Carebase (Sewardstone) Limited

Ashbrook Court Care Home

Inspection report

Sewardstone Road
Waltham Abbey
London
E4 7RG

Tel: 02085245530
Website: www.carebase.org.uk

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Ratings

Overall rating for this service	Inadequate

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?	**Inadequate**

Summary of findings

Overall summary

This inspection took place on 7 and 8 February 2017.

Ashbrook Court Care Home is registered to provide accommodation with nursing or personal care for up to 70 people, some of whom may be living with dementia. There were 59 people receiving a service on the day of our inspection.

Ashbrook Court was inspected in July 2015 and June 2016 and rated as Requires Improvement on both occasions with concerns that included good governance. The provider and registered manager sent us an action plan to tell us how and when they would meet the regulations. At this third rated inspection of Ashbrook Court of February 2017, we again found breaches of regulation and that the service was not well led. The actions taken by the provider to date had not ensured compliance with regulation so as to provide people with safe, quality care.

The overall rating for this service is 'Inadequate'. This means that it has been placed into special measures by CQC. The purpose of special measures is to:

- Ensure that providers found to be providing inadequate care significantly improve.
- Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.
- Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration.

Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains 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 the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and if needed could be escalated to urgent enforcement action.

A registered manager was 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 registered manager had resigned their post and was due to leave the service immediately following this inspection.

The service was not well led and there were demonstrated persistent weaknesses in the provider's approach to monitoring, improving and sustaining the quality of the service. While people living and working in the service had the opportunity to say how they felt about the home and the service it provided, the action plans

developed to recover the service were not sufficiently robust to ensure that required improvements were implemented and maintained. Concerns regarding care planning identified in the 2015 inspection had been improved by the 2016 inspection, yet this was found to be failing again at this inspection of February 2017.

People's medicines were not safely managed. Risk management plans were not in place or kept up-to-date to support people and keep them safe. Records were not always available to identify and to guide staff on how to meet people's assessed care needs. People did not always have the opportunity to participate in social activities and engage in positive interactions to ensure person centred care.

Up-to-date guidance about protecting people's rights had not been followed so as to support decisions made on people's behalf and to comply with legislation.

Improvements were needed to support staff to complete available induction programmes, including for agency staff, and to ensure that those people working in the service were suitable to be with vulnerable people. Continuity of staff was lacking and this impacted on people's experience of their care and support.

Staff were knowledgeable about identifying abuse and how to report it to safeguard people.

People enjoyed the meals served. Arrangements were in place to support people to gain access to health professionals and services as needed.

People were supported by kind staff who treated them with dignity and respect. Visitors were welcomed and relationships were supported.

People felt able to raise any complaints and felt that the provider would listen to them. Information to help people to make a complaint was readily available.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe.

People's medicines were not managed safely.

Systems to manage risk for people living and working in the service were still not safe in all areas, including recruitment processes for agency staff.

There were enough staff to meet people's needs safely, however improvements were needed to the consistency of staff supporting people.

The provider had systems in place to manage safeguarding concerns.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Guidance was not being followed to ensure that people were supported appropriately in regards to their ability to make decisions.

Improvements were needed to staff induction systems.

People's dining experiences were positive overall and comments from people about the meals were complimentary. People had access to healthcare professionals when they required them.

Is the service caring?

Requires Improvement

The service was not consistently caring.

The service had not shown a caring approach in the way it supported people's care and decision making. Interactions between staff and people were positive, however the care provided was often task focused and routine based.

Staff treated people with treated with dignity and respect.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People's care was not always planned so that staff had guidance to follow to provide people with consistent person centred care.

Improvements were required to ensure that all people who lived at the service received the opportunity to participate in meaningful activities and social engagement that met their needs.

The service had arrangements in place to deal with comments and complaints.

Is the service well-led?

Inadequate

The service was not well-led.

There was a lack of managerial oversight, leadership and accountability in the service overall.

We found that the provider and registered manager had failed to implement a robust quality monitoring system that consistently managed risks and assured the health, welfare and safety of people who received care.

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

This inspection took place on 7 and 8 February 2017 and was unannounced.

The inspection team on the first day consisted of two inspectors, a Specialist Advisor whose specialist area of expertise related to nursing 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, in this care, dementia care. The inspection team on the second day consisted of two inspectors.

Before the inspection, we looked at information that we had received about the service. This included information we received from the local authority and any notifications from the provider. Statutory notifications include information about important events which the provider is required to send us by law. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection process, we spoke with eleven people who received a service and ten visitors. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with the registered manager, the deputy manager, the head of nursing, the provider's representative, and fourteen staff working in the service.

We looked at 17 people's care and 18 people's medicines records. We also looked at records relating to 14 permanent staff and five agency staff members, along with the provider's arrangements for supporting staff, managing complaints and monitoring and assessing the quality of the services provided at the home.

Inadequate

Is the service safe?

Our findings

During our inspection of this service in June 2016, we found that the provider did not have suitable arrangements in place to protect people against individual risks and the safe use of equipment in the service. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan to tell us how and when they would meet the regulation and ensure people's safety.

At this inspection of February 2017, while we identified that improvements had been made in some aspects, we found additional risks to people's safety.

People's medicines had not been safely managed, administered or accurately recorded which placed them at risk of harm. One person's medication administration records (MAR) indicated that they had not received their prescribed pain relief medication on five consecutive occasions. The person's care records noted that, during that period, the person had expressed they felt pain. Records did not show what action, if any, staff had taken in response to this. On 8 February 2017, one person's MAR showed that they were prescribed Warfarin to reduce the risk of their blood clotting. The person's previous blood test results issued by the anticoagulant clinic recorded the specific dose to be administered each day. A further instruction detailed that the person's blood was to be tested again on 6 February 2017, as the dosage of this medication is variable dependent on the person's individual ongoing blood test results. There was no evidence however that this test had been undertaken or planned for. We discussed this with the registered manager and deputy manager who confirmed that they were unaware that this was required and this had not been completed or followed up. This showed that the registered manager and staff had failed to recognise the importance of regular blood tests to ensure that the person received the correct dose of medication.

There were unexplained gaps in records relating to nine people's prescribed topical creams, such as those used to aid the prevention of skin breakdown and pressure ulcers. There were also gaps in three people's MAR relating to other prescribed medicines and no explanation was recorded to show the reason for this. Another person had not received their medicine on one occasion as this was recorded as out of stock. Two people's medicine had not been recorded on its arrival at the service which meant it was not possible to check if the stock balance was accurate to the record of medicines administered. The stock balance of one person's medicines did not tally with the records. This meant that it was not possible to determine if people had received these prescribed medicines and this put people at potential risk.

There were continued failings in regards to some records supporting the management of risk and to staff knowledge of how to access these assessments to ensure people's ongoing safety. Risk assessments did not always show that all areas of the hazard had been considered to enable the risk to be mitigated safely. One person, for example, had a stoma. This is an opening on the front of the person's stomach which diverts waste products into a pouch on the outside of their body. At the last inspection, we noted that while records showed that stoma care had been provided such as changing the stoma bag, a full assessment of the risks was not evident. At this inspection, we again found that the risk assessment did not evidence that suitable control measures were in place to mitigate the risk or potential risk of harm for the person using the service,

for example, stoma blockage or leakage, irritation or tenderness around the stoma site and other complications. There was no evidence to indicate how frequently the stoma pouch required changing. Another person's records showed that they had a history of falls; however there was no risk assessment in place regarding this. One person's records showed that they were at high risk of developing pressure ulcers. There was no pressure ulcer risk assessment in place although the person had a blister that was described in other records as a pressure sore.

Available risk assessments had not always been reviewed routinely to ensure they gave staff the most up to date information to manage their own wellbeing and that of the people they supported. The last review relating to the stoma risk assessment, for example, was recorded as June 2016. Another person's bedrail risk assessment record showed it was last reviewed in May 2016. While most risk assessments records were completed on an electronic system others were kept in a paper format. Some staff were not aware of these paper records. This meant that some staff did not have current guidance on supporting individual people in the safest way. This potential risk was increased due to the inconsistency of the staff group.

At our last inspection we identified that profiles to confirm the suitability of some agency staff to work in the service were not in place. The registered manager told us they put a system in place at the time of that inspection to address this. At this inspection we again found that a profile was not in place for one of the agency members of staff working in the service. The profile was obtained immediately from the agency once we made the registered manager aware. We saw a number of external workers who were involved in the on-going refurbishment of the service and who freely accessed all areas of the premises used by people living in the service. We requested an assessment of the risks this posed for people and confirmation that suitable checks had been carried out on all of these external workers. Confirmation of criminal record checks were sent to us promptly for four of the workers, however we did not receive a risk assessment to ensure people's safety. Evidence that other external workers had been suitably checked was sent to us four weeks after the inspection. Although this was pointed out by inspectors at the time, the service did not consider these risks themselves and we remain concerned that they did not have a clear understanding of the management of risks to people's safety on a day to day basis.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People expressed varied views regarding the suitability of staffing deployment in the service. The majority of people told us that there were enough staff to meet their care needs, however some people felt that staff were very busy and did not have time to spend with them. One person said, "Staff on the whole are very good but they are very busy and have got no time for small talk. This morning I was being wheeled back from the toilet and I asked could we stop by the hyacinths so I could straighten one and the staff said no as they were going off duty. Change over time is busy, nights are alright but the weekends are busy like the week days." People told us that they could wait between five and 15 minutes to be assisted with personal care and that overall this was acceptable to them. Staff told us that levels of staff were adequate overall for the numbers and needs of the people currently being supported. We noted that staff took care to ensure one staff member monitored the communal rooms to ensure people's safety. This did mean on occasions that people then had to wait for support. Our observations during the inspection indicated that the deployment of staff was suitable to meet people's physical care needs and staff were available to people when they needed them.

Some people also told us that they found difficulty with the changes to staff and the lack of consistency this offered. One relative said, "The care is alright, the regular staff are friendly but they have quite a lot of agency staff and people with dementia need familiar faces who know them and what they need." Staff also

expressed frustration with the lack of permanent staff and with the frequent changes in the areas of the home they were allocated to work in, which they felt often impacted on their getting to know people or completing tasks well. One staff member said, "We often have the numbers of staff but not the quality." The recent employee survey of December 2016 told us that only 28 per cent of staff felt there were enough staff in their department to do the job properly. Staff we spoke with told us that any gaps were filled either by agency staff or by moving staff around in the service. The registered manager told us that following a recent recruitment drive they had appointed sufficient permanent staff to cover all vacant care staff posts, subject to suitable references and checks.

People told us that they felt safe living at the service. One person stated, "Yes it is safe, the building is nice and comfy, staff seem very good and there seems to be enough of them."

The registered manager and the Provider's Information Return (PIR) confirmed that staff had been provided with training on safeguarding people. Staff knew how to recognise different forms of abuse. Information on who to speak with was displayed in the service if people felt concerned for themselves or others. The registered manager and staff were aware of their responsibility in regards to protecting people from the risk of abuse and how to report concerns. They confirmed they would do this without hesitation to keep people safe. Staff told us they would take any steps necessary to protect people using the service and would report to external agencies if needed. The registered manager had notified us as required of a number of safeguarding events that had been raised regarding the service. Records relating to safeguarding incidents in the service were well organised.

We found that improvements had been made to using equipment safely since our last inspection. All observations showed that staff supported people safely when using equipment to help people to transfer from one area to another. Where people had specialist mattresses in place to help to help prevent pressure ulcers developing or deteriorating, these were at the correct setting and had been checked regularly to limit risk. We also saw that, on the units, senior staff provided care staff with more direction and leadership. These are noted improvements from the last inspection. While records supporting the safe management of risk needed further improvement we noted, for example, that pressure ulcers were improving and that infection management of stoma sites was effective.

Records viewed for permanent staff showed that recruitment processes were safe and that all required checks and processes were in place as required.

Requires Improvement

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager confirmed that DoLS applications had been made to the local authority where required and that no specific conditions were in place relating to these.

We found that the service was not working within the principles of the MCA. While staff had attended training, not all staff were able to demonstrate a basic understanding of MCA and DoLS and how these should be applied. One staff member told us, "I think it is something to do with dementia or depression." Individual people's records contained contradictory information about people's capacity, for example care plans stated that two people had variable capacity to make decisions while their mental capacity assessments stated they did not have capacity to make decisions. This showed a lack of staff understanding and did not provide care staff with clear information on how best to support the person in decision making. Where capacity assessments were in place, they had not been reviewed to ensure they remained accurate and appropriate. In some cases assessments of people's capacity had not been completed in line with Mental Capacity Act where decisions had been made about their care and treatment. The arrangements for the use of bedrails, pressure sensor floor mats and door screens had not been assessed for individual people. There was no formal assessment completed to explain why these were in the person's best interests and the least restrictive option for the person. One person, for example, had a formal representative appointed as the person was assessed as unable to make their own decisions. There was no evidence to demonstrate that the person's representative had been involved in the decision to place a screen across the person's bedroom door. This meant that important decisions about people's health and welfare were being taken by staff who were not appropriately authorised to do so.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements were needed to the organisation and monitoring of the induction process to support new staff. Staff and records confirmed that staff received an orientation induction and basic training when they started working in the service. Staff did not always find this level of induction to be adequate. One staff member who had no previous experience of working in care told us that their orientation and shadowing induction was 'not very supportive as everyone was so busy.' The PIR stated that all staff who did not have a vocational qualification would complete the Care Certificate induction programme. The Care Certificate is an industry recognised set of 15 standards designed to support staff new to the care industry to develop the skills necessary for their role and to offer a method for their competence to be assessed. Staff and the deputy manager confirmed that a number of staff who had no previous experience or qualification in care

had been supported to commence, but not complete, this induction programme in line with the provider's policy. Two staff members' records, for example, showed they commenced working in the service in April 2016 and May 2016 respectively. Both were provided with some sections of the Care Certificate induction workbooks in August 2016. Records showed that one person had completed one section and the other person had completed none. The deputy manager was unable to provide a rationale for this and told us that better monitoring of this was needed to ensure that the ongoing programme was completed by all relevant staff. We asked for the induction record for an agency member of staff working in the service for the first time on the day of our inspection. This had not been completed and we were told it would be provided when the agency staff member returned from their break. A regular agency staff member told us that they had found initial support in the service difficult and said, "I had no proper induction. On the first day I was shown the fire points, that was my only instruction."

Staff and records provided by the registered manager confirmed that staff received updated training, supervision and appraisal to ensure their continued competence in their role. One staff member said, "I have had training on the job and some competence assessments. I have had one to one and group feedback meetings and I have just had an appraisal.

At our last inspection we noted that improvements were needed to records to confirm that people's nutrition and hydration needs were effectively met. This was because records were so poorly completed in some cases we could not be reassured that people always had sufficient food and drinks and staff had not followed instructions to record this. At this inspection we found the improvements had not been implemented. Fluid and food intake charts were in place where peoples' risk assessments indicated to support effective monitoring. However there continued to be gaps in these records which meant that the registered manager again could not be assured that people had received adequate food and fluids in line with their individual assessed needs to limit the risk.

Nutritional assessments were completed to provide a baseline to support effective nutritional monitoring for people. People's records showed that referrals were made to appropriate healthcare professionals as needed. While we noted that a number of people had had significant and concerning weight change recorded in a recent month, the registered manager told us this was not accurate and that the scales had subsequently been replaced. This information had not been updated on people's records to explain the inaccuracy.

Despite the lack of appropriate records in some instances, people spoke positively about the choice of food and drinks served. One person said, "Meals are good, we get soup twice a day and if there is something you are not keen on you can say and they have a good variety. I have not seen a chef but the staff know my likes and dislikes and at lunchtime I can ask for cheese and biscuits, it is nice." We noted later that the person was served this choice of meal. People were offered wine, sherry or beer before lunch and were offered choices of meals. We also observed that people were offered and had access to drinks throughout the day. Meals were well presented to be appealing to people and were served in a pleasant environment. Where staff supported people to eat, they sat with the person and assisted them in a calm and unhurried way to allow the person to enjoy their meal. We saw that staff explained to people what food was on the spoon so that people knew what they were eating and asking people if they were ready to have another spoonful of food. A relative said, "The meals are good, plenty of treats, nice cakes with a good selection and at supper there is always something hot, soup and sandwiches."

People told us their healthcare needs were well managed. People's comments included, "We have a doctor come, the District Nurse comes and last week they took my blood and you can see a chiropodist", and, "I can ask for the doctor and if I need an optician or dentist they would do something about it and get one for

me." A relative said, "They are attentive and watch out for urine infections. They know the signs and test regularly and are on top of things."

Requires Improvement

Is the service caring?

Our findings

Overall people and their relatives told us that staff cared for people in a caring and kind way. Our overall findings however, in terms of potential risks to people's wellbeing, pain management or human rights, as well as all support functions including care records and management oversight, did not concur with people's comments about a caring service.

During our inspection of this service in June 2016, we found that the provider did not have suitable arrangements in place to protect people's dignity. This was a breach of Regulation 10 of the Health and Social Care Act 20018 (Regulated Activities) Regulations 2014. The provider sent us an action plan to tell us how and when they would meet the regulation and ensure people's dignity was respected.

At this inspection of February 2017, we found that the required improvements had been made and people were treated with dignity and respect. We saw staff talk quietly to people and to close doors when people were receiving care. Staff were aware of ensuring that a person who chose not to wear clothing while in bed remained covered to protect their dignity. Staff were observed knocking on people's bedroom doors, calling out who they were and why they were entering the rooms. Staff addressed people by name and listened to people when they spoke. Staff asked for people's agreement before providing care and respected their responses. We saw, for example, that when staff asked, one person said they were not ready to take their medication until after their lunch. The staff member respected this and confirmed to the person that they would return with the tablets after the person had eaten. One person received a letter and asked staff to read it to them. The staff member sat closer to the person to read the letter explaining to the person that this was so that other people in the lounge did not hear the contents.

Improvements were needed to ensure people were involved in planning their own care where possible and that suitable support to achieve this was in place. At this inspection, some people told us they were involved in the planning of their own care and support; however there was little evidence of this in the care records. The deputy manager confirmed that this was not recorded and that, where people were said to have declined to be involved, this had not been documented. The provider's recent survey of relatives/friends showed that 50 per cent felt the service was good at involving them in care planning although all knew who to approach if they had a request.

People told us they were able to keep their independence and exercise choice in their daily lives where they were able. One person said, "I get up when I want and go to bed when I want, I have my meals in the dining room." Another person said, "I am happy on my own and it is my choice to eat in my room." We saw staff in one lounge ask and encourage a person to help with the washing up which the person willingly joined in with.

People spoke in a complimentary way about the staff and their approach to people living in the service. One person said, "Staff are very good, they do anything you ask. I am not the easiest person, they are very kind." A relative told us , "I love it, [person] is treated with respect and kindness. There is a big turnover of staff, they are very friendly and they come and chat to [person], staff often tell me what [person] says." Another person

told us, "It's very nice here, everyone fits in and I cannot find fault with the staff, I have got someone to talk to all the time."

While staff were clearly busy and care was mainly task led, we saw that staff chatted with people while they were completing support tasks and this was done with kindness and consideration. Staff reassured a person who was being transferred from their armchair to their wheelchair using specialist equipment. Staff told the person what was to happen throughout the procedure, that the person was safe and touched the person's hand or shoulder appropriately to reassure them. We saw that people had positive relationships with staff and staff communicated with people in ways that were appropriate. Staff told us of one person's way of asking for a hot drink and biscuits and that they would hold up their fingers to indicate how many biscuits they wished for. We later saw this to take place.

People told us their visitors were welcomed in the service and this was confirmed by the visitors we spoke with. One relative said, "A number of us relatives come in to help at mealtimes. I come every day and try to get [person] to eat as I can get them to eat more. I have more time and they [staff] don't have the time to sit with [person] for half an hour and [person] eats well with me."

Requires Improvement

Is the service responsive?

Our findings

Our inspections of the service in July 2015 and June 2016 found that improvements were needed to people's care records. The registered manager's action plan of September 2016 told that additional checks had been incorporated to ensure the care plans were current, factual and reflected the person's needs.

At this inspection in February 2017, we again found that the quality of information included in people's care records was inconsistent. Records showed that some aspects of people's care needs were not included within their plan of care. We saw, for example, from four people's baseline assessments that they were at high risk of developing pressure ulcers. However, no skin integrity care plan was available for any of those people. This meant that people's care plan did not fully reflect their care requirements and the support to be provided and delivered by staff to ensure people's care needs were met.

One person's assessment stated that they should be repositioned 2 hourly. This would be to redistribute pressure on different parts of their body so as to reduce the potential for and relieve pressure ulcers. We found numerous gaps in the person's repositioning records such as their being repositioned only twice in the 24 hour period on 4 February and once on 3 February. The person's records also showed gaps in the recent application of the cream prescribed to be applied to their sacral area twice daily. Staff handover records for 6 February 2017 stated that the person had a 'sore on their bottom'. We could not be reassured that the person had received suitable preventative care to ensure their wellbeing and prevent breakdown of their skin.

One person was living with dementia and was assessed as being unable to make informed decisions. The person's care plan noted that their oxygen levels could drop. The plan instructed staff to check this twice daily, morning and evening, so that the available oxygen could be administered when needed. The person's oxygen saturation monitoring record had been completed on the morning of 7 February, however the previous entry was dated on the morning of 4 February. Numerous other gaps in these records were noted. The person was unable to tell us if they had needed or received the required care. This meant that there was no way of knowing whether or not the person's levels had been checked or if they had received care and treatment that met their needs.

Records showed that two people had been very distressed on occasions in the service and had been physically and verbally abusive of others. There was limited information on the staff interventions provided to ensure that the person received consistent support that met their individual needs. We saw, for example, that two people living with dementia engaged in a verbally distressing interaction on three occasions during our observation. Staff present did not respond or take any steps to reassure either of the people or make any attempt to reduce their anxiety and distress.

One person's records showed that their relative had expressed concerns about the person's ability to chew. Records showed that the person had lost nine kilograms in weight in the preceding seven weeks. The person's care plan instructed that the person was to be weighed weekly, their food and fluid intake was to be recorded as was their two hourly repositioning as they had a superficial pressure ulcer. No evidence was

made available to demonstrate the person had been weighed weekly and that staff had responded to this person's identified need. The food, fluid and repositioning charts showed numerous gaps and also occasions where the person was recorded as not having any food, fluid or repositioning during 24-hour periods. The failure to maintain clear records and follow the instructions of the care plan meant we could not be reassured that appropriate care had been provided to meet the person's needs.

Assessments showed information on people's interests, experiences and the people who mattered to them in most cases. We could not see how this was linked to the planned programme of activities or to people's individual needs and preferences. The recent relatives' survey confirms that that the service provides a range of social activities. It also shows however that only 50 per cent of relatives felt that the person living in the service was consulted about their particular interests.

One person's records stated their current interests as pigeons, World Was 2 and gardening. There was no plan of care to show how the person's social needs were to be met. Another person's care plan did not record any preferences for the person's recreation and social activities. It instructed staff to encourage the person to take part in the daily activities and weekly outings. The person said, "There is not much to do here. I sit and watch what is going on. Thank you for talking with me." We observed in one unit that that the main activity provided to people throughout both days of the inspection was the repeated playing of four DVD films. The registered manager told us that the person employed to co-ordinate social activities was on unexpected leave. No other arrangements, such as the allocation of an additional designated staff member had been made to ensure people's needs were met.

This is a breach of Regulation 9 of the Health and Social Care Act 20018 (Regulated Activities) Regulations 2014.

People told us they would feel able to bring their complaints to the management team. One person said, "I have got no complaints but if I did would go to the manager or (clinical lead)."A relative said, "I got a form about complaints and I can speak to the staff." People were given information on how to raise any complaints and the provider's complaints policy was displayed. This gave people information on timescales within which they could expect a response so people knew what to expect. A system was in place to record complaints and to show any actions taken. The records of the formal complaints received in the service since the last inspection was well organised and clearly showed that people's comments and complaints had been responded to.

Inadequate

Is the service well-led?

Our findings

Our inspections of this service of July 2015 and June 2016 found breaches of regulation, including relating to good governance. The ongoing failings resulted in the Well-led section being judged as Inadequate at the last inspection. On each occasion the service was rated as Requires Improvement overall and the provider and registered manager sent us an action plan telling us of the changes put in place to bring about the required improvements. However, the continued failings found at this inspection of February 2017 showed that these actions were not appropriate or sufficient to bring about the necessary changes.

A registered manager was in post; however they had already tendered their resignation and were leaving the service immediately after this inspection. This meant the service would be in a period of additional instability which increased concerns regarding leadership and accountability. People's comments about the registered manager included, "The manager is alright and if the buzzers keep going she comes down – she is leaving today", and "The manager is very nice and always listens but does not always do what is needed."

The provider and registered manager's action plan of September 2016 told us that all risk assessments were in place for all of people's conditions, staff had been provided with additional training on care document recording and monthly care plan audits would ensure the plans were up to date with relevant information. We found at this inspection that these actions had not been implemented successfully. Risks we had previously identified had again not been fully assessed and we identified additional risks. While, for example, instructions had been given to staff to consistently record people's fluid and food intake following our last inspection, this still continued not to be implemented properly by staff and insufficient action had been taken to ensure it was followed through. This showed a lack of staff accountability and effective monitoring and leadership.

While some changes had been made, the provider's quality monitoring systems had failed to make sufficient and sustained improvements as demonstrated over three inspections. This showed fundamental weaknesses in the system that had not been properly analysed to enable effective learning and improvements to take place. Where medication errors were identified in audits, they did not contain sufficient detail to enable follow-up action to be demonstrated. Staff approach to completing actions was lax in some areas, such as their responsibility to maintain clear records of people's care. Induction programmes for staff had not been completed without clear reason and senior staff confirmed that better monitoring was required to ensure these were completed. We identified that the registered manager had not notified us as required of two incidents that had occurred in the service. The provider had not taken sufficiently robust action to achieve and sustain compliance in all areas of concern so as to ensure people were provided a safe, quality service. These continuous failings and lack of strong, effective actions to ensure sustained compliance have resulted in the service rating deteriorating to Inadequate overall.

This is a breach of Regulation 17 of the Health and Social Care Act 20018 (Regulated Activities) Regulations 2014.

People told us there were opportunities to express their views on the service, for example, through

attendance at relatives meetings. Minutes of the meeting of December 2016 showed that people's views had been sought, for example on the menus and on activities, however no one had had offered suggestions for additional activities they would like. One person told us that while they had attended the meetings they never received minutes of the meetings, despite being in the service frequently. We saw that a suggestion box was available in reception; the registered manager told us that it had only been used once. A very recent satisfaction survey of people, relatives and staff had been completed in the service. One person using the service and 18 relatives had responded. 18 of 75 eligible staff had responded. The provider's summary identified that this is a particularly low response rate in the organisation. No other attempts had been made to engage people or staff in a different way.

The registered manager told us of actions in place to reward and appreciate staff in the service. The provider had raised the basic hourly rate of pay for all care staff to above the national average in an effort to attract and retain staff. The organisation also had a scheme where staff could be nominated for an annual award. However not all staff felt appreciated in the service. A regular agency staff member said, "Staff do not respect agency staff. I have been here six weeks. I never really met the registered manager properly until yesterday. It is a nice place though so I would really like to see it run well."

Some staff found the lack of consistency in the staff team impacted on their morale and they did not find the management team supportive and available. A staff member said, " Staff do not stay. Management are not helpful or friendly, they only answer 'hello'. They are not often out on the floor, even to help out. The job is hard and sometimes staff are stressed." Another staff member told us they quite enjoyed their job and that while consistency of staff was often an issue they would not mind the planned change in management. They said, "There is a good stable staff team today so there is a good culture but Sunday was chaos with contradictory instructions and confusion about whether agency staff were actually booked. The management team have tried but they are missing moral boosting and motivational leadership."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered provider had not ensured that people's care was planned for so that staff had information to guide them on how each person's needs and preferences were to be met and ensured that the care provided was person centred and met the person's identified needs.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Care and treatment were not provided with consent of the relevant person.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider had not protected people against the risks of inappropriate care and treatment.