

Roseberry Care Centres GB Limited

Swiss Cottage Care Home

Inspection report

Plantation Road
Leighton Buzzard
Bedfordshire
LU7 3HU

Tel: 01525377922

Website: www.roseberrycarecentres.co.uk

Date of inspection visit:
12 May 2017

Date of publication:
24 July 2017

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?

Inadequate ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 21 February 2017. A number of breaches of legal requirements were found. As a result the service was rated 'Inadequate' and placed into special measures. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

We undertook this unannounced focused inspection on 12 May 2017 to check they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Swiss Cottage Care Home on our website at www.cqc.org.uk.

The service is a nursing home and provides accommodation and personal or nursing care for up to 84 people with a range of needs including those associated with dementia and with life limiting health conditions. At the time of our inspection there were 47 people living at the home. The service consists of three units ; one supporting people with non- nursing needs, one for people with nursing needs associated with dementia and a third for people with nursing needs related to other primary health conditions.

The service did not have a registered manager. The previous registered manager had left the service in October 2016. A manager had been appointed a few weeks prior to the inspection in February 2017, but left the service shortly after the inspection before becoming registered. At this inspection we found a new manager had been in post for five days and had started the process of applying to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were aware of the safeguarding process. Personalised risk assessments were in place to reduce the risk of harm to people, but these were not always sufficiently detailed. Medicines were not managed safely in the residential unit because carried forward stock was not always recorded and some medicines were not dated to indicate when they had been opened. Some medicine protocols were not completed fully.

Staff were not deployed effectively to provide for people's needs. People reported that some staff did not meet their needs effectively. A programme of training for staff was in the process of being implemented to address the shortfall in staff skills and knowledge.

A service wide review of care plans was underway, although new care plans had not been implemented yet. People and their families did not feel involved in the planning or review of their care. However, some care plans looked at showed more personalised information than at the previous comprehensive inspection. The requirements of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards were met.

Activities were provided although these did not meet the needs of some people we spoke with. People and relatives felt there were not enough activities provided and some people felt bored. People were supported to have enough to eat and drink but people with specific dietary requirements did not have their needs met effectively. Support at mealtimes was varied across units with some people having a better mealtime experience than others.

The provider had systems in place to monitor the quality of the service which identified areas for improvement and suggested remedial actions to be taken. Staff were able to contribute to the development of the service through team meetings and understood the visions and values of the service. People and their relatives had opportunities to share their views and make suggestions about how the service could be improved.

During this inspection we identified that there were breaches of a number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

The service remains in 'special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found that some action had been taken to improve safety but the service was still not always safe.

Staff were aware of the safeguarding process and how to make appropriate referrals to the local authority.

Personalised risk assessments were in place to reduce the risk of harm to people but these lacked sufficient detail.

There were not always enough staff to provide for people's needs

The service was clean in most areas although some work was still required to meet the expected standard in all areas of the home. Staff demonstrated an understanding of good practice in relation to infection prevention and control.

Medicines were not always managed safely

Requires Improvement 

Is the service effective?

We found that some action had been taken to improve effectiveness but the service was still not always effective.

People's needs in relation to specific dietary requirements were not always met and support at mealtimes was varied.

People had mixed views about the skills of staff. A comprehensive training programme had been developed and was in the process of being implemented.

The requirements of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards were met.

Requires Improvement 

Is the service caring?

We found that some action had been taken to improve caring but work was still required to meet the expected standard.

Some interaction between staff and people was compassionate and caring but we also saw staff missed opportunities to engage positively with people.

Requires Improvement 

Staff promoted people's dignity.

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

Is the service responsive?

Inadequate ●

We found that some action had been taken to improve responsiveness but work was still required to meet the expected standard.

Care plans lacked sufficient detail to ensure people's individual needs and preferences were met. New care plans were being developed but were not yet in use.

Activities were provided but did not meet people's needs or expectations.

We could not improve the rating for responsive from inadequate because sufficient improvements had not been made. We will check this during our next planned inspection.

Is the service well-led?

Requires Improvement ●

There had been no registered manager since October 2016.

We found that action had been taken to improve leadership. A new manager was in post but not yet registered with the Care Quality Commission. The provider's senior management team were providing support to the service

The manager was visible and was seen as approachable by staff. The provider was open with people, relatives and staff about the challenges faced by the service.

People, relatives and staff were asked for their views and these were used to support continuous improvement to the service.

There were robust quality monitoring systems in place.

We have improved the rating for well led from inadequate to requires improvement. We will check for consistent and sustained improvement at our next inspection

Swiss Cottage Care 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced focussed inspection took place on 12 May 2017 and done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 21 February 2017 had been made. The team inspected the service against all of the five questions we ask about services: is the service safe, effective, caring, responsive and well led but only relating to concerns that were identified at the comprehensive inspection in February 2017. The inspection was carried out by two inspectors from the Care Quality Commission and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information available to us, such as the previous inspection report, the provider's action plan, notifications and information provided by the public or staff. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with 18 people using the service and three visiting relatives. We also spoke with three care workers, two nurses, an activities coordinator, a chef, the manager and the provider's Director of Operations with responsibility for the oversight of this service. We reviewed the care records and risk assessments for six people and the medicine records for eight people who used the service. We looked at training for all the staff and reviewed information on how the quality of the service was monitored and managed.

Is the service safe?

Our findings

At the last inspection in February 2017 we found there were not enough staff to meet people's needs safely. People who lived at the home, relatives and staff all told us there were insufficient staff to meet people's needs at all times and that call bell response times were long. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

At this inspection we found that staffing numbers had not been greatly reduced despite the numbers of people using the service falling from 65 to 47. However, there were still significant concerns shared regarding call bell response times. Both people and relatives reported that they did not feel there were sufficient staff at times. Without exception, the people we spoke with who were cared for in their bedrooms reported lengthy waiting times for a response to call bells. One person said, "Only in the last couple of weeks I have started to need them to help me get washed and dressed and I've been sat here waiting for them to come to me – it is so frustrating because they make you feel you are being a nuisance when you call them – I think it is because they are so short staffed but it is not a good feeling – I try to walk down to the lounge so I don't bother them but I can't walk that far now." Another person said, "It can be five to 10 minutes, but then again it can be 30 to 40 minutes, it all depends who is on duty. Last week it was over 40 minutes before they came." A relative said, "Shortages of staff are a usual problem – they haven't got the time to give 100% to anyone. If you press the bell, you have to wait a considerable amount of time – they seem to ignore the bells, it is always ringing."

In particular people and relatives cited the evenings, night times and weekends when agency staff were perceived to be most often working to be the worst times. One relative said, "But even with them (agency staff) here, they are very thin on the ground."

We reviewed the rota which showed that staffing on the residential unit was sometimes affected by staff being moved from there to support the nursing units, leaving just two care staff and a senior care staff to support the people on this unit. The layout of the building presented some challenges with regard to ensuring staff were visible and easily available to people. In addition, the reduction in the numbers of people living at the service meant some corridors were empty but for one or two people. This left them at risk of isolation and made it more difficult for staff to maintain regular contact. During the inspection, call bells were answered quickly. The manager and the Operations director confirmed they were continuing to monitor call bell response times. They reported that no concerns had been identified through the monitoring already completed and feedback from people had been good when they had asked them about response times.

On the day of the inspection, we observed a number of occasions when people in communal areas were left unattended and this resulted in their needs not always being met. At lunch time we observed people were affected as a result of the behaviour of others that had a negative impact on them. Staff were not present to resolve this situation and this resulted in people being upset. We also noted that non care staff were relied upon to give support to people at lunchtime in order for their needs to be met. One such member of staff said, "I have been asked to help at lunchtime." The same member of staff was left on their own to support

people in the dining room and when one person indicated that they needed to use the toilet, they told them, "You will have to wait. Someone will come in a minute." This meant that although the ratio of staff to people had increased, the deployment of staff was not meeting the needs of people using the service. Therefore sufficient improvements had not yet been made and the service remained in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

At the last inspection in February 2017 we found poor stock management of medicines had resulted in people not receiving their medicines as prescribed. Protocols relating to the administration of 'as required' (PRN) medicines did not provide sufficient detail to ensure these medicines were given under the correct circumstances. Personal risk assessments were confusing, contradictory and not always legible. They had not always been updated to reflect the current risks to people. Staff did not always follow the correct procedures to prevent the risk of infection when providing personal care. These issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. At this inspection we found that improvements had been made to some of these areas but that work was still required to improve others.

We found that protocols had been developed for every PRN medicine prescribed for each person. These were detailed and gave staff sufficient information to administer these medicines as prescribed. We looked at the medicine records, including medicine administration records for eight people across both residential and nursing units and found these were completed accurately with no unexplained gaps. We checked stock including controlled drugs and boxed medicines that were separate from those supplied in dossett boxes. On the nursing unit, stock was accurately accounted for and records contained clear information about the numbers of each individual medicine held in stock. Open boxed medicines and liquids were dated to indicate the date on which they were opened. On the residential unit, we found stock carried over from one month to the next was not always recorded. This made it difficult to maintain an accurate record of overall stock of individual medicines for each person. While boxed and liquid medicines were dated to show the date they were opened, this was not the case for inhalers. The records for one person who was prescribed Alendronic Acid did not include any details of the correct procedure to ensure this medicine was administered safely and as prescribed.

The provider had started work on reviewing people's personalised risk assessments along with their care plans. At this inspection we found that some work had been completed but was yet to be audited and signed off by the manager. The risk assessments we reviewed as part of this inspection showed some improvements in the details contained within the documents but work was still required in this area to ensure every person had current, detailed assessments in place to reduce the risk of them coming to harm.

In relation to medicines management and risk assessments, the service was still in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

We observed that staff followed good practice in relation to infection prevention and control. We saw they used personal protective equipment when providing personal care, followed correct protocols for hand hygiene and used aprons when supporting people at mealtimes. Laundry was managed safely as was clinical and other waste. Care and kitchen staff were well presented in clean uniforms. Staff told us and records confirmed they had received training in relation to infection prevention and control.

At the last inspection we found the home was not sufficiently maintained or cleaned to ensure people were protected from the risk of health related infections. Carpets, flooring, surfaces and furnishings were stained and in disrepair. There was a strong odour of stale urine present throughout the home. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

At this inspection we found an improvement had been made to the cleanliness of the building although some work was required to achieve an appropriate standard of cleanliness in all areas of the home. The building was significantly cleaner and some rooms had undergone refurbishment. However, we found items of furniture in communal areas were still stained and had food debris under the cushions. Although carpets had been thoroughly cleaned a slight residual odour remained in some areas of the home, particularly in one area of the ground floor. One relative remarked, "Generally it is smelly downstairs as you come in by the (area of the home). Really bad smell. It's the sort of place that you are worried to look too closely." Another relative said, "It is better than it was but it is surface clean only. There are still odours most times you come." The operations director confirmed that a re-clean was scheduled and that, if this failed to address the issue, replacement floor coverings would be considered.

At the last inspection in February 2017 we found that staff did not have an understanding of safeguarding reporting processes and procedures. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. At this inspection we found improvements had been made. The provider had arranged refresher training for all staff and was also developing a competency test to regularly check staff knowledge in relation to safeguarding. Staff we spoke with had good understanding of what constitutes abuse and of their responsibilities to protect people from harm. They had a clear grasp of the process for reporting any concerns and of the external agencies responsible for safeguarding matters.

Is the service effective?

Our findings

At the inspection in February 2017 we found the service did not provide appropriate food to people with specific dietary needs and that support offered to people at meal times was poor and not in line with their care plans. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

At this inspection we found there was still work to be completed to ensure people with specific dietary needs received appropriate food as well as a choice of food of a similar standard to that offered to everyone else. For example one person who was diabetic said, "I am diabetic and this morning they brought me milkshake and toast with marmalade. I am not allowed these. I was not able to say anything because the girl puts it down and then she's gone –she's new I don't blame her one bit –she doesn't know I am diabetic but what are the kitchen doing?" Another person said, "I am diabetic, so they need to be careful with me but they aren't. I don't think they really know what they are doing in the kitchen."

We asked a member of the kitchen staff whether or not marmalade suited to people living with diabetes was available. Although they were aware that 10 of the 47 people living at the home were diabetic, they had failed to provide any preserves that were suitable for them to eat. This meant the person had been given full sugar marmalade which was not suitable for them to eat.

At lunchtime, people who ate a regular diet had a choice of profiteroles but those who were diabetic or required a gluten free diet were not able to have this so were offered yogurt or fruit rather than a dessert of a similar standard. The chef told us that on some occasions, puddings suitable for people living with diabetes were provided, but, on this occasion, as the profiteroles were pre-prepared rather than homemade, this was not the case.

Kitchen staff we spoke with had basic knowledge of the various dietary requirements of people who used the service, but did not appear to have a full understanding of the high risks associated with failing to meet those needs. In relation to vegetarian and gluten free diets in particular, they appeared to consider these were either optional, or driven more by family demands than people's preferences or health requirements. In relation to the provision of gluten free foods, they told us one person's family provided a long list of requirements. The family concerned supplied some items suitable to their relatives needs because the service were unable to source them. However, this included such items as crackers, which are now widely available within gluten free ranges of food in most food shops.

The communication between kitchen staff and care staff required improvement to ensure that there was a clear understanding of the content of food being provided. For example, one person who required a gluten free diet was told they could not have the gravy served with the meal. However, once this was checked with the kitchen staff, it was established that the person could have had the gravy as it was gluten free.

Although the chef had undergone some training since the last inspection, further training was required to support their knowledge of basic nutrition, food preparation and sourcing. They did not have any formal

catering training and had previously been employed as a kitchen assistant and within the house keeping team. They acknowledged that their current role was a big step up in responsibility but said they had received more support since the last inspection than they had previously.

People had mixed views about the quality of the food provided. One person said, "I think it is generally ok. Not great but ok." However, another person said, "I am not too sure about the food –I don't like it and I don't eat much." Relatives we spoke with said that they felt the food seemed acceptable but they had never tasted it. People raised concerns about a lack of timely information about the choices of food available. One person said, "Sometimes we do get a choice – they don't give us a menu to choose from –on the day they tell me I have this for you or that." Another person said "It would be good to really get the menu the day before."

The support offered to people at lunchtime varied across the different units. In one of the downstairs units the support offered to people was good, there were adequate staff to meet the needs of people and the atmosphere was calm and conducive to a positive mealtime experience. In particular, we observed one member of staff supporting someone to eat with great skill and positive quiet engagement. We observed there was a choice of fish or sausages with chips at lunchtime and that, where one person changed their mind, they were able to have a different meal from the one they had previously chosen. Food was served at the correct temperature and appeared to be of an acceptable quality.

However, in the residential unit, we found people were left with no staff presence for long periods of time. People who required support to cut up their food were helped by other people who used the service because no staff were available to do this. People were not offered a choice of food. The main course was put down in front of people with no explanation of what it was or any alternative options given to people. Everyone was given ice-cream for pudding even though Profiteroles were available. This was not conducive to a positive mealtime experience.

The service remained in breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

At the inspection in February 2017 we identified a significant lack of training and supervision for staff. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

At this inspection people had mixed views about the skills and knowledge of staff although most thought there was a higher degree of competence seen in some staff than others. One person said, "It all depends who is on – some of them are alright. One or two of them fall over you to help you –other days they are not worried at all –they just don't bother with you." People raised concerns about the standard of care received by temporary staff or at night and weekends. One person said, "Some are a lot better than others – the temporary staff, I am not too keen on them, they don't know you or what you need and you have to keep telling them everything. It is annoying, sometimes they have to go off and come back with someone else to show them what to do." Another person said "They definitely don't know what they are doing sometimes – weekends they need to have more regular trained staff to show the others." A third person said, "Some of the staff on during the evening and night are not very good at all in my opinion. They are not well trained, not patient nor aware how often I need [support with personal care]."

Recent training provided included training for senior staff in supervision to ensure that staff would be more effectively supported by their line managers in future. Staff we spoke with told us that supervision was not regular. However, the new manager was developing a schedule to address the provision of supervision and following the inspection, we saw evidence that some work towards bringing supervisions up to date had

already commenced since the inspection in February 2017.

The service remained in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Since the last inspection we found the provider had taken significant steps to address the deficit in staff skills and knowledge. However, this work was still ongoing and people were not yet able to tell us if there was a noticeable change in their experience of care. A comprehensive programme of training and refresher courses had been arranged, some of which had already been completed and others which were planned in coming months. Staff we spoke with were more knowledgeable about matters relating to their work and we observed that they knew people's needs well. One staff member we spoke with confirmed that more training was available to them, "Look at the wall. You can see all the training we get. There is loads of it now every week. It's much better. "

A framework of competency assessments to support learning was being developed alongside the training schedule.

The Mental Capacity Act 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At the inspection in February 2017 we found that staff did not have an understanding of the Mental Capacity Act 2005 and associated deprivation of Liberty Safeguards and failed to work in line with this legislation. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

At this inspection we found that some improvements had been made. Staff we spoke with had an understanding of MCA and DoLS and were able to explain how decisions were made in people's best interest if they did not have capacity to make a decision for themselves. They understood that people's capacity could fluctuate and that if someone was not able to make complex decisions, they may still be able to make decisions about their day to day care. DoLS applications had been made for those people living in the home who could not leave unaccompanied and who were under continuous supervision.

We saw that an appropriate process had been followed when a decision was made to administer medicines covertly to one person. A capacity assessment had identified that their capacity fluctuated. This meant that, at times, the person was not able to understand the impact on their welfare when refusing to take medicines. A best interest decision was made involving family members, staff and medical professionals and this was recorded appropriately. However, the agreement had been made in relation to just two of the person's medicines, when in fact, all their medicines were administered covertly. The director of Operations confirmed that they had also identified this oversight during a recent audit, and that the covert medicines protocol had been identified as requiring review.

Is the service caring?

Our findings

At the inspection in February 2017 we found peoples' dignity and privacy were not always upheld. Staff did not always show a caring attitude and some people were left in a state of undress in view of others. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

At this inspection we found people were fully dressed in clean and appropriate clothing that maintained their dignity when in a communal area. A relative told us, "Generally [family member] is wearing clean clothes and doesn't smell, they have washed her slippers and they look after her clothes well." When one person entered the dining room in a state of undress, staff responded quickly to cover them up. People reported that their doors were shut and they were covered with towels when supported to wash in their rooms. Staff were observed knocking on doors before entering, but we noted that many bedroom doors were left open even when people were in bed. People were not always able to tell us whether or not this was in accordance with their choice and care plans did not make reference to this.

There were mixed views about the approach used by staff. One person said, "They are very kind and helpful." A relative said, "The carers are kind and patient with my [family member]." However, another person said, "It all depends –some are alright –it all depends who it is – one or two rush you. I need two to help me and they sometimes are in a rush."

We observed a mix of kind and warm engagements between people and staff and interaction that was less positive and largely related to the care tasks being provided at the time. For example, when we were talking with one person in their room, a member of staff brought them a drink. They did not ask what drink they wanted, and just put the cup down, silently offered them a biscuit and left the room without saying anything. We saw staff support a person to leave the dining room. Without speaking to them at any point, the member of staff turned them around and guided them out of the room. On both of these occasions staff missed opportunities for positive engagement with people. Asked whether staff spent time talking to them, one person said, "No, they don't have time for that." A relative said, "No I have never seen anyone sitting talking to her or anyone else for that matter." Some staff however, were particularly engaged and person centred in their approach. We saw examples of this at lunchtime in one unit where staff laughed and joked with people, and offered appropriate sensitive support to those who required it.

People and their relatives told us that there was information available to them relating to the service provided by the home. However, some people said that this information was not always accurate. One relative said, "Lots of information is available to us but they don't always follow what the information says – things keep changing and the information does not keep up."

Relatives told us they were able to visit whenever they wished and were made to feel welcome. All but one of the people we spoke with said that they had a family member or a friend who would speak on their behalf if needed. However, one person indicated that they did not have an advocate or someone to speak on their behalf.

Is the service responsive?

Our findings

At the inspection in February 2017 we found people were not involved in planning their care. Care Plans were confusing, contained contradictory information and were not kept up to date. Activities provision was poor and did not support people to maintain their interests and hobbies. People cared for in their bedrooms were isolated, with little to do other than watching television. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Following the inspection the provider developed an action plan which stated that care plans would be reviewed by 12 May 2017. However, at this inspection the manager and the director of operations acknowledged that this had been optimistic and were in the process of updating the action plan to set a more realistic date. They told us that care plans were a work in progress. Staff had received training in how the provider wanted care plans to be completed and staff were in the process of working with people to update them. However, the updated plans that had been completed were not in place yet as they had not been audited and signed off by the manager. The manager had audited one plan to date and had made the decision to review all of them before signing them off to ensure they were of a suitable standard. We looked at six care plans, some of which had been updated but not signed off. Although we saw some improvements in the content of plans, there was still work to be completed for the plans to be of a good quality. Some information was difficult to find because the section headings for each part of the document were not in place. The lack of an 'at a glance' short profile meant that new staff or agency staff would have to read a very long document in order to know the needs of the person it related to. This was not realistic and meant that there was a risk that people would receive inappropriate care because staff did not read their care plans.

There was some evidence of involvement by people and their relatives in the updated care planning process, although none of the people we spoke with recalled being involved and some did not know that they had a care plan. A relative said, "I've not seen anything or been asked anything. I come every other day –maybe my [relative] has but it is unlikely." Another relative said, "It is supposed to be happening, she came in last June and so far I have not seen any care plan or been to any meeting to discuss her care. Not sure what really is going on."

Feedback from people and their relatives was mixed. Some felt that activity provision in the service required improvement. One person said, "I do get quite bored." A relative said, "They don't do one to one activities at all. They don't take them out anywhere which is a real shame." Another relative said, "I take her out but activities in the home are really limited and she will take herself out for a walk around the grounds but they don't do enough for them really." These relatives felt that the activities were poorly organised and often did not happen as publicised. They said, "That area is a real disappointment –when you read all about the place, it says loads of activities happen but in reality they don't seem to do much with them. No outings or visiting singers, etc." However, later on in the inspection we spoke with a relative who said, "everything is fine. They did flower arranging yesterday and table tennis with a balloon yesterday. During the inspection a game of bingo was taking place in the lounge and the interest in this was good."

The provision of activities at the service had been reviewed and was now recorded more effectively to

demonstrate the take up of sessions by people using the service. Previous activities such as 'watching TV' had been removed from the schedule and replaced with group activities provided by activity staff. However, work was needed to fully develop a creative and person centred activities schedule that supported people to maintain their previous interests and hobbies. One to one sessions of twenty minutes duration were offered to people who were cared for in their rooms and these were documented. However, feedback from people suggested they did not perceive these sessions as 'activities' but just as part of the care they received as usual. The provider told us that agreements had been reached with activity staff that they would extend their hours to include evenings and weekends to enable more personalised activities to be provided. However, this had not happened as yet.

The service remains in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Is the service well-led?

Our findings

At the time of the inspection the service had not had a registered manager in post since October 2016.

At the inspection in February 2017 we found that, although there was a new manager in post who had not started the process to register with the Care Quality Commission. Management oversight and quality monitoring were poor, and record keeping was inadequate. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. After this inspection the newly appointed manager resigned from the service before becoming registered with the Commission. A team of the provider's senior managers had been supporting the deputy manager to run the home until the new manager was appointed. They were to continue to be closely involved while improvements were embedded and the new manager was established in post.

At this inspection we found that there continued to be no registered manager at the service. A new manager had been in post for five days and was still familiarising themselves with the challenges of the service.

This was a breach of the Conditions of Registration as set out in Section 33 of the Health and Social Care Act 2008.

Following the inspection in February 2017, the provider had developed an action plan to address the breaches of Regulations 9,10,11,12,13,14,15,17 and 18 of the Health and Social Care Act (regulated activities) regulations that had been identified. At this inspection we found that, although improvements had been made in some areas, continuing breaches were identified in relation to medicines management, staffing, the way in which people's food and hydration needs were met and in the provision of a person centred service. We saw that the provider had plans in place to further improve the service and was monitoring this work to ensure it was completed to a good standard and in a timely manner. However, this work was not completed at the time of the inspection. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Although some improvements had been made to the quality and management oversight of the service, time was required to ensure these changes could be sustained and embedded within the service culture. People and their relatives were not all familiar with the new manager, although those who had met them spoke positively about them. Staff were positive about the new manager and the input from the senior team, and said they saw improvements in the care provided to people. One member of staff said, "[New manager] seems approachable and things seem to be getting better."

A new auditing process had been developed and was used effectively to identify shortfalls in the service and action required to address these. In addition, the manager and senior managers were conducting a series of observational audits, such as a mealtime experience audit, to identify practice issues and development needs for staff. Senior managers had completed robust monthly provider visit reports that identified immediate action required and signed off previously identified actions when completed. We saw that issues we identified at the inspection had also been identified at the most recent provider visit.

The manager told us they were intending to do some night time and weekend observations to monitor the quality of the care provided at these times. The feedback provided by people and their relatives at this inspection indicated that shortfalls to the service were more pronounced at these times and the lack of management presence at night and over the weekends was a likely contributing factor to this. At the time of the inspection, management presence at the service was limited to weekday daytimes only other than for spot checks.

It was apparent the manager and the Director of Operations had a person centred and consultative approach to their role. We saw that by way of meetings and open discussions people, relatives and staff had been kept fully informed of the challenges faced by the service and of the progress made towards making sustainable improvements. Most people and relatives we spoke with were positive about the changes that were being made by the service and were hopeful that a more stable management would be in place at the service in future. Some people felt it was too soon to judge whether or not the improvements made would be sustained due to previous experiences of changes in the service.

The manager demonstrated a commitment to developing a service that provided good quality care. This was reflected in their approach to the review of care planning at the service. Although this was a priority piece of work, the manager was auditing each new care plan prior to its implementation to ensure it was of a suitable standard. They were prioritising this work on the basis of risk, completing the care plans for people with the most complex support needs first. They were taking a proactive stance in relation to the service action plan and reviewing it regularly to ensure work was completed and that targets set were realistic.

At the inspection in February 2017 we found the service had failed to submit notifications to CQC. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations. At this inspection we found that notifications had been sent as required by law.