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Oakendale Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Inadequate ●

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

This inspection took place on 04, 06 & 09 May 2016 and was unannounced. The inspection was carried out to check whether improvements had been made with regard to the concerns we raised following our inspection in October 2015, when the service was placed into 'Special Measures'.

At our last inspection we found breaches of legal requirements in respect of: staffing levels, staff training and support, recruitment practices, the safe management of medicines, how risks to people were assessed and managed, accuracy and completeness of records, consent to care and treatment, nutrition and hydration, taking people's views and opinions into account when care was assessed, planned and delivered, dignity and respect, management and leadership, quality assurance systems and statutory notifications not having been submitted as required.

During this inspection, we found some improvements had been made, but the Provider was still in breach of legal requirements, as set out in the rest of this report.

Oakendale Residential Care Home is a small care home which is registered to provide 24 hour care for up to fifteen older people. The home is a converted large domestic property, split over three floors. The home has been fitted with a lift and stair lift to reach the upper levels. At the time of our inspection, there were eight people who lived at the home.

The service did not have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had not ensured that sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed at all times. This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Recruitment procedures had not been operated effectively to ensure persons employed at the service were of good character and had the qualifications, competences, skills and experience necessary to carry out their role. This was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had not established, and operated effectively, systems for the proper and safe management of medicines. This was in breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Provider had not established, and operated effectively, systems and processes to prevent abuse of service users. Staff were not able to describe what forms abuse may take and were not aware of local

reporting procedures. Information for staff about how to report concerns and who to report to had not been made available to them. This was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had not ensured staff had received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service was not working within the principals of the Mental Capacity Act 2005. Additionally, the service had not sought and recorded people's consent to care and treatment in each case. The service had allowed a family member to make decisions on a person's behalf without having sight of the proper authorisation. This was in Breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had not ensured they worked collaboratively with the person to deliver responsive care which met people's needs and reflected their preferences. This was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service did not demonstrate good management and leadership at all levels. The systems designed to assess, monitor and improve the quality of the service provided were not being operated effectively. This was in breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Following our last inspection, the registered manager had implemented new documentation with regard to risk assessments and care planning. We found improvements had been made in this area. However, since the registered manager had left the home, risk assessments had not been reviewed and updated accordingly. This meant people's written plans of care may not have met their needs fully.

Staff followed infection prevention and control guidelines and used personal protective equipment appropriately.

The service had made improvements with regard to the accuracy and completeness of records, which now included a good level of detail.

People's nutrition and hydration needs were being met. The service had implemented a new menu, with input from people who lived at the home. Monitoring of people's weight and nutritional intake was being undertaken appropriately.

The Provider had continued with their program of refurbishment and redecoration at the home. The majority of bedrooms and the lounge had been redecorated and provided light and pleasant surroundings for people who lived there.

We observed staff to take a very caring approach to people who used the service. Staffing levels had remained constant whilst the number of people who used the service had decreased, which meant staff were able to spend more time with people. Staff treated people with dignity and respect. Staff knew people well and showed genuine care for them in their interactions.

The service had undertaken a lot of work to gather more information about people, their life histories, likes, dislikes and preferences. The information had then been used, along with reviews of care where the person

was involved; to shape the care delivered to people.

The Provider had recently implemented satisfaction surveys in order to gain feedback from people about their experience of care at the service.

We found several breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as shown above.

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

Services awarded an inadequate rating for any key question will be re-inspected within six months. If there remains an inadequate rating after six months, in any key question the service will go into special measures.

If sufficient progress has not been made when we re-inspect and there are inadequate ratings for any key questions, further action will be taken to prevent the service from operating, either by proposing to cancel their registration or to vary the terms of their registration. We will then closely monitor the service until it either closes or substantial and rapid improvements are made.

Therefore this service will remain in special measures.

Where we have identified breaches of regulation during inspection which are more serious, we will make sure action is taken. We will report on any action when it is complete.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

During night time and at weekends, there were not a sufficient number of staff deployed in order to meet the needs of people who lived at the home safely.

The provider had not ensured robust recruitment practices were followed and was unable to provide information we asked for about checks that should have been carried out prior to staff commencing employment at the home.

The service did not operate safe systems for the management of medicines.

Staff were not able to confidently describe what forms abuse may take and were unaware of how to report such concerns to external agencies.

Since the registered manager had left the home, risk assessments had not been reviewed appropriately.

The home was clean and tidy. We observed staff followed practices to prevent and control the spread of infection, including the use of personal protective equipment.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff had not all been provided with appropriate support, training, professional development, supervision and appraisal to enable them to carry out the duties they were employed to perform.

We found inconsistencies with regard to the recording of people's consent. The service had not ensured that they had seen official documentation in all cases before others were allowed to make decisions for people who lived at the home.

Staff were not confident with regard to their responsibilities under the Mental Capacity Act 2005.

The service had made improvements with regard to nutrition. A new menu had been implemented, with input from people who used the service.

Improvements had been made with regard to the premises and environment at the home.

Is the service caring?

The service was not always caring.

People we spoke with were complimentary about the staff team. Staff were observed to be very caring and treated people with dignity and respect.

The home had begun to involve people in reviews of their care. However, this had not taken place since the registered manager had left the home in March 2016.

Staff respected people's confidentiality and did not discuss sensitive information within earshot of other people.

The home did not have any links with advocacy services. People who may have benefitted from the involvement of an advocate were not signposted to such services.

There were no restrictions on people visiting their loved ones at the home.

Requires Improvement 

Is the service responsive?

The service was not always responsive.

Before the registered manager left the home in March 2016, they had implemented new documentation which captured more detail about people's needs, their preferences and life histories. People had also been involved in reviews of their care, which helped them to shape the service that was delivered to them.

Since the registered manager had left, assessments had not been reviewed and updated. This meant people may be at risk of receiving care that did not fully meet their needs.

People spoke negatively about the activities provided at the home. Board games were available along with a weekly exercise class, however the service did not actively support people to participate in activities that were meaningful to them.

We observed staff were responsive to people and anticipated

Requires Improvement 

their needs well.

The Provider had taken steps to gain feedback about people's experiences of living at the home in the form of a satisfaction survey.

Is the service well-led?

The service was not always well-led.

The registered manager had left the home at short notice. The Provider and deputy manager were providing management cover, but were also committed to employment elsewhere. This limited significantly the amount of time they were able to spend providing management cover and leadership at the home.

We found some improvements had been made with regard to how the home assessed, monitored and improved the quality of the service provided to people. However, the systems that were in use required further work to ensure they were effective.

The atmosphere at the home appeared relaxed.

Significant improvements had been made with regard to the completeness and accuracy of records, with the exception of recruitment and risk assessment documentation.

Requires Improvement 

Oakendale Residential 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 was 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.

The inspection was also carried out to follow up on breaches of regulations that were identified at our last inspection in October 2015, when the service was placed into 'Special Measures' and rated overall as 'Inadequate'.

This inspection took place on 04, 06 & 09 May 2016 and was unannounced. This meant the provider did not know we would be visiting the home to carry out our inspection.

The inspection was undertaken by two adult social care inspectors, including the lead inspector for the service.

Before our inspection, we reviewed all the information we held about the service, including notifications we had received from the provider about significant events at the home. We also received information from the local authority commission and safeguarding teams which we reviewed. Since our last inspection, the service has been the subject of a local authority Quality Improvement Planning initiative, which has involved regular meetings with representatives from the home and a variety of professionals who are concerned with the care of people who live at the home. This has enabled us to gather detailed feedback from a variety of professionals whilst we have been monitoring the service.

During our inspection, we spoke with six people who lived at the home, nine members of staff, including the provider and deputy manager, four of whom we interviewed at length. We observed interactions between people who lived at the home and staff and used the Short Observational Framework for Inspection (SOFI).

SOFI is a method which helps us to gain an understanding of people's experiences when they are unable to communicate with us directly.

We reviewed six people's care records and associated documentation in detail. We also reviewed a range of other documentation relating to the management of the service including, emergency plans, risk assessments, policies and procedures, staff personnel files and records relating to the service and maintenance of the premises and equipment.

Is the service safe?

Our findings

When we last inspected the service, in October 2015, we identified breaches of regulations with regard to staffing levels, recruitment procedures, safe management of medicines, how risks to people were assessed and managed and maintenance of accurate records in respect of people's care and treatment. During this inspection, we checked to see what improvements the provider had made in each of these areas.

With regard to staffing levels, there had been no change in the level of staffing provided, despite a reduction in the number of people who lived at the home. This had resulted in staff having more time to spend with people and to complete domestic tasks. During the course of our time at the home, we observed there to be a sufficient number of staff deployed to meet people's needs safely. However, we found that only two members of staff were on duty at weekends and overnight. During the night shift, one of the staff members was a 'sleep in'. This meant they slept during the night and were supposed to be woken up by the other staff member to assist with people who required two care staff to meet their needs safely.

The home is split over three floors, with the main communal areas on the ground floor, bathroom and bedrooms on the first floor and bedrooms on the second floor. Due to the layout of the building, if staff members were providing care to people in their bedrooms, this left the communal areas unattended by staff. There were no call bells in the communal areas for people to summon assistance, which meant people could be waiting a significant period of time for assistance because of staffing levels, during the periods of time when only two staff are on duty.

At the time of our inspection, there were four people who had been assessed as requiring the assistance of two care staff to move safely, for example, between their bed and a wheelchair or for personal care interventions, one of whom required the assistance of two care staff for regular, two-hourly pressure area care. We have since been notified by the local authority that one other additional person also required two care staff to ensure they received adequate pressure area care, in line with medical guidance.

We saw records of positional changes and the local authority safeguarding team confirmed they had also seen records which showed that positional changes had been carried out by only one staff member on several occasions, particularly during the night shift. Records also showed that during the night shift there were instances where care staff had not delivered pressure area care as directed. In these cases the carer had recorded on the chart that they 'could not manage'. This demonstrated that during the night, care staff were undertaking or attempting to undertake care tasks on their own, against the direction of a medical professional. This could have resulted in the person concerned receiving care in an unsafe manner.

We spoke with one member of care staff during interview who told us they regularly assisted one person on their own and told us; "I do her myself in the mornings". The person was assessed as requiring two care staff for all interventions. This showed staff lacked understanding with regard to providing care for people in a safe way, in line with professional guidance.

The training records sent to us by the provider showed that the majority of staff had completed moving and

handling training and medicines administration training in the last 12 months. However, on the morning of the first day of our first inspection, we were told the 'sleep in' member of staff was unwell and had called in sick. We arrived to find only one member of care staff on duty and the Provider acting as the 'sleep in'. We looked into the training that the member of staff had undertaken and that of the Provider. From the records we were shown and what the Provider told us about their own training, we established the Provider had not undertaken moving and handling training for over six years. This meant that during the night shift of 02/03 May 2016, the staff members who were on duty were not appropriately skilled, qualified and competent to deliver care safely for people who required two care staff for interventions, such as repositioning for pressure area care.

We confirmed through conversation with the Provider and through our attendance at the local authority-led Quality Improvement Planning meetings that staffing levels were not assessed against the dependency of people who lived at the home.

The above matters show that the provider had not ensured that sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed at all times. This was in breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked in detail at staff personnel files and spoke with staff to explore the Provider's recruitment practices. Under Schedule 3 of the Health and Social Care Act 2008, providers are required to undertake checks on potential candidates to ensure they are suitable to work in social care settings. The information gathered should include; proof of identity and a recent photograph; a check with the Disclosure and Barring Service (DBS) on the person's criminal record and whether they have ever been barred from working with vulnerable groups; evidence of conduct in previous employment; verification of why similar employment ended; documentary evidence of qualifications; and information about the candidates physical or mental health which may affect their ability to carry out their role.

We looked at all the available staff personnel files at the home. There were 18 records available for us to review. We found significant gaps in the information that is required under Schedule 3, as mentioned above. For example, we found eight staff had begun employment before the provider received confirmation of checks with the DBS, three of which had no record of DBS checks at all in their files. We found satisfactory references from previous employers, regarding a candidate's conduct, were not recorded in nine out of the 18 files we looked at. In addition the Provider had not checked the identity of nine staff.

When we inspected in October 2015, we found one member of staff had started to work without the appropriate checks having been carried out. We subsequently received communication from the Provider to say that the checks had in fact been carried out prior to the person commencing employment at the home. During this inspection we looked at the personnel records for this member of staff and found their references and DBS clearance were dated after our inspection in October 2015.

The matters above placed people at risk of receiving unsafe or inappropriate care from staff who were not suitable to work with people who, by virtue of their circumstances, may be vulnerable. This was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because recruitment procedures had not been operated effectively to ensure persons employed at the service were of good character and had the qualifications, competences, skills and experience necessary to carry out their role.

With regards to the safe management of medicines, we found the Provider had made some improvements since our last inspection, during which we identified concerns around poor medicines handling practice,

poor record keeping, a lack of risk assessments, poor guidance for staff and no robust audits. However, we identified continuing concerns with regard to poor practice, auditing of medicines and guidance for staff.

The provider had implemented a daily medicines audit, however, this was simply a check to see if Medicines Administration Records (MARs) had been completed by staff and would not flag up any issues unless there were gaps on the MARs. We saw a medicines audit that had been carried out in November 2015 by the previous manager and one by the pharmacy in December 2015, however no audit had been carried out since in order to monitor how the service was performing with regard to the safe management of medicines.

On the morning of the first day of our inspection we witnessed poor practice with regard to medicines administration. The staff member who was working the night shift, who had received the appropriate medicines training, was observed to sign to say they had administered two people's medicines 90 minutes and 30 minutes after they had been administered. This was not in line with best practice and could lead to mistakes being made with regard to people's medicines, which could potentially have serious consequences for people who used the service.

We saw in one person's care records, a letter from their GP stating that the service could administer the person's medicine covertly. This means by hiding the medicine, for example in food, so the person does not realise they are taking it. Medicines are sometimes administered covertly when it is decided, in the person's best interests, that the medicines is required to prevent a deterioration in the health. When we discussed this person's medicines with staff, we received conflicting information about how they should be administered. Two staff members told us the person received their medicine covertly, whilst another told us that they did not think anyone received medicines covertly. The person's care records contained no strategy or plan with regard to administering medicines covertly, in order to provide guidance for staff about why, when and how the medicines should be administered. This could lead to inconsistency in how the person received their medicines, or whether they received them at all, if they refused them when offered overtly.

During this inspection we saw from training records and staff confirmed that the majority of staff had received training to help them administer medicines safely and that checks on their competence had been carried out. This helped to ensure that staff knew their responsibilities and best practice methods to administer people's medicines safely. However, as mentioned above, best practice guidelines were not always followed.

The matters above constituted a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the service had not established, and operated effectively, systems for the proper and safe management of medicines.

Training records showed and staff confirmed that they had undertaken training in relation to safeguarding people who may be vulnerable by virtue of their circumstances. This helped staff to know what forms abuse may take and how to recognise it. Staff told us they would not hesitate to report anything that gave rise to concerns about people. However, when we interviewed staff, they were not confident with regard to what forms abuse might take and what to do in the event safeguarding concerns were raised. Staff told us they would report any concerns to the management, but, with the exception of one staff member, did not know they could raise concerns with external agencies, such as CQC or the local authority. There was no information available to staff about how to report safeguarding concerns and no contact details for external agencies. This was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we last inspected the service, we found assessments of risk to individuals had not always been

completed and where they had been completed, some were completed inaccurately. This left people at risk of unsafe care because staff did not have access to up to date guidance to help mitigate risks to individuals. During this inspection, we found the previous manager had undertaken a lot of work to update people's individual risk assessments and associated care plans in order to try to mitigate and reduce risks to people, which was an improvement. We discussed risk assessment and care planning with the Provider and deputy manager. They explained that they had been doing their best to review care plans on a monthly basis or as people's needs changed.

However, we found that since the manager had left in March 2016, risk assessments had not been reviewed regularly and updated in line with changes in people's circumstances. We received information from the local authority which confirmed what we had seen. Risk assessments and associated management plans for service users, whose needs they had reviewed, had not been updated since the manager left the home. We raised this with the Provider and the deputy manager who assured us they would address this following our inspection.

We observed the home to be clean and tidy. We observed staff used appropriate Personal Protective Equipment (PPE), such as disposable gloves and aprons during our inspection. Staff we spoke with confirmed the home was kept clean and tidy and that they always had sufficient stocks of PPE. We received feedback from professionals as part of the QIP process, which confirmed significant improvements had been made in respect of infection prevention and control. However, we found the bathroom on the first floor did not have a waste receptacle for used paper towels. We discussed this with staff who were on duty. They explained they brought any waste paper towels back downstairs with them and disposed of them in the kitchen bin. We raised this with the provider who assured us they would address this following our inspection.

With regard to the completeness and accuracy of records, we found improvements had been made since our last inspection. For example, people's daily records and accident records contained more detail and were completed accurately in a timely fashion. This was with the exception of the individual risk assessments mentioned above, which had not been properly updated since the manager had left the home.

Is the service effective?

Our findings

When we last inspected the service in October 2015, we identified breaches of regulations in respect of; staff training and supervision, consent; the application of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards; and Nutrition.

During this inspection, we checked to see what improvements had been made in the above areas.

We spoke with people who used the service and staff, looked at staff training records, observed staff carrying out their duties and gained feedback from other professionals to see whether people were supported by staff who had the skills, knowledge and experience to meet their needs effectively.

We saw from training records and staff confirmed that since our last inspection staff had received training in topics including; safe swallowing, the Mental Capacity Act 2005 (MCA) and infection control. This was in addition to training staff had previously received in areas such as moving and handling, medicines administration and safeguarding vulnerable adults. In addition, eight staff had received fire safety training.

We found, however, there were still significant gaps in training for the staff team with regards to important training in fire safety, food safety and first aid. Additionally, training for staff in more specialised areas, such as diabetes, dementia care and Parkinson's disease would have enabled staff to provide a better quality of care for people who were living with such conditions.

When we looked at staff personnel files, we found the majority of staff induction records were missing or incomplete. Staff we spoke with gave varied accounts of the training they had been provided with when they first started to work at the home. This showed an inconsistent approach to inducting staff, to try to ensure they were fully prepared to undertake their roles.

Under the Health and Safety (First-Aid) Regulations 1981 Employers are required to carry out an assessment of first-aid needs. This involves consideration of workplace hazards and risks, the size of the organisation and other relevant factors, to determine what first-aid equipment, facilities and personnel should be provided. During our inspection we found that no assessment had been carried out in this regard. In the event of injury or sudden illness, failure to provide first aid could result in a casualty's death. The provider should ensure that an employee who is injured or taken ill at work receives immediate attention. Training records showed and the Provider confirmed that staff had not been trained to administer first aid, with the exception of one member of staff who only worked a very limited number of hours. This meant that for the vast majority of the time, no staff on duty would be able to administer first aid competently to a colleague or a service user who was injured or taken ill.

At the time of our last inspection, the Provider informed us they were undertaking supervision sessions with staff, in order to free up time for the manager to update people's care documentation. During this inspection, the Provider confirmed that supervision sessions for all staff had still not been completed. Staff we spoke with during our inspection confirmed the same. Supervision sessions are an important tool to

support staff in their roles, by giving the opportunity for a confidential discussion about performance, training, aspirations and any obstacles to them completing their role effectively.

During our last inspection, we discussed the MCA training with staff who had attended the course. From our conversations with them, it was clear the training had not enabled staff to fully understand their responsibilities in line with the Act. Staff were not able to demonstrate knowledge of the main principles of the MCA, nor how it would apply to their role in the care of people who used the service. Since that inspection, further training courses had been provided for staff on this important topic to try to address the shortfall in staff knowledge. However, when we interviewed four care staff, only one was confident with regards to the principles of the act and how it applied to their role. Comments we received from staff about the MCA training included; "I felt this could have been longer, as it was too much packed in to a short time" and "I didn't understand the training and I don't understand about the MCA. I asked the manager to recap the training but it never happened". This showed that staff still did not fully understand how to apply the MCA.

The above matters constituted a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the Provider had not ensured staff had received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found some improvement had been made with regard to the service gaining lawful consent from people before care was provided and also found that some capacity assessments had been undertaken. Before the manager left the home, they had implemented new forms for gaining consent from people who lived at the home and to assess their capacity to consent in relation to several areas of care, including personal care, relationships, finances and moving into the home.

We also saw records which showed the service had gained sight of official documentation where people had made a decision to give another person or people the right to make decisions on their behalf when they were no longer able to make them, or did not wish to make them. This is called Lasting Power of Attorney (LPA). However, we also found that the documentation around consent and assessments of people's capacity was not completed fully in each case for each person who lived at the home. For example, we found consent forms had been signed by some people, but not others.

During the first day of our inspection, we looked at consent documentation, for one person which had not been signed. On the second day of our inspection, we were shown the same documents by the deputy manager, who told us they had contacted the person's son to sign the documents. The service had not had

sight of any legal document, which showed the person's son had the right to make decisions on their behalf.

The above matters showed the service was not working within the principals of the MCA. Additionally, the service had not sought and recorded people's consent to care and treatment in all cases. This was in Breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

With regards to nutrition, when we last inspected the service, we found concerns in relation to the service not seeking timely professional advice in relation to nutrition, care plans and assessments of people's needs not being reflective of their circumstances, a lack of monitoring food and fluids when someone was identified as being at risk of poor nutrition or dehydration and not following professional guidance.

During this inspection we found significant improvements had been made. We saw the provider had implemented a new menu, which had been formed based upon the preferences of people who lived at the home. People we spoke with told us that they were generally satisfied with the food and that they were able to influence what was on the menu.

We saw that the service undertook monitoring of people's weight on a regular basis, which increased in frequency if people were assessed as being at risk of poor nutrition. We saw evidence of involvement of external professionals for guidance and advice, which was generally incorporated into people's plans of care and monitoring of people's food and fluid intake where they were considered to be at risk. Some staff we spoke with, however, were unsure about how to fortify people's diets. This gave rise to concerns that although professional guidance was sought and included in people's plans of care, this may not be put into practice consistently. We discussed this with the provider who assured us they would address this with staff following our inspection. The deputy manager has a significant level of skill with regard to food preparation and will be able to support staff with regard to fortifying diets for people who require them.

The provider was continuing with their programme of redecoration and refurbishment and had completed this in the majority of the home. This helped to create lighter and more pleasant surroundings for people who lived there. The ramp to the rear of the property had been altered to make it easier for people with reduced mobility to access the garden, which people told us they made use of in good weather.

Is the service caring?

Our findings

During our last inspection, we found people were not always treated with dignity and respect. Staff did not respect confidentiality and we identified concerns in relation to people's involvement in planning their care. We also found that due to staffing levels at that time, interactions between people and staff were task based and information giving only, for the most part.

We checked what improvements had been made in these areas during this inspection.

People we spoke with did not raise any concerns about the approach of staff. One person we spoke with commented; "The staff are all very nice." During our observations we saw staff were kind and caring and speaking with people in a respectful manner. We saw one member of staff asking if people were warm enough and went to get one person another jumper to put on, as they were a little cold. We saw another member of staff ask a lady with long hair if she wanted it tying up, which they did in a sensitive manner. This person explained that she has very thick hair and so the carers tie it up for her to stop her neck getting hot in warm weather.

Since the number of people who lived at the home had reduced and staffing levels had remained constant, staff had more time to spend with people and as such were able to respond more quickly to people's needs, in order to help preserve their dignity. Staff also ensured doors and curtains were closed when personal care was provided to help preserve people's privacy and dignity. People were able to choose how they spent their time, in their own rooms or in the communal areas at the home. We did however witness one lady sitting in the lounge whose t-shirt kept riding up at the front which was not very dignified. The staff simply kept pulling it down, rather than trying to find another, better fitting garment for them to wear. Staff missed this opportunity to help preserve the person's dignity.

A relatively small number of people lived at the home who were cared for by a consistent staff team. This meant that positive, caring relationships between people who used the service and staff were able to be developed. Staff we spoke with clearly knew people well and knew people's basic needs. People appeared comfortable in the presence of staff.

Since our last inspection, a lot of work had been put in to gathering information about people's life histories and preferences. The service had also begun to involve people more in reviews of their care, which helped them to shape the service that was delivered to them, with their views and opinions being taken into account. However, since the manager left in March 2016, reviews of care plans had been undertaken by the Provider and the deputy manager and did not demonstrate the involvement of people who lived at the home or those close to them. This meant people's views and opinions may not have been taken into account when care was planned and delivered. The Provider and deputy manager explained that since the manager had left the home, they had found it difficult to ensure care plans were reviewed, but had done so and planned to include people in reviews following our inspection.

During our last inspection, we found staff discussed sensitive personal information about people within

earshot of others. We did not witness this during this inspection, which helped to show how improvements had been made among the staff team with regard to respecting people's confidentiality.

The home did not have any links with advocacy services, nor was there any information available at the home for people who used the service on how to access such services. An advocate is an independent person who can represent someone's wishes and act in their best interests, without judging or giving their own opinion. Advocates can be very helpful to people who do not have anyone else to represent them, for example, someone who does not have regular visits from family members or friends. The lack of information and signposting to such services within the home meant that people who may have benefitted from the use of an advocate were unable to access them. The provider had not made any improvements with regard to advocacy services since our last inspection.

People and staff we spoke with told us there were no restrictions on visiting times.

Is the service responsive?

Our findings

During our last inspection, we found the service did not work collaboratively with people, to deliver responsive care which met people's needs and reflected their preferences. Staff found it difficult to respond to people's needs in a timely manner due to staffing levels and having to perform other duties as well as caring for people. Assessments of people's needs had not been updated for over three months whilst the manager was absent from the home, which had resulted in them not being reflective of people's current circumstances. People's preferences had not been explored and they or those close to them had not been involved in reviewing and planning their care. We also found the home provided very little by way of activities and did not support people to engage in activities that were meaningful to them.

During this inspection, we checked to see what improvements had been made.

We found the manager, before they had left the home, had implemented new assessment and care planning documentation and ensured people's life histories and preferences had been explored and recorded. This included a section regarding social needs and activities. We saw evidence that people and their relatives had been involved in reviews of the care delivered to them. This helped to ensure that people could shape the care that was provided to them.

However, we found that since the manager had left the home in March 2016, assessments of people's needs had not been reviewed. The Provider and the deputy manager told us and records showed that they had reviewed people's plans of care on a monthly basis and more often in line with changes in people's circumstances and, for example, advice from external professionals. However, the lack of up to date assessments of people's needs meant that care plans may not fully meet people's needs, because these may have changed since the last assessment was completed.

The new assessment paperwork that had been implemented included information about people's interests, hobbies and how they liked to spend their time before they moved into the home. However, we found this information had not been used in order to provide meaningful activities for people. For example, one person's records indicated they enjoyed gardening, growing their own plants, playing poker, monopoly, snooker, fishing and car racing. There was no evidence that the service had worked with the person to explore how they could enable them to participate in leisure activities or activities such as gardening which they used to enjoy.

We received negative comments from people about the activities that were provided by the service. We asked people what activities were on offer and how they liked to spend their time. Comments we received included; "Nothing much. I just sit here and do nothing"; "I just sit here and listen to the TV. We have singers come in sometimes"; and "There's nothing going on. We get fed up of the telly all day and that is all that we do, is watch telly. There are some trips out, but not often".

The home did not employ an activities coordinator and relied on staff who worked during the afternoon to arrange and provide activities for people. We witnessed staff provided board games for people to participate

in, if they wished to do so, such as snakes and ladders. Other activities provided included singers that came to the home every so often, visits from the local clergy and chair exercises once per week. People told us and staff confirmed that people were only supported to access the community if staff took them in their own free time.

The matters above were in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because the service had not ensured they worked collaboratively with the person to deliver responsive care which met people's needs and reflected their preferences.

During the inspection, we observed staff were responsive to people and anticipated their needs well. Staff told us they found their work satisfying and rewarding. Throughout our inspection, we observed staff responded to people in a timely manner and had more time to spend with people, which helped ensure people's individual needs were met. This was due to the number of people who lived at the home having reduced, whilst staffing levels had remained constant since our last inspection.

The provider had implemented a formal policy and procedure to handle complaints. This was provided to people when they first moved in to the home. The service had not received any formal complaints in the last 12 months. People told us that they felt they could raise a complaint or concern and felt they would be listened to.

Since our last inspection, the provider had implemented satisfaction questionnaires which were given to people and their relatives in order to gain feedback about the service and their experience. The responses we saw were mainly positive. The provider told us they intended to collate results in the future in order to identify any trends or themes, but at the moment they were able to analyse each response individually because of the low number of people who lived at the home. This showed the service was taking steps to gain feedback about people's experiences in order to improve the service.

Is the service well-led?

Our findings

During our last inspection, we found the service was not meeting legal requirements in relation to good governance. This was because the provider had not ensured there were robust systems in place that were operated effectively to assess, monitor and improve the quality of the service. We found staff morale to be low and those who worked at the home made no attempt to lift the atmosphere or engage with people who used the service, outside of tasks they were performing. There was a lack of joined-up approach from management and we found a conflict between the provider and the manager. In addition, records had not been maintained accurately and completely, and notifications about significant events had not been submitted by the service in a timely fashion.

During this inspection, we checked to see what improvements had been made.

Since our last inspection, the registered manager had taken the decision to leave the home and did so at very short notice, which did not allow for a smooth transition of management responsibilities. The Provider and deputy manager had been trying to cover all the management tasks they were able to, but both had employment elsewhere which they were committed to. This meant they were restricted with regard to the time they could spend at the home. This also meant staff did not have a sufficient level of managerial support and leadership on a day to day basis. Management cover and leadership at the home appeared disjointed. On the second and third days of our inspection, we spoke with staff who were unsure about who was in charge that day. Staff told us that if they needed management support they would call the Provider or deputy manager, however they were not always available to take a call, which could leave staff in a difficult situation, without leadership and guidance.

Supervision sessions with staff had commenced since our last inspection, but had still not been completed for all staff who worked at the home. Staff we spoke with also confirmed they had not received an annual appraisal. Supervision and appraisal sessions are important to help staff to understand what is expected of them and to discuss staff performance and any support they require, amongst other topics.

We found some improvements had been made with regard to quality assurance systems at the home. However, further work was required in this area to ensure the tools being used actually added value and were effective. Checks had been implemented with regard to medicines, daily records, care plans, commodes and mattresses, and infection control. We found the paperwork used for some of these checks did not stipulate what exactly was being checked, which could lead to inconsistencies when different people completed them. Additionally, the checks in place had not identified the issues we have highlighted in this report, such as people's risk assessments being out of date and the submission of applications under DoLS for people who did not lack capacity to make decisions for themselves.

The above matters were in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We did note the atmosphere in the home appeared to be more relaxed and staff we spoke with told us that

since the manager had left things were much better at the home. We saw that staff engaged more with people who used the service, because they were less task driven and had more time to spend with people.

With the exception of people's risk assessment, which had not been reviewed and updated for the last two months, we found improvements had been made with regard to the completeness and accuracy of written records within the home.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The service had not ensured they worked collaboratively with the person to deliver responsive care which met people's needs and reflected their preferences.

The enforcement action we took:

Where we have identified a breach of regulation during inspection which is more serious, we will make sure action is taken. We will report on any action when it is complete.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The service was not working within the principals of the Mental Capacity Act 2005. Additionally, the service had not sought and recorded people's consent to care and treatment in each case.

The enforcement action we took:

Where we have identified a breach of regulation during inspection which is more serious, we will make sure action is taken. We will report on any action when it is complete.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The service had not established, and operated effectively, systems for the proper and safe management of medicines.

The enforcement action we took:

Where we have identified a breach of regulation during inspection which is more serious, we will make sure action is taken. We will report on any action when it is complete.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment

The Provider had not established, and operated effectively, systems and processes to prevent abuse of service users.

The enforcement action we took:

Where we have identified a breach of regulation during inspection which is more serious, we will make sure action is taken. We will report on any action when it is complete.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The service did not demonstrate good management and leadership at all levels. The systems designed to assess, monitor and improve the quality of the service provided were not being operated effectively.

The enforcement action we took:

Where we have identified a breach of regulation during inspection which is more serious, we will make sure action is taken. We will report on any action when it is complete.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures had not been operated effectively to ensure persons employed at the service were of good character and had the qualifications, competences, skills and experience necessary to carry out their role.

The enforcement action we took:

Where we have identified a breach of regulation during inspection which is more serious, we will make sure action is taken. We will report on any action when it is complete.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured that sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed at all times. The provider had not ensured staff had received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform.

The enforcement action we took:

Where we have identified a breach of regulation during inspection which is more serious, we will make sure action is taken. We will report on any action when it is complete.