Alpha Care (Caterham) Limited

Coombe Dingle Nursing Home

Inspection report

14 Queens Park Road
Caterham
Surrey
CR3 5RB

Tel: 01883345993
Website: www.coombedinglenursinghome.co.uk

Date of inspection visit:
19 April 2016

Date of publication:
18 July 2016

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?	**Requires Improvement**

Summary of findings

Overall summary

Coombe Dingle Nursing Home provides accommodation and nursing care for up to 42 people. It is a large building set over three floors. There is lift access to the first and second floors. At the time of this inspection there were 31 people living at the home.

This was an unannounced inspection which took place on 19 April 2016. At our previous inspection in September 2015 we found a number of breaches of legal requirements. As result the service was rated Inadequate overall and the provider was placed into Special Measures by CQC. We issued one Warning Notice which required the provider to take immediate action in relation to medicines. We also took enforcement action and changed their registration to restrict admissions until such time as significant improvements had been made and sustained within the home. We have carried out this further fully comprehensive inspection to see if the provider took action to address our concerns. We had received an action plan from the provider following our previous inspection and we reviewed progress against that action plan during this inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The registered manager assisted us with our inspection on the day.

We saw some staff acted in a way that was not always appropriate or respectful. People has access to external healthcare professionals should they need it and most staff treated people with kind care and attention. However, we observed some staff did not always demonstrate this routinely.

Good medicines management processes were not always followed by staff although people did receive the medicines they required when they needed them. Care records and individual risk assessments for people were not always completed for people.

Although the provider had worked hard to improve the premises work had not yet been completed, particularly in relation to installing a sink in the laundry room. Staff still had to wash their hands in a separate room which could pose an infection control risk.

Care plans were more accurate that we had previously found however, we still found some inconsistencies in the information they contained. We found more activities were being provided to people and staff told us they felt there was more going on in the home. However, further improvement is required to ensure activities are individualised and meaningful.

Staff did not always follow the legal requirements in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Accidents and incidents were recorded, however incidents were not

always reported to CQC when they should be.

People with specific dietary requirements were now known to the chef. Following our inspection the provider has told us they have introduced different ways of giving people living with dementia a way to help them choose their meal.

Quality assurance checks were carried out by staff. Most actions arising from these audits had been completed, but there was further work required.

Staff interacted with people and listened to them and the atmosphere in the home had improved from our last inspection. Staff told us they were working better as a team and much happier working at Coombe Dingle Nursing Home.

There were a sufficient number of staff to meet people's needs and people did not have to wait to be supported. The provider carried out suitable recruitment processes to help ensure they only employed staff suitable to work in the home.

Staff had access to regular training as well as the opportunity to meet with their line manager on a regular basis to discuss their work. Staff knew how to report any concerns they had in relation to safeguarding.

In the event of an emergency there was a plan in place so people's care would continue with the least disruption possible. If people wished to make a complaint there was a process in place for them to do so.

People and staff were involved in the running of the home and were given the opportunity to give their feedback on the care they received. The provider sought the views of visiting health and social care professionals and used this information to make changes in the home when appropriate.

During the inspection we found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have also made some recommendations to the provider. 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 consistently safe.

Staff did not carry out safe medicines management processes. People's risk assessments did not always contain sufficient information for staff.

Although the premises had improved, further work was needed to ensure the premises were suitable for people to live in.

Staffing levels were sufficient so that people did not have to wait to be provided with care.

Arrangements were in place for people to continue to receive care in the event of the home having to close due to an emergency.

Staff had a good understanding of safeguarding and their responsibilities in respect of reporting concerns. The provider carried out robust recruitment checks.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff did not always follow the legal requirements in relation to consent.

Staff knew about people's dietary requirements although some people's records in relation to their nutrition were not up to date.

Staff had access to a range of training as well as the opportunity to meet with their line manager on a regular basis.

People had access to health care professionals when they required it and were supported by staff to maintain good health.

Is the service caring?

Requires Improvement

The service was not consistently caring.

People were provided with the respect and dignity they should

expect from most staff, but not all staff displayed a good attitude towards people.

Staff did not always show kindness to people or provide supportive care.

People were able to maintain relationships with those close to them.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Activities for people had improved, but further work was needed to ensure people received the social involvement they were entitled to and were not left isolated.

Care plans had been updated; however there was a lack of consistency in the information contained within the care plans.

There was a complaints procedure in place should people have any concerns.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

We observed and heard staff did not always display positive attitudes and behaviours.

Although records contained in care files had improved, further work was needed to ensure they were up to date and accurate.

There were some outstanding actions from our last inspection yet to be completed by the provider. However quality assurance checks and actions identified were recorded and some had been addressed.

Staff, relatives and people were given the opportunity to contribute to the running of the home.

Coombe Dingle Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 19 April 2016 and was unannounced. The inspection team consisted of three inspectors.

We did not ask the provider to complete a Provider Information Return (PIR) on this occasion. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was because this inspection was a follow up from our previous inspection to see if the provider had taken the necessary action in relation to the concerns we had identified.

We were unable to speak to many people as part of the inspection due to their communication difficulties, therefore we observed care and interaction between staff and people during the day. This included spending time in communal areas and observing lunch. As part of the inspection we spoke with the three people, the provider, the registered manager and nine staff. Following the inspection we obtained feedback from five relatives and five health or social care professionals who had visited the home.

During our inspection we reviewed a variety of documents which included seven people's care plans and six staff files. We also reviewed policies and procedures in relation to the running of the home which included quality assurance documents and training information.

In addition, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law.

We last carried out an inspection to Coombe Dingle Nursing Home on 22 September 2015 when we found breaches in Regulation 9, 10, 11, 12, 13, 15, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Requires Improvement

Is the service safe?

Our findings

We asked relative's if they felt their family member was safe at Coombe Dingle Nursing Home. They told us they felt they were. One said, "Yes, I feel he is safe there."

Safe medicines administration processes were not always carried out by staff. At our inspection in September 2015, we found a lack of safe medicines administration. As such we issued a Warning Notice which required the provider to ensure staff followed proper and safe medicines management procedures. The provider told us in their action plan they would provide training and monitor staff competency and carry out more regular medicines audits. The provider told us in their action plan that they would meet the requirements of the breach in regulation by January 2016.

At this inspection we observed a medicines round and saw staff still did not follow safe procedures. The registered manager started the medicines round. We saw the registered manager was disturbed several times by people when she was preparing the trolley and records. After approximately five minutes she called another member of staff to assist her. We observed some people received their medicines from the registered manager and others from the assisting staff member and the Medicine Administration Records (MARs) were not always signed by the staff member who actually gave the medicines to the person. Neither staff member were seen to wash their hands before, during or after giving people their medicines. The assisting member of staff carried out a PEG (tube) feed to one person and they did not wash their hands prior or subsequent to completing this procedure and moving on to other tasks. This practice would increase the risk of infection being introduced via the feeding tube.

One person was given medicines by one staff member. They asked the person not to, "Suck them" because they knew they had a habit of doing this. However, they left this person's room before checking the person had taken the medicines properly. As a consequence they left when the person still had the medicines on their tongue which meant they had not swallowed them.

We asked the registered manager when staff last had medicines management training as the only evidence we could find was from 2014. They told us they underwent training in January 2016 when an external medicines audit took place. They said they were unable to show us evidence as the external provider did not issue certificates. We checked with this provider who informed us no training took place in January 2016 (or at any point during 2015) and when training did occur certificates were always issued. Following the inspection the provider informed us that they had led a medicines training course in January 2016 for staff. However, we found that training was not being transferred into good practice.

Storage of medicines was not always complete or applied appropriately. There were two bottles of medicines in the fridge not in their original containers and one bottle of medicine in the fridge that did not indicate on the label that it needed to be stored in this way. We discussed this with the registered manager and we consulted together on storage instructions in line with the British National Formulary (pharmaceutical reference book) about this. Although we could not identify how this medicine should be stored, the registered manager removed it from the fridge without taking any further advice from a

pharmacist or the GP.

Recording of medicines was not always good. For example, where people had topical medicines (creams) there was a lack of information. For example, there was no body chart to show where staff should apply the cream. Where people had 'as required' (PRN) medicines, protocols were in place for some medicines but not for all. For example, the protocols for one person written by staff did not match the prescribing instructions. We also saw gaps in the recording of one person's MAR chart. The pulse of this person should have been recorded before their medicine was given as a change in this person's heart rate may indicate the need for a healthcare professional to be consulted. We noted there were four days in April 2016 that this had not been done. We asked staff about this. They told us this persons pulse should, "Always" be taken prior to administration of medicines and they could not explain why it had not happened.

The lack of safe care and treatment was a continued breach of Regulation 12 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had made some improvements to the storage of medicines following concerns identified at our last inspection. For example, temperature checks were being made each day for both the clinical room and medicines fridge and an air conditioning unit had been installed to keep the clinical room at a consistent temperature.

The environment people lived in had improved slightly, however there was still work to be done. At our inspection in September 2015 we found the premises were not well maintained or clean and staff did not follow good infection control procedures. As such we made it a requirement of the inspection that the provider make improvements in this area. The provider told us in their action plan they would undertake a premises and environmental audit and put a refurbishment programme in place. They told us action would be completed by May 2016.

We found at this inspection the provider had taken some action and had commenced a programme of redecoration in the home. Bedrooms on the top floor and most of those on the ground floor had been repainted and one room had new flooring. A healthcare professional told us, "I think they have really tried with the environment. Much better feel as you come in." However a relative told us, "The decorations are a bit poor." A hoist which we had found to be stained and dirty at the last inspection had been replaced and people were sitting in chairs which looked cleaner and better maintained. Most people's beds had been replaced and they were now sleeping on profiling (hospital) beds. The bottoms of the cabinets in the kitchen looked clean and had the rust removed from the feet and many of the stains we had seen on the woodwork around the home had been removed.

However, the laundry room was still without a sink. Staff told us they still continued to go to a separate room to wash their hands. We were told by the maintenance person there was an issue with the placement of the sink and they were awaiting further instruction from the provider. There was also a strong malodour in the hallway on the first floor in the home and one person's bed rail bumpers were old and cracked. Although we saw staff wearing gloves most of the time when appropriate, the registered manager said this was still a, "Work in progress" and staff were reminded regularly in handovers. Several staff had received infection control training since our last inspection. Following the inspection the provider told us the sink in the laundry room had been installed.

We recommend the provider continues with the redecoration programme to ensure the premises are brought up to a good standard for people.

There were a sufficient number of staff to care for people and people were not seen to wait for support or attention. However, deployment of staff meant that people's care records were not always reviewed when they should be because only nursing staff carried out the reviews and we found there were not always the number of nurses on duty as told to us by the registered manager. She told us that she was supernumerary and would occasionally cover the nursing duty and that two nurses and five care staff would be on duty during the day. However, staffing rotas we looked at for a period of the last 18 days showed us there were nine day shifts when there was only one qualified nurse on duty plus the registered manager and two day shifts when just one qualified nurse was scheduled to work.

The registered manager said she did not use a dependency tool to calculate the number of staff required on each shift. She told us, "I have no idea what that is." She said, "We know who needs what and we ensure we have enough staff to meet people's needs. We work on the premise of four to five (staff) during the day based on the amount of people we have." A relative told us, "Staffing varies, but I think it is okay."

We recommend the registered provider look at more effective methods for assessing people's needs to determine the deployment of staff to help meet the needs of people in the home.

People were cared for by a stable staff team. Since our last inspection, the registered manager had reduced the number of agency staff working in the home. This meant the use of agency staff had ceased and people were supported by a consistent team. This was confirmed by staff we spoke with.

Staff had a good understanding of their role with regard to safeguarding. They were able to tell us who they would speak to in the event they had any concerns. Staff knew about the role of the local authority in relation to safeguarding. Information was displayed clearly on the notice board for staff, together with information on how they could whistle-blow should they have any general concerns about the home. One member of staff told us they were confident in reporting to the registered manager anything that adversely affected the welfare and safety of people they cared for.

Staff recruitment records contained the necessary information to help ensure the provider employed staff who were suitable to work at the home. They included a recent photograph, written references and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with adults at risk.

In the event of an emergency contingency procedures were in place and would be followed and people's care would continue with as little impact as possible for them. Staff were up to date with their fire training so they knew what to do in the event of a fire.

Requires Improvement

Is the service effective?

Our findings

At our inspection in September 2015 we found staff were failing to comply with legal requirements in relation to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). As a result we made it a Requirement of that inspection that the provider take appropriate action to ensure legal requirements were followed. The provider told us that they would take the necessary action in relation to DoLS and the MCA and complete this piece of work by April 2016 and May 2016 respectively.

We saw in the care records that DoLS applications for people in relation to restrictions in the home had been submitted. For example, in relation to the key coded doors. Where people used walking aids we saw staff no longer put these together in one area of the lounge which had stopped people previously from getting up from their chairs independently.

Most of the mental capacity assessments had been completed for people. However, we found this was not always the case. We checked a sample of 10 care records and found mental capacity assessments in relation to people living in the home for four people had been completed after the DoLS application had been submitted, rather than before. We also found a lack of mental capacity assessment, best interest decision or DoLS application in relation to one person who staff had decided should remain in their room. Another person had a DoLS application completed but the mental capacity assessment related to their skin care only, rather than for what was included in the DoLS application.

The lack of following legal requirements in relation to the MCA was a continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our inspection in September 2015, we found the provider had not ensured people's nutritional needs were being met. As a result we made it a Requirement of that inspection that the provider take appropriate action to address this. The provider told us in their action plan that they would ensure choices of meals were available to ensure that people received appropriately balanced nutrition. They told us they would have completed their actions by April 2016.

At this inspection we saw staff had introduced pictorial cards for the meals. The activities coordinator told us they asked people on the previous day what they would like for lunch by showing them the cards with the two choices. However the chef told us that did not get a list of who wanted what meal and never did. We asked staff how people remembered what they had chosen when they had been asked the day before. They were unable to give an suitable answer and we were told, "All of them (people) have memory loss here."

Food choices that had been offered on the day prior to our inspection did not reflect what people were given on the day. Where people did not like the meal they were given they were not offered an alternative. We spoke with the chef who was covering the kitchen in the morning as the usual chef was not in that day. They told us they were cooking pasta curry (both a meat and a vegetarian option) and a vegetarian sausage. We noted at lunch time everyone was given one meal, the curry, and there were no other choices offered. We noted the menu board in the dining room only listed one choice and that was the curry. They told us later

this was because this was the only option that day as the chef was off sick and they had agreed to cover the kitchen at short notice. One person was being assisted to eat in the lounge by a member of staff. We heard them say, "It's horrible, I don't like it." The staff member responded, "Do you not want anymore?" to which the person replied, "I've got to have something hot. I'd like it a bit warmer." The staff member did not offer an alternative meal or offer to warm this person's food up for them.

Food and fluid charts to help monitor people who may be at risk of malnutrition or dehydration were not always consistently kept. One person was noted as requiring to drink, 'at least 8 cups fluid per day'. There was no indication of the size of these cups or any other indication of the amount. Staff told us that a record of fluid intake was kept in the daily logs. The daily records showed staff recorded daily totals though not a running record of fluids taken and there was no monitoring mechanism in place to ensure this person did drink the required amount. Another person who was diabetic had records to show their blood sugar levels required testing, but there was nothing around what the safe levels would be. Following the inspection the provider told us that this information should always be recorded by staff on the electronic care system as this would allow them to monitor someone's intake and take the necessary action if a person required professional intervention.

We recommend the provider ensures people receive sufficient amounts and choice of healthy, varied and nutritious foods and drink.

People's individual dietary requirements were known by the chef. The chef had a list from staff which detailed those people who required certain foods. For example, pureed or fork mashable foods, or those people who were diabetic and could not eat certain types of food. The chef showed us that low sugar pudding were made for people and we noted the cupboards were well stocked with fresh food. They chef told us since our last inspection they had been provided with a blender which enabled them puree food in a better way. A relative whose family member was on a pureed diet confirmed they were provided with their food in this way.

Staff received training in relation to their role. At our inspection in September 2015 we found staff had not been provided with regular training or training specific to people's needs. As a result we made it a requirement of that inspection that the provider take appropriate action to ensure staff were provided with appropriate training. The provider told us in their action plan that they would address this by April 2016.

We were provided with evidence at this inspection that staff had undertaken several training courses and were now mostly up to date with the provider's mandatory training requirements. For example, we read staff had received training in first aid, health and safety, infection control and moving and handling. Staff had also received dementia training. A member of staff told us, "There is always training now and a lot of staff have taken their national qualification in care." A nurse said they attended bi-monthly lectures on practice issues. They described to us their nursing tasks which included completing and reviewing health care assessments, risk assessment and care plans and medication.

One staff member told us, "The induction was really good. I've done hygiene, moving and handling, first aid and the next one I'm doing is dementia. I will benefit from that." They told us on their first day they did a walkabout and spent five minutes with each person on a one to one basis to start to get to know them. A healthcare professional told us the registered manager was very receptive to the training that was on offer.

Staff were supported by management. Staff had the opportunity to meet with their line manager on a regular basis. This gave them the opportunity to discuss any aspects of their job and for the manager to check they were applying their training in practice. A nurse told us that supervision was held with them each

month and annual appraisals had been completed.

People were supported to access healthcare professionals when appropriate. For example, we saw people had involvement from the GP, Speech and Language Therapy team, dietician, chiropodist and optician. People's weights and vital signs were recorded to help monitor their general health. The new profiling beds provided for people had a positive effect. For example, although some people were being nursed in bed there were no incidents of pressure sores within the home. A relative said the registered manager rang them to discuss their family member's general health. This was reiterated by another relative.

Requires Improvement

Is the service caring?

Our findings

One person told us they liked living at Coombe Dingle. They said, "All the staff are good. I like living here." We asked relatives if they felt their family member was being treated with care and kindness by staff. One relative told us, "Can't fault it. It's lovely and staff are lovely." Another said, "I can honestly say they look after my husband very well." A third told us, "Happy enough (with the care)." A fourth said, "Very, very happy with staff. All staff know her (family member)." We also noted that a recent visit from the local authority reported positively in relation to the care staff provided.

Although people and relatives had a positive view of the staff care and we found care staff on the whole to be very kind, caring, observant and responsive to people's needs, we still found there were some areas that required improvement.

At our inspection in September 2015, we found people were not always treated as though they mattered or with respect and dignity by staff. As a result we made it a requirement of that inspection that the provider take appropriate action to ensure people were treated with dignity and respect.

At this inspection we observed some care staff acting in a very kind, empathetic way to people and saw good interaction between people and staff. The atmosphere in the home was more lively. Staff were taking time to talk to and acknowledge people and people seemed more engaged with staff. People who required support to eat were being assisted in an attentive way. Staff sat at people's level and described to them the food that was on the plate. Staff took time to wait for people to finish what was in their mouths before giving them the next mouthful.

However we observed actions from staff which did not always show people respect. For example, a person who became distressed had been approached by a member of staff who said, "What is the problem? Calm down, calm down." This staff member did not crouch down to the person's level or try and understand what was distressing them. Instead they called over a member of care staff to assist the person (which they did). A training session was being held during our inspection. When staff came out of the training room at lunch time they greeted their colleagues but they did not acknowledge people who were sitting at tables waiting for their lunch.

During the mid-morning refreshments people had clothes protectors placed on them. We heard staff refer to these as a 'bib'. At lunchtime a member of staff came into the dining room and saw one person eating their pudding before their lunch. Rather than speaking to the person they asked over their head to another staff member, "Did you give him his food?" They went over to another person and started to feed them standing up, rather than sitting at their level. After one mouthful the member of staff walked away. Another member of staff responded to one person who wished to speak to them, "If you sit down, can you just give me ten minutes." We noted this staff member did not return to the person to see what they had wanted.

One person regularly got up from their chair to walk around, but staff were heard to tell them to, "Sit down" and led them back to the chair. As a consequence this person spent the majority of the day sitting in the

same chair. At one point a staff member was seen to grab this person's arm from behind them which made them jump. They said to them, "X where are you going? Let's go back, let's go back." Another member of staff told one person several times, "You are 74 years old. You are living in a nursing home. You're retired. You don't need to work now" when this person asked for gloves in order to go to 'work'.

The lack of respect shown to people was a continued breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Apart from one incident we saw people were provided with sympathetic care when they became distressed. One person cried out and staff immediately went to sit with them, holding their hand and speaking to them in a calm manner. Another person had become upset and a member of staff had sat them next to them whilst they were updating the care plans so they had someone with them and did not feel alone. A third person was in some distress and we saw a staff member go over to them get down onto their knees getting very close to the person and speaking to them in a gentle manner. The member of staff stroked the person's cheek which helped them settle.

On the whole positive interactions took place between people and staff. We saw some staff laughing and chatting with people and people were engaging in this. One staff member asked if someone would like their nails done and they spent some time with them and we saw the person respond positively. We heard the staff member apologise for having cold hands and asking how the person was. Later on this same staff member helped someone with a cup of tea and they said, "Where's my beautiful smile?" to the person.

During these positive interactions people were made to feel as though they mattered. One member of staff went up to one person and we saw they responded to them by smiling. This same staff member was approached by one person who tapped them on the face in an affectionate way. We noted the care staff did this back to the person which they liked. This staff member said, "I like it here. I feel for people, I have emotion for people."

Visitors were welcomed into the home at any time. Relatives we spoke with said staff knew them well. On relative said whenever she visited staff always, "Check we are okay too."

Requires Improvement

Is the service responsive?

Our findings

At our inspection in September 2015 we found activities were varied and people who spent time in their rooms did not always receive one to one engagement with staff. We also found people may not always receive person-centred care. As a result we made it a requirement of that inspection that the provider take appropriate action. The provider told us in their action plan that they would address this by April 2016.

We found at this inspection a new activities lead member of staff had been recruited who was based in the home five days a week, there was also input from volunteers and external activity sessions such as reminiscence and music. Activities had increased and this was confirmed by staff and relatives. One staff member said, "I'm actually really loving it (the job). Skittles is one of the favourites with people." A relative told us, "Activities seem to have improved, although they don't always spend one to one time with him." They added they would like staff to take their family member outdoors more.

People who spent time in their rooms may still not receive the level of individualised interaction they should expect from staff. The activities lead told us there was a, "Sort of schedule each week" for activities and they would speak to people in their rooms as often as they could. Time allocated was anything between five minutes to 30 minutes twice a week with each person. However they said most of the time people were asleep.

Further work was needed to ensure individualised, purposeful activities were available for people. There was little information in people's care plans in relation to the activities and interests they enjoyed. An activities board had been placed on the wall in the lounge area, however the activities coordinator told us this did not reflect the activities taking place that day. The activities person said they had not got around to using it as yet.

We recommend the registered provider continue their work to help ensure everyone living in the home has access to activities and are not isolated.

Care plans were, on the whole, up to date and contained good guidance to staff. For example, one person displayed behaviours which may cause themselves or other people harm. We read guidance for staff in how to deal with these. A relative told us they were invited to their family member's review meetings however they were not always able to attend. Although they did said they had been promised details of the last review by the registered manager but had yet to receive these from the home.

Staff told us they monitored people on an ad-hoc basis by asking other staff when people had last been checked. Checks were recorded on the computer system in amongst the daily notes. This may mean that people who were unable to use the call bell may not be checked on by staff as frequently as they should do as the process for doing this was not recorded in a way that was easy to monitor by staff. However, staff were able to demonstrate to us that people were checked routinely during the night and this was recorded separately.

People's anxieties may be reduced if staff provided a suitable responsive approach and had considered using recognised programmes or frameworks to respond to people living with dementia. One person regularly asked staff for gloves because they wanted to go to 'work' and they were anxious they had things to do but we did not see staff respond to this person in the most appropriate way. We asked staff if they could provide gloves to this person but were told, "No, they can't have them because they would eat them." We suggested the person could have gardening gloves for example but staff told us there were none available.

People may not always receive person-centred care. One person was being cared for in their room as a result of a decision by the registered manager. However this decision had not been discussed with relatives and went against this person's care plan which stated, 'find time to sit down and have a one to one with me, promote socialisation with service users, engage in activity, reading, chatting and animals'. We did not see any of this happen during the inspection. Another person talked in sounds and it was clear they were trying to say something to staff. However, their care plan did not mention anything around how best to communicate with this person. Their care plan noted they had 'depression' but there was no guidance to staff on how best to support this person in relation to this. We asked staff why one person was constantly being told to sit down every time they got up. We were told they lost their balance and got tired in the afternoon. However, this person's care plan stated, 'allow her to walk and support her.'

A relative we spoke with after the inspection told us they were happy with the care provided, but said, "My only criticism is that they don't take him to the toilet all the time, so often when I visit I find he is wet."

We recommend the provider reflects on the care provided to people to ensure it is individualised, person-centred and in line with best practice in relation to caring for people living with dementia.

People were provided with complaint information. The registered manager told us they had received no formal complaints since our last inspection and the one open complaint had now been closed. A relative told us any problems they had were sorted straight away. People were encouraged to give their feedback through the joint residents and relatives meetings.

Requires Improvement

Is the service well-led?

Our findings

We observed and heard staff did not always display positive attitudes and behaviours. The registered manager used words like, "Contain" when referring to people who spent their whole time in their room or when we asked about the dividing wall between the lounge and dining area. For example, the registered manager told us one person was being, "Contained" in their room because of behaviours they sometimes displayed when in the lounge area. Another did not approach people who were living with dementia in an appropriate way and on one occasion approached a person and took their blood pressure without asking the person first if it was okay to do this, or explain what they were doing. We observed a further senior staff member acting in a 'provocative' way towards another member of staff whilst they were standing at the hatch into the kitchen waiting to give people their lunch.

Staff spoke to us about the value of developing a, "Rapport with people and getting to know them as a person, about providing hands on proactive care and treating people remembering that they were all someone's mother or father." Staff demonstrated this on most occasions but we found isolated incidents in which staff did not appear to follow this approach.

At our inspection in September 2015 we found records held for people were not always complete with meant new staff may not be provided with the most up to date information about people. As such made it a Requirement of the inspection that the provider make improvements in this area. The provider told us in their action plan that they would continue to ensure records were kept up to date and this would be regularly monitored by the registered manager and provider. They told us this work would be completed by April 2016.

At this inspection we found care plans, on the whole, had been reviewed and the paperwork and recording in general was much better. However there was still further work to be done. Care plans were updated by senior staff working in the home.

For example, risks to people had been identified by staff however these may not always be up to date. For example, one review was overdue for a person who was at 'high risk' of falls. Other risk assessments had not been updated to reflect the change in people. For example, for one person who was now being nursed in bed, although this was not cross referenced with the care plan for this person's skin care and diet and nutrition records. There was also no mention of any external input for this person. One person became anxious but there was no real guidance to staff on how best to support them with their anxieties. Phrases like, 'keep GP informed on non-compliance' were written in care records, but no explanation as to what this referred to.

Although staff recorded and monitored people's BMI (body mass) and weight monthly these were not linked or cross referenced with the respective care plans or risk assessments. Waterlow (risk of pressure sores) assessments had been completed, but not always reviewed when scheduled. For example, a review due to take place for one person who had deteriorated was overdue. This meant this person's tissue viability risk was not up to date, although they were not suffering from any breakdown of their skin.

Quality assurance audits were carried out to help check the care and premises. For example, the maintenance man carried out regular checks on the fire alarms, water and emergency alarms. We noted the provider had taken some action in relation to the variable water temperatures in people's rooms. We read and were told that quotes had been obtained to fit a water pressure system to help maintain a good level of water temperature in all areas of the home. However, although some audits of the care had taken place these had not always identified the lack of up to date record keeping we had found during our inspection.

The provider had completed internal quality audit reports for each of the areas of concern we had identified at our last inspection. We saw these recorded the issue, the action take to resolve and the timescale in which it was done. They had carried out a full environmental check on each person's bedroom and identified areas that needed improvement, such as changing mattresses, lighting or furniture as well as ordering new, more appropriate, beds. The provider told us, "We are doing everything we can to bring it up to a good standard." They told us completion of all work was four weeks behind and would not be completed until the end of July 2016 due to staff sickness and holidays. This was eight weeks after the completion date of May 2106 which they had stated in their action plan. The provider had not kept CQC updated on this delay as the last action plan we had received from the provider was dated January 2016.

At our inspection in September 2015 we found a serious incident had not been reported to CQC by the registered manager. Although accidents and incidents were recorded by staff and appropriate action taken within the home, we found at this inspection that although the registered manager had reported a safeguarding incident (which occurred in March 2016) to the local authority, they had not submitted a notification to CQC at the same time. The registered manager told us they would submit this straight away which they had done by the end of the inspection.

The lack of good record keeping and good governance was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives were given the opportunity to give their feedback. This consisted of an annual survey as well as through joint residents and relative's meetings. The minutes of the last meeting showed that staff had informed every one of the outcome of the last CQC inspection and outlined how they planned to address the concerns identified.

Staff told us they felt supported and had noticed changes within the home in the last six months. One staff member said, "It's much better. There is a better team." Another staff member told us, "Many things are better here now, we are more like a team. There is a nurse in charge and we know our duties and we know theirs." Relatives told us the registered manager was good. One said, "She is very authoritative, staff will take notice of her."

The provider obtained views from visiting health and social care professionals. We read from the last survey that on the whole they were happy with the care staff at Coombe Dingle Nursing Home gave to people. They felt the assessment of people's needs were recorded appropriately and staff were kind and approachable. Feedback we obtained from professionals highlighted no significant concerns.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The registered provider had not ensured that people were always treated with respect and dignity by staff.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered provider had failed to ensure staff were meeting the requirements of the Mental Capacity Act.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider failed to ensure people were being provided with safe care and treatment.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had not ensured good governance within the home. The registered provider had not ensured staff maintained accurate, complete and contemporaneous records in relation to people.