made a recommendation that a system be developed to capture informal feedback.

When we last inspected the service we found the provider did not have clear details around the costs of care and the terms and conditions of care provided. During this inspection we found people's terms and conditions had been included within the services service user guide which had been reviewed and updated following our last inspection.

At the last inspection, the service was in breach of the regulation associated with consent. This was because we found consent had been provided by some families on behalf of some people in the home that did not have the legal authority to do so. We also saw a number of decisions had been made on behalf of people where their consent was required, this included the use of bedrails. During this inspection we found people had consented to their care and treatment and where appropriate family members who had the legal authority to do so.

When we last inspected the service we found the home had not submitted applications for Deprivation of Liberty Safeguards (DoLS) when people living with dementia were not free to leave the home. We also found safeguarding alerts had not always been made to the local authority as required. This meant the home was in breach of the regulation associated with keeping people safe from abuse. During this inspection we found DoLS applications had been submitted for people who were not safe to leave the home unescorted. We also found the service had submitted safeguarding alerts to the local authority and notified CQC where concerns about people's care had been identified.

At the last inspection of the service we found concerns around the safety of people in the event of a major incident including a lack of monitoring of safety equipment to reduce the risk of major incidents. During this inspection we found safety equipment had been tested and maintained as required. We also found Personal Evacuation Plans (PEEPS) had been updated for each person and corresponded with information in people's care plans.

The design of the building was appropriate for the care and support provided. We found facilities and equipment had been serviced and maintained as required to ensure the home was a safe place for people to live.

When we last inspected the service we found staff did not mitigate risks to allow people to remain as independent as possible. During this inspection we found staff had received training covering promoting dignity, offering choice, gaining consent and communicating effectively with people living with dementia. Throughout our inspection visit we saw many examples of good practice with staff showing patience and understanding when supporting people.

During this inspection visit people who lived at the home told us they were happy with the care provided at the home and that they liked the staff. They told us staff were kind and attentive and spent quality time with them. One person visiting their relative told us they were very happy with the care being provided. They told us staff were always polite and willing to listen if they had a problem. People told us they felt safe in the care of staff and were happy living at the home. We observed the daily routines and practices within the home and found people were treated equally and their human rights were respected.

During the meetings we attended with relatives, comments raised were positive about the staff. One person told us, "The staff are fantastic. We have nothing but praise for the staff. They are excellent."

The number of activity co-ordinators had been increased since our last inspection and people who lived at the home told us they enjoyed a variety of activities which were organised for their entertainment.

The management team present during the inspection period had clear visions around the registered activities and plans for improvement moving forward. The management team were receptive to feedback and keen to improve the service. The managers worked with us in a positive manner and provided all the information we requested.

The service had on display in the reception area of their premises and their website their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

The service had made significant improvements to systems within this area. However we could not improve the rating for safe from inadequate to good because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Staffing numbers were sufficient to meet the needs of people who lived at the home. However we have asked the provider to keep the skills mix under review until fully recruited. We have made a recommendation about this.

Recruitment procedures the service had in place were safe.

Assessments were undertaken of risks to people who lived at the home, staff and visitors. Written plans were in place to manage these risks.

There were processes for recording accidents and incidents.

People were protected against the risks associated with unsafe use and management of medicines. This was because medicines were managed safely.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

People were supported by staff who received mandatory training.

People received a choice of suitable and nutritious meals and drinks. However people did not always receive the support they needed with their nutritional needs. We have made a recommendation about this.

The service was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS). They had knowledge of the process to follow.

Requires Improvement ●

People's health needs were monitored and advice was sought from other health professionals, where appropriate.

Is the service caring?

Good ●

The service was caring

Observations during our inspection visit showed people were treated with kindness and compassion.

Staff undertaking their daily duties were observed respecting people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People's end of life wishes had been discussed with them and documented.

People told us they knew their comments and complaints would be listened to and acted on effectively.

People's care plans had been developed with them to identify what support they required and how they would like this to be provided.

Is the service well-led?

Requires Improvement ●

The service wasn't consistently well led.

The registered manager was not in post during the inspection period. We were informed they had resigned from post.

Staff understood their role and were committed to providing a good standard of support for people in their care.

We found the service had made significant improvements to their auditing and assurance systems

A range of audits were in place to monitor the health, safety and welfare of people who lived at the home. Quality assurance was checked upon and action was taken to make improvements, where applicable.

There had been a breakdown in ensuring informal feedback had been captured and considered. We have made a recommendation about this.

Abbey Wood Lodge Care Home

Detailed findings

Background to this inspection

We carried out this comprehensive 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.

Prior to this scheduled inspection visit on 21 August 2018, CQC was notified by the service about a safeguarding matter which had a significant impact on people who lived at the home. The service had also brought the safeguarding matter to the attention of the Police and the Local Authority. The inspection carried out by CQC was in part to assess the action taken by the provider following our last inspection but also to carry out an assessment of ongoing regulatory risk to people who lived at the home.

This inspection visit took place on 21 August 2018 and was unannounced.

The inspection team consisted of three adult social care inspectors and an adult social care inspection manager.

Before our inspection on 21 August 2018 we completed our planning tool and reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people who lived at the home had been received. We contacted the commissioning department at Lancashire County Council and Healthwatch Lancashire. Healthwatch Lancashire is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

Due to technical problems, the provider was not able to complete a 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. We took this into account when we inspected the service and made the judgements in this report.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

During the visit we spoke with a range of people about the service. They included seven people who lived at the home, one relative, a visiting healthcare professional, the services head of operations, the acting manager, deputy manager, seven care workers, the cook, one domestic and maintenance man. We also observed care practices and how the staff interacted with people in their care.

We looked at care records of seven people, staff recruitment, training and supervision records of six staff and arrangements for meal provision. We also looked at records relating to the management of the home and the medicines records of ten people. We reviewed the services staffing levels and checked the building to ensure it was clean, hygienic and a safe place for people to live.

Following the inspection visit we met with 17 relatives at the home on 29 August 2018 and 11 relatives on 05 September 2018. This helped us to gain a balanced overview of what people experienced accessing the service.

Is the service safe?

Our findings

When we last inspected the service we found sufficient numbers of suitably qualified, competent, skilled and experienced staff were not deployed to make sure they could meet people's care needs.

This was a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Staffing).

During this inspection we found the number and of staff was sufficient to meet people's care plan requirements. We saw the duty rota reflected the needs of people who lived at the home and care and support was provided in a relaxed and timely manner. Staff were in attendance around the building providing supervision and support for people who lived at the home and greeting their visitors. We saw staff undertake tasks supporting people in their care in a calm and relaxed manner. They engaged people in conversation and laughter whilst providing their support. We observed requests for support were dealt with promptly and call bells were answered in a timely manner.

Staffing levels for during the night included two staff members working on each floor and an additional member working between the three floors providing assistance wherever needed. People who lived at the home and their visitors told us they were happy with staffing levels. Comments received from people who lived at the home included, "I spend a lot of time in my room but if I need the staff they respond really quickly." And, "The staff always have time for me." One person visiting the home said, "No concerns about staffing levels."

Staff spoken with during the inspection visit told us they were happy with the staffing levels in place and the hours they were working. One staff member said, "Staffing levels have improved and I am happy we can provide people with the support they need."

Although we were satisfied the service had enough staff on duty, we noted that to address the current staff situation the management team relied on a number of bank staff and agency staff to cover the rota. This can be a problem because they don't know their way around the home and they will be unfamiliar with people's daily routines and assessed care needs. The management team were actively recruiting permanent members of staff.

We have made a recommendation that staffing levels are kept under review to ensure sufficient numbers of staff are available with the right skill mix to support people's care needs.

At the last two inspections we found the registered provider was not appropriately assessing and managing risks to people living in the home. Suitable plans were not developed to support people against those risks. The services evacuation and contingency plan left a risk of an unsafe and unorganised evacuation. The lack of consistent testing of safety equipment and lack of consistent planning for emergency situations. The provider did not follow safe procedures for the management of medicines.

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

During this inspection we found risk assessments had been completed to identify potential risk of accidents and harm to staff and people in their care. Risk assessments we saw provided instructions for staff members when they delivered their support. These included nutrition support, medical conditions, mobility, fire and environmental safety. The assessments had been kept under review with the involvement of each person to ensure support provided was appropriate to keep the person safe. We saw where potential harm to people had been identified consent to protect the person had been sought from them or family members who had the legal authority to do so.

We saw personal evacuation plans (PEEPS) were in place for staff to follow should there be an emergency. These were located outside each person's bedroom and were easily accessible to staff should they be required to support people with evacuation from the premises. We looked at a selection of PEEPS and saw the information provided was up to date and provided clear instruction about the level of support each person required. We found the information in PEEPS corresponded with information about people's support needs in their care plan records. Staff spoken with understood their role and were clear about the procedures to be followed in the event of people needing to be evacuated from the building.

We found equipment in use at the home had been serviced and maintained as required. Records were available confirming gas appliances and electrical equipment complied with statutory requirements and were safe for use. The fire alarm and fire doors had been regularly checked to confirm they were working. We found windows were restricted to ensure the safety of people who lived at the home. We checked a sample of water temperatures and found these delivered water at a safe temperature in line with health and safety guidelines. Legionella checks had also been carried out.

The homes maintenance person made regular health and safety checks throughout the building to ensure the home was a safe place for people to live. These included checking the fire alarm and fire safety equipment was in working order. In addition regular bedroom checks were made testing water temperatures, checking window restrictors, ensuring the rooms were clear from safety hazards and electrical cupboards were not used as additional space.

We found weekly and monthly medicines audits were in place and reflective templates had been introduced to assist staff to embed learning if errors occurred or signatures were missed. Provider quality visits were also being undertaken which included auditing medicines. Medicines competencies had been implemented. Fridge temperatures had been recorded and checked as part of the auditing process. A new medicines policy was displayed in each clinic room along with National Institute for Health and Care Excellence (NICE) guidelines.

We found protocols for 'as and when required' medicines were in place. Care plans had been reviewed and updated for two people who were identified as receiving medication covertly. Senior carers checked implemented topical Medication Administration Records (MAR) at the end of each shift to ensure prescribed creams and lotions had been applied as prescribed.

We looked at a sample of medicines and administration records. We saw medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. Medicines were managed in line with (NICE) national guidance. This showed the service had systems to protect people from unsafe storage and administration of medicines.

We looked at the medicine store rooms and found organised and clean environments. Room temperatures had been checked daily and showed medicines were stored at a safe temperature. The medicine room was secure and senior staff on duty held the keys. Fridge items were found to be dated when opened and stored in a secure fridge. Fridge temperatures had been recorded daily and were within safe limits.

We observed three staff members administering medicines during the lunch time round. We saw the medicines cabinet was locked securely whilst attending to each person. People were sensitively assisted as required and medicines were signed for after they had been administered. The staff members informed people they were being given their medicines and where required prompts were given.

When we last inspected the service we found potential alerts had not been raised with the Local Authority safeguarding team and appropriate assessments had not been completed when people were restricted.

This was a breach Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Safeguarding service users from abuse and improper treatment)

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

During the last inspection we found a number of bedroom doors were locked to stop people from entering each others rooms. However we found consent for the rooms to be locked had not been sought. There were no assessments and no best interest decisions as to why the rooms were locked and to ensure locking bedroom doors was the least restrictive option. During this inspection we found a DoLS tracker had been developed and those residents whose bedroom doors were locked had a DoLS resubmitted to the local authority.

The service had also implemented a safeguarding file containing a log of all safeguarding alerts made to the local authority. When we undertook this inspection visit the service had completed a number of safeguarding alerts to the local authority and informed (CQC) about the incidents in a timely manner. This meant the service had acted promptly when concerns about people's safety had been brought to their attention and CQC received information about the service when we should have done.

Records seen confirmed staff had received safeguarding training. Staff we spoke with during the inspection visit understood what types of abuse and examples of poor care people might experience. They were able to describe safeguarding procedures which needed to be followed if they reported concerns to the registered provider. They told us they were confident if they reported concerns to the registered provider these would be dealt with appropriately.

We looked at how accidents and incidents were managed by the service. We saw information recording the details for incidents had been clearly documented and the action taken by the service. We saw behaviour care plans were in place for people who challenged the service. These explained the behaviours presented by people and provided clear descriptions for staff about actions to take place. We saw the service was completing behaviour and sleep charts for one person to use as an assessment tool for healthcare professionals to track possible triggers and specific times of agitation.

The service had implemented an accident and incident analysis system which was robust and gave specific individual detail as to whom and when people fell. This allowed for a better overview of when people had fallen more than once and needed additional specialist support.

We looked at the services recruitment procedures. We found relevant checks had been made before three new staff commenced their employment. These included Disclosure and Barring Service checks (DBS), and references. These checks were required to identify if people were safe to work with vulnerable people. References had been requested from previous employers to provide satisfactory evidence about their conduct in previous employment. These checks were required to ensure new staff were suitable for the role for which they had been employed.

Since our last inspection all staff files had been audited and action taken in older files if gaps in compliance were discovered. A documented induction record had been added to each staff file which also contained photographic identity.

We looked around the building and found it was clean, tidy and maintained. We observed staff making appropriate use of personal protective clothing such as disposable gloves and aprons. Hand sanitising gel and hand washing facilities were available around the building. These were observed being used by staff undertaking their duties. We saw cleaning schedules had been completed by staff and audited by the service to ensure hygiene standards at the home were maintained.

We asked people who lived at the home if they felt safe in the care of staff. Feedback was positive with people telling us they had no concerns about their safety. Comments received included, "I am happy here and feel safe. I trust the staff." And, "I am very happy here and feel safe." One person visiting their relative said they had no concerns and were happy their relative was safe.

During this inspection we looked at how the provider had responded to the concerns we raised during our inspection in July 2017. We found breaches of regulations and good practice recommendations had been met. Improvements had been made to policies and procedures, the environment, paperwork and systems, staffing levels and how the provider responded to safeguarding concerns and people's complaints. This showed lessons had been learned and the provider had responded to safety concerns identified during the inspection.

We could not improve the rating for safe from inadequate to good because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service effective?

Our findings

When we last inspected the service we found the risk of care and support being provided without the required consent remained a concern.

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

During this inspection we found mental capacity assessments had been reviewed for people who had their bedroom doors locked and risk assessments developed and implemented where gaps had been identified. The service had made contact with the Office of Public Guardian and a matrix developed of legal status of relatives/next of kin. The information had been added to people's care plans confirming who had legal status to provide consent on behalf of people unable to do so for themselves. People who lived at the home who had been identified as having mental capacity had signed their own consent forms. People identified as lacking capacity and had a Power of Attorney (POW) for health and welfare had consent forms sent to the POW for consideration. All care plans had been reviewed to ensure consent had been reflected in the plan.

We looked at how the home gained people's consent to care and treatment in line with the Mental Capacity Act (MCA). People had choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's mental capacity had been considered and was reflected in their care records.

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

When we last inspected the service we found inconsistent and poor recording of people's risks of malnutrition and a lack of appropriate action that could be monitored to reduce risks to people.

This was a breach of Regulation 14 of the Health and Social Care Act HSCA 2008 (Regulated Activities) Regulations 2014. (Meeting nutritional and hydration needs)

During this inspection we found the service had implemented dining experience audits. These had been completed by senior carers with oversight from senior managers. The service had developed and implemented a file for catering staff. This documented information about people who had lost weight including actions taken and outcomes. All nutritional care plans and risk assessments had been reviewed and any concerns formally notified to the catering team. These were held on file and had documented where appropriate measures which had been put in place.

Pictorial menus had been developed and displayed on the dementia units to aid people's appetite and choice of food. People living with dementia can benefit from the way the menu has been designed, with the user-friendly layout, colour scheme and images of relevant foods capable of boosting recognition and their interest in eating.

Staff had been informed that food must remain in the hot trolley until people were ready to eat their meal. A daily focus sheet had been implemented which required diet and fluid charts to be checked daily by senior staff. Senior carers were totalling fluid charts at the end of shift and any concerns highlighted in handover.

Specialist support or advice from external professionals had been recorded under the medical tab on the services electronic care planning system.

Catering staff had been provided with copies of people's nutritional care plans where changes in their nutritional needs had occurred and they were at risk of weight loss. Nutritional care plans had been reviewed and updated to include details of any specialist equipment/cutlery required such as special cups, plate guards etc. Any staff support for people with their meals had also been recorded.

Following the inspection visit we met with relatives. One relative expressed concern that their relative was not drinking sufficient amounts of fluids and requested a special cup was made available. We passed on these concerns onto the management present at the home. The management assured us this would be addressed straight away and at our next visit to the home saw this had been addressed.

People who lived at the home told us they enjoyed the food provided by the service. They said they received varied, nutritious meals and always had plenty to eat. We saw snacks and drinks were offered to people between meals including tea, coffee, juices, fruit and biscuits and cake. Comments received from people who lived at the home included, "The food is very good, I enjoy all my meals." And, "Have just enjoyed lunch."

Lunch was organised and generally well managed with people who required help eating their meals usually receiving the required level of support. Although we saw many examples of good practice during our inspection visit there was one isolated incident of poor care observed at lunch time. We saw one person who lived on the second floor playing around with their soup and only ate a couple of spoonful's. We saw the person continually taking the spoon out of the soup and placing it on their leg and chair. We saw one member of staff ask the person to eat their soup but no one else intervened for over twenty minutes by which time the soup was cold. The soup was eventually removed and the person was offered a choice of sandwiches. We saw the person picked at the sandwiches and was left to their own devices. We looked at the person's nutritional assessment and saw they were at high risk of malnourishment and had recently suffered weight loss. We spoke with the head of operations for the provider. They said they would address our concern and ensure there was a management presence in dining rooms at meal times to provide oversight.

We recommend that the service seek advice and guidance from a reputable source, about the management of risk for people's nutrition and hydration.

The kitchen was clean, organised and stocked with a variety of provisions. Staff told us and training records confirmed they had received training in food safety and were aware of safe food handling practices. The Food Standards Agency, a regulatory body responsible for inspecting services which provide food had awarded the home their top rating of five in relation to meeting food safety standards about cleanliness, food preparation and associated record keeping.

Discussion with staff confirmed they understood the importance for people in their care to be encouraged to eat their meals and take regular drinks to keep them hydrated. Snacks and drinks were offered to people between meals including tea and milky drinks with biscuits. Throughout the inspection we saw staff assisting people if they required a drink.

We spoke with staff members and viewed the services training matrix. We saw staff had completed or were working towards national care qualifications. Staff new to care had enrolled or were working towards completing the care certificate. Training provided by the service covered a range of subjects including safeguarding, health and safety, Mental Capacity Act (MCA) 2005, moving and handling, food hygiene, infection control and medication. Staff we spoke with had received dementia care training and were knowledgeable about how to support people living with dementia.

The service provided equality and diversity training to all staff as part of their induction and this was refreshed annually. The management present told us the training taught staff to respect people's individual beliefs including religion, culture and sexuality.

The service shared information with other professionals about people's needs on a need to know basis. For example, when people visited healthcare services staff would assist with the visit to provide information about the person's communication and support needs. This meant health professionals had information about people's care needs to ensure the right care or treatment could be provided for them.

People's healthcare needs were carefully monitored and discussed with the person or family members as part of the care planning process. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been.

We found the building and grounds were dementia friendly and appropriate for the care and support provided. People who lived at the home had access to the rear grounds which were enclosed and safe for them to use. This provided people with the opportunity to exercise and receive exposure to sunlight which is vital for wellbeing. The design of the building provided sufficient space to enable people to walk about safely. The building was well lit and made as much use of natural light as possible. Clear signs (using pictures and words) had been put in place to enable people to move around the building confidently.

We found some areas of the environment offered a range of dementia-friendly features to support people with visual, hearing and mobility impairments associated with dementia. These included furniture in a contrasting colour to the carpet, wardrobes and chests of drawers with easy to use openings and warm tones used on walls which were easier to see. The service had fidget boxes with various sensory objects. There was also a display on the downstairs corridor wall called the old curiosity shop which had an old army uniform and various items from past times including a sewing machine and photographs. Bedroom doors had been dressed so they looked like individual front doors with letter boxes and door knockers. However, some areas had limited dementia friendly features. The provider representative told us these were being developed.

Bedrooms were single occupancy with an ensuite wet rooms. Each room had a wireless call system to attract the attention of care staff as well as a digital flat screen television, telephone and wireless internet connection. Bedrooms had mounted wall memory boxes with personal memorabilia including family photographs to help identify their personal space.

Following recommendations made during the last inspection we found the provider had created destination

points at the end of each corridor with seating for people to use. Blue bathroom flooring in two assisted bathrooms on the dementia units had been replaced with a colour more soothing and looked less like water.

Is the service caring?

Our findings

When we last inspected the service we found staff did not mitigate risks to allow people to remain as independent as possible.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Dignity and respect)

During this inspection we found staff had received training covering promoting dignity, offering choice, gaining consent and communicating effectively with people living with dementia. We saw during staff meetings staff had discussed the best way to ask people open questions when seeking consent.

Throughout our inspection visit we saw many examples of good practice with staff showing patience and understanding when supporting people. We saw one carer approach the bedroom of one person on the second floor. They knocked on the door and called the person by name and asked if they could enter. The carer asked the person if they were ready for their breakfast. The person said yes and the two came out of the bedroom linking arms and were singing and dancing walking down to the dining room. It was clear from the interaction that the person enjoyed the attention they received.

We saw staff attending to people who were agitated in a calm and professional manner. It was clear they understood people's behaviour, what triggers caused the behaviour and how this should be responded to. For example, one person who was agitated was approached by a staff member and calmly asked if they would like to go to their room for a rest. The person said they would and held hands with the staff member as they went to their room. The staff member told us later the person's care plan had identified when they presented behaviour which challenged it was because they were tired.

During our inspection visit we spent time observing interactions between staff and people in their care. This helped us assess and understand whether people who used the service received care that was meeting their individual needs. We saw staff were caring and attentive. They were polite, respectful, kind and showed genuine compassion to people in their care. People who lived at the home told us they were very happy, well cared for and enjoyed living at the home. Comments received included, "It's great here the staff are excellent. Nothing is too much trouble for them." And, "The staff are really caring and attentive. They cannot do enough for you."

Care plans seen confirmed people and their families had been fully involved in their care planning. Records we looked at contained evidence of them being engaged in the development of their care plan throughout the process. Care planning and other documentation had records about their preferences and how they wished to be cared for. One person who lived at the home said, "I sat down and helped them produce my care plan. We review it together every month. I am very happy with my care."

Staff spoken with on inspection had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs. Care

records seen had documented people's preferences and information about their backgrounds. Additionally, the service had carefully considered people's human rights and support to maintain their individuality. This included checks of protected characteristics as defined under the Equality Act 2010, such as their religion, disability, cultural background and sexual orientation. Information covered any support they wanted to retain their independence and live a meaningful life.

Staff received detailed equality and diversity training to ensure they understood inclusion, discrimination, diversity and prejudice. The intention was to ensure staff demonstrated interactions that respected people's beliefs, values, culture and preferences. Throughout the inspection we observed the daily routines and practices within the home and found people were treated equally and their human rights were respected.

We spoke with the management team about access to advocacy services should people in their care require their guidance and support. The service had information for people if this was needed. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf.

People we spoke with confirmed staff treated them with respect and upheld their dignity. We observed staff members spoke with people in a respectful way and were kind, caring and patient. We observed staff undertaking their daily duties during the inspection. We saw they respected people's privacy by knocking on their bedroom doors and waiting for permission to enter.

Is the service responsive?

Our findings

When we last inspected the service we found the provider did not have a current policy and procedure that was followed for receiving, handling, reporting and learning from complaints.

This is a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. (Receiving and acting on complaints)

During this inspection we found the service had a new and updated complaints procedure which was on display in public areas of the home. The service had developed a new complaints file which included a complaints log and complaint reporting and investigation form.

We looked at two formal complaints held within the file. Details about the nature of the complaint had been clearly recorded by the service and these had been responded to in a timely and appropriate manner. We saw both complaints had been resolved to the satisfaction of the complainants.

People able to speak with us told us they were aware of the complaints procedure and knew how to make a complaint if they had concerns. They told us they were happy and had nothing to make a formal complaint about.

We found the service provided care and support that was focused on individual needs, preferences and routines of people they supported. People we spoke with told us how they were supported by staff to express their views and wishes. This enabled people to make informed choices and decisions about their care.

People we spoke with told us staff were responsive to their care needs and were available when they needed them. We observed staff undertaking their duties and responding to requests for assistance in a timely manner. People said they were happy with their care and the attention they received from staff. One person said, "I spend most of my time in my room because I like peace and quiet. I have my call bell and the staff respond quickly if I call them."

We looked at what arrangements the service had taken to identify, record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans seen confirmed the services assessment procedures identified information about whether the person had communication needs. These included whether the person required easy read or large print reading, brail or audio books.

The service had Wi-Fi (wireless connectivity) in the building enabling people who use the service to have internet access through their hand held computers and mobile phones. The interim manager told us this enabled people who use the service to maintain contact with family members, friends, watch films and play games at their leisure.

The service provided a wide range of interesting and innovative activities to keep people stimulated and

entertained. Since the last inspection the service had increased the number of activity co-ordinators which enabled a designated person to be available more widely throughout the week. During our inspection visit we saw a well attended coffee morning held in a downstairs lounge and in the afternoon entertainers provided a singing and dancing session. We saw this was also well attended and we observed many people enjoying the activity.

People's end of life wishes had been recorded so staff were aware of these. We saw people had been supported to remain in the home where possible as they headed towards end of life care. This allowed people to remain comfortable in their familiar, homely surroundings, supported by staff known to them.

One person visiting their relative told us how caring and attentive staff were with their relative who was being supported on end of life care. They said staff had been wonderful and they couldn't praise them enough for their support during a difficult time.

Is the service well-led?

Our findings

There was a registered manager in place. 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.

When we undertook this inspection visit the registered manager was not present. We were informed they had resigned from post. The home had an interim manager in post who was being supported by the head of operations.

When we last inspected the service we found the system of quality audit and assurance was not being effectively implemented. The service did not have contemporaneous records of the support provided to people and records did not contain detail on decisions taken to support people.

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

During this inspection we found the service had made significant improvements to their auditing and assurance systems. Regular audits had been completed reviewing the services medication procedures, care plans, infection control, environment and staffing levels. Actions had been taken as a result of any omissions or shortcomings found. For example, a monthly weights audit completed in August 2018 had identified five people had not been weighed. This was addressed by the provider who sent out instruction that each person who lived at the home should be weighed monthly.

We found the system of quality assurance at the home at the time of this inspection was effective. The developed audits had been consistently completed and there was a clear procedure for monitoring the delivery of the regulated activity. We could see systems and procedures introduced were effective. Quality visits had been undertaken by the management team and these included a high level review of the service. Any actions from this were then transferred onto the home's development plan.

A governance file was available recording statutory notifications sent to CQC, safeguarding alerts to local authority and complaints received. Managers had produced weekly reports detailing significant incidents including safeguarding concerns and complaints, what the issues were and how these had been dealt with.

Falls trackers and accident and incident analysis were in place. We could see action had been taken where concerns had been identified.

Care plans had been numerically linked to risk assessments making reviewing and updating easier. This reduced the risk of risk assessments not being updated when care plans had been reviewed and a change to people's support needs was required.

When we last inspected the service we found the service did not have clear details around the costs of care and the terms and conditions of care provided.

This was a breach of Regulation 19 of the Care Quality Commission (Registration) Regulations 2009. (Fees)

During this inspection we found people's terms and conditions had been included within the services service user guide which had been reviewed and updated following our last inspection. These had been redistributed to people who lived in the home and emailed to their relatives. A one page summary had been written which described the fee level for each floor. This explained the decision was based on the assessment of need completed before admission. The head of operations told us this information will be shared with future enquirers to ensure they know the fee and decisions made to justify the fee.

People who lived at the home and their visitors told us at the inspection visit they were happy with the way the home was managed. Comments received included, "I think it's fabulous quality care. The staff really helped me settle and feel at home when I moved in." And, "I have been here a number of years and have no issues with anything."

Resident and relative meetings had been held on a regular basis. We looked at the minutes of a recent meeting. We saw topics discussed were people's satisfaction with the service, activities provided and home improvements. We saw the service had received positive feedback about these.

Surveys completed by family and friends of people who lived at the home confirmed they were happy with the standard of care, accommodation, meals and activities organised. They also said they felt consulted and involved in the running of the home which was well managed. Comments received included, 'Staff are always friendly and cheerful. Glad we chose the home.' And, 'The home is clean and staff are helpful.'

Following the inspection visit we met with relatives at two separate meetings. There were mixed comments about how the service was managed. A number of the relatives expressed that they had nothing but praise for the staff and management team. However a number of relatives raised concern that they had in the past spoken with the registered manager when they needed something addressing in relation to their relative's care. The matters had not been actioned. The registered manager was not present during the inspection visit or the relative's meeting and therefore unable to respond to these concerns. The management team present confirmed they had not been made aware of the concerns and assured relatives they would listen to any concerns and address them as priority.

We recommend that a system be developed to capture informal feedback.

The service worked in partnership with other organisations to make sure staff followed current practice. These included healthcare professionals such as the falls prevention team, dieticians, speech and language therapists and tissue viability nurses. This ensured a multi-disciplinary approach had been taken to support care provision for people in their care to receive the appropriate level of support. They learnt from incidents that had occurred and made changes in response to these to improve care and safety.

The management team had clear visions around the registered activities and plans for improvement moving forward. The management team were receptive to feedback and keen to improve the service. The managers worked with us in a positive manner and provided all the information we requested.

The service had on display in the reception area of their premises and their website their last CQC rating,

where people could see it. This has been a legal requirement since 01 April 2015.