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St Andrews Lodge

Inspection report

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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

We inspected St Andrews Lodge on 21 February 2017. St Andrews Lodge is a small care home without nursing, for up to seven people with mental health needs. At the time of the inspection there were five people living at the home. People required support to manage their mental health and other medical needs. The building was a large detached house arranged over two floors, with a large garden at the back of the property. The home is situated in a residential area of Burgess Hill and local shops and services are within walking distance.

The home had a registered manager who was also one of the registered providers. 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.

At the last inspection in October 2016 we identified continued breaches of the regulations in three areas and one new breach of regulations. We took enforcement action against the provider. We issued four warning notices in relation to good governance, the safe care and treatment of service users, standards of hygiene at the premises and staffing. We undertook a comprehensive inspection on 21 February 2017 to check whether the required actions had been taken to address the breaches we previously identified. This report covers our findings in relation to these requirements.

The overall rating for St Andrews Lodge is 'Inadequate' and the service is therefore in 'Special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the providers' registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration. For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The registered manager had failed to make and sustain all the improvements needed to address the requirements detailed in the warning notices. Whilst some improvements had been made, there remained

continued breaches of the regulations.

Risks to people were not consistently identified and managed to protect people. Staff did not always have clear guidance in how to support people and measures to reduce risks were not always effective. Environmental risks were not consistently assessed and managed. This was identified as a continued breach.

Standards of hygiene had improved and the registered manager had implemented systems to ensure that regular infection control procedures were maintained in most areas of the home. However some areas remained in poor decorative state and hygiene remained an issue in these areas of the home. This was identified as a continued breach.

The registered manager was aware of areas requiring improvement identified at the previous inspection, and that they were required to comply with the regulations by 31 January 2017. However they had not addressed all aspects of the warning notices and therefore breaches of the regulations remained. The continued failure to improve through a lack of effective systems and poor planning demonstrates inadequate management and leadership.

There continued to be a lack of effective systems in place to manage risks, for example a fire risk assessment had not been completed for the home. Policies and procedures had not been updated, this meant that staff did not have the guidance they needed to provide a safe and effective service. Records were not always up to date, complete and accurate. The registered manager had made some improvements and introduced systems and processes to improve standards of care and to provide better oversight. However not all systems were imbedded and improvements were not yet sustained. The continued failure to improve standards means that there remained a breach.

People's care plans were not well personalised, for example there was little detail about individual's personal history, their preferences, views, interests and aspirations. This meant that the care plans lacked a sense of the person and were task focussed. Staff had little information to guide them in providing care that was personalised or responsive to the needs of the person. We identified this as a breach.

Failure to maintain adequate standards of hygiene and maintenance in some areas of the home had a negative impact on the dignity of people. There was a significant impact for one person whose needs were not always effectively supported. This was identified as an area of practice that needed to improve.

Staff had received some training and support and people told us they were confident that staff had the skills to support them. One person said, "I'm sure the staff know what they are doing." However people's needs were not met consistently because staff did not always have the training and support they needed. This was identified as an area of practice that needed to improve.

People told us they felt safe living at St Andrew's Lodge, one person said, "I think I am much safer here then living on my own." People's medicines were managed safely by staff who had been trained and assessed as competent. Staff understood their responsibilities with regard to protecting people from abuse and knew how to report concerns. There was a safe recruitment process in place to ensure that staff were suitable to work with people.

People told us they enjoyed the food at St Andrews Lodge and that they had enough to eat and drink. One person enjoyed cooking and usually made the main meal for people. One person told us "I like the food its very, very good."

People were supported to access the health care services they needed and they told us they were supported to make and attend appointments. Staff were working within the principles of the Mental Capacity Act 2005 (MCA) and understood the importance of seeking consent from people before providing support.

People spoke highly of the staff, one person said "The staff are always kind," another told us, "I can't think of anything that they could do better." They told us that staff knew them well and understood their needs. People were supported to retain their independence. One person told us about trips to the local swimming pool, they said, "I think I have grown in confidence and I could go on my own now if I wanted too." People were encouraged to express their views. One person told us that they had all been consulted about the colour scheme for recent refurbishment in some areas of the home.

People were supported to follow their interests and they told us they enjoyed the activities that were provided at the home. People knew how to complain and said they would feel comfortable to do so. People spoke highly of the staff, one person said of the registered manager, "They are very, very nice and kind. They know me very well. I get all the help I need." Some management systems were in place to support planning and people were asked for their views on the service and planned developments.

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 consistently safe.

Risks to people were not consistently assessed and managed.

People received their medicines safely.

Safe recruitment procedures were in place.

Is the service effective?

Requires Improvement ●

The service was not consistently effective

Staff had not received the support and training they needed to be effective in their roles.

People were supported to have enough to eat and drink and risks of malnutrition and hydration were identified and managed.

People were supported to access the health care services they needed.

Is the service caring?

Requires Improvement ●

The staff were not consistently caring.

Continued failures in maintaining a hygienic environment and supporting people's needs effectively had a negative impact upon people's dignity.

Staff knew the people they were caring for well. People were supported to express their views and to make choices.

People's independence was promoted and their privacy was respected.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

People's care needs were assessed however care plans were not well personalised and lacked detail in how to provide person

centred care.

People were supported to follow interests and engage with activities.

People knew how to complain and felt comfortable to raise any concerns.

Is the service well-led?

The service was not consistently well- led.

There was a continued failure to improve. Systems and processes to ensure the quality of the service were not always effective.

Records were not always accurate and up to date and guidance for staff was not always clear.

Some systems were in place to support planning and people's views were sought on developments within the service.

Inadequate ●

St Andrews Lodge

Detailed findings

Background to this inspection

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

This inspection took place on 21 February 2017 and was announced. The provider was given 24 hours' notice because the location is small and we needed to be sure that the registered manager and other staff were available to speak to us on the day of the inspection. The inspection team consisted of two inspectors.

Before the inspection we reviewed information we held about the service including previous inspection reports, any notifications, (a notification is information about important events which the service is required to send to us by law) and any complaints that we had received. This enabled us to ensure we were addressing relevant areas at the inspection. A Provider Information Return PIR asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We did not ask the provider to submit a (PIR) prior to this inspection because the inspection was undertaken at short notice.

We spoke to four people who use the service. We interviewed the registered manager. We looked at a range of documents including policies and procedures, care records for five people and other documents such as, incident and accident records, medication records and quality assurance information. We reviewed staff information including recruitment, supervision and training information as well as team meeting minutes.

The last inspection of 25 October 2016 identified three continued breaches and one new breach of the regulations. We issued four warning notices requiring the provider to become compliant with the regulations by 31 January 2017. At this inspection we checked what progress had been made.

Is the service safe?

Our findings

At the last inspection in October 2016 we found that the provider remained in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had failed to make the necessary improvements to systems for assessing recording and managing risks to people's health and safety. We issued a warning notice and the provider was required to become compliant with this regulation by 31 January 2017.

At this inspection we found that the registered manager had made some improvements however there remained concerns about the identification and management of risks to people. Records showed that identified risks to people had been reviewed since the last inspection. Increased risks associated with the hygiene of one person had been identified however there remained no guidance for staff to follow in relation to supporting this person to maintain a safe and hygienic environment. We asked the registered manager what arrangements were in place to ensure infection control risks were being managed to support this person. The provider was able to tell us about the actions they had taken to seek advice and help with managing the risks. Whilst care records indicated the person's risk assessment and care plan needed to be reviewed since their needs had increased, this was not yet in place. The registered manager said this was because they were waiting for further information from a health and care professional. The registered manager told us that a plan was in progress to work with the person to reduce the risks. They said they had communicated this to staff verbally. Despite these positive actions our observations were that the standard of hygiene within the person's room had deteriorated significantly. There was a strong acrid smell of urine in the room and the wall by the person's bed was smeared with secretions that appeared not to have been cleaned for some time. It was clear that infection control risks were not being effectively managed.

The registered manager acknowledged that the situation had escalated and told us of plans to provide a different bedroom for the person. However, there was not a clear plan in place for staff to follow to mitigate the risks whilst these arrangements were being put in place. The registered manager told us that the person's room was cleaned on a daily basis however there was no evidence that this was happening consistently and there was no clear guidance for staff to follow to support the person's behaviour.

Another person had been identified as being at risk of falls. However the risk assessment dated 9-1-2017 did not identify all the risks which were detailed in their care needs summary. The identified actions for staff were to "Prompt to be more aware of their health and avoid going out when their feet are painful or uncomfortable due to corns and hard skin." This did not give clear guidance to staff in how to manage all the identified risks associated with falls for this person. They had previously fallen on the stairs and their care plan had been updated with a summary stating that they needed to use handrails when moving up and down stairs. Their care plan also stated that they had obsessive compulsive disorder and the person told us that this meant they found it difficult to touch things with their hands sometimes. This difficulty had not been taken into account when assessing the risks for the person in using the stairs safely. They told us that they did not always use the hand rail because they didn't like to touch it and staff confirmed that this was the case. The person suffered a fall on the stairs on the day of the inspection and told us that they had not been holding the rail. This meant that risks to the person had not been effectively identified and managed.

Following the inspection the registered manager has implemented a protocol for staff to accompany the person when going up or down stairs.

One person had reported an incident to staff that occurred when they were out alone in the community. Details had been recorded that showed there had been a negative impact upon the person's dignity. Their risk assessment had not been reviewed to determine how best to support them and mitigate risks of a similar incident occurring. This meant that risks to the person's safety and dignity were not being effectively managed.

At the previous inspection of 25 October 2016 we found that a fire risk assessment for the property was not in place and there were no individual personal emergency evacuation plans (PEEPs) in place for people. At this inspection we found that the registered manager had completed PEEPs for each person. This meant that consideration had been given to how staff would support people in the event of an emergency. However there remained no fire risk assessment in place. The registered manager acknowledged that this should have been completed but said they had not yet had time to do so. This meant that potential fire risks had not been identified and there was not a plan in place to reduce such risks. We noted that checks on electrical equipment in the home were not undertaken on a regular basis. The registered manager told us that they undertook regular visual checks and removed any appliance that appeared to be defective. There were no records of these checks and Portable Appliance Tests had not been undertaken for more than five years. This meant that the registered manager could not demonstrate that they were consistent in their approach to fire safety.

Continued lack of effective risk management remains a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the previous inspection of 25 October 2016 we found continued issues with regard to the poor decorative state of the premises and inconsistent standards of hygiene in some areas of the home. This incurred a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A warning notice was issued requiring the provider to become compliant by 31 January 2017. At this inspection we found that the provider had followed their refurbishment plans for some areas. The downstairs hall had been decorated and woodwork had been cleaned. The bathroom and toilet upstairs and the downstairs toilet had been refurbished, toilet brushes and light cords had been replaced and these areas were found to be clean and tidy. The dining room, kitchen and activity lounge were clean and tidy. Staff had received infection control training. The registered manager had introduced some cleaning schedules and we saw that staff recorded daily when some, but not all, areas had been cleaned. A system of regular checks had also been introduced to ensure that standards of cleanliness were maintained in the toilet and bathroom areas. This showed that the breach had been partly addressed. .

However, concerns remained regarding the decorative state and the cleanliness of the main lounge which was most regularly used by people to watch TV. This room remained in poor decorative state with stained furniture and carpet. There was an unpleasant odour in this room and this was found to be, in part, due to a collection of debris and rubbish that had accumulated behind and underneath the sofa. The debris included used crockery, empty drink and food packaging and some rotting food. Immediate action was taken to clean the room. The registered manager explained that this room had not been prioritised for cleaning as it was due to be decorated by the end of the month and the carpet would be replaced with a washable floor covering. The level of decay together with dates on the packaging indicated that this rubbish had been there for a number of months. We brought this to the attention of the registered manager who confirmed that a thorough deep clean of the room had not been undertaken and that furniture was not regularly pulled out

as part of the cleaning schedule. The provider's action plan indicated that the room was due to be refurbished by the end of the month, the registered manager told us that they hoped this would be the case but there had been a delay with their contractor. This is a continued breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People told us that they felt safe living at St Andrews Lodge. One person said, "I'm very safe and happy here," another person told us, "The staff are there if you need them," and a third person said, "I think I am much safer here then living on my own." Staff understood their responsibilities with regard to safeguarding people and a copy of the Sussex Safeguarding Policy was available for them to refer to if they needed to.

Staff files showed that appropriate checks had been made to ensure staff were suitable to work with people. This included criminal record checks with the Disclosure and Barring Service (DBS), two references and proof of identity and right to work in this country. The staff rota showed that there was usually only one staff member on duty at a time. Most shifts were covered by the registered manager or the other provider. Two other members of staff were employed to cover occasional shifts, once or twice a week. The registered manager told us that they worked most days and the rota confirmed this. People told us they felt there were enough staff on duty. One person said, "They are often busy but we are all quite independent here." The registered manager told us that having one member of staff on duty was adequate to meet people's needs. Staffing levels were monitored and adjusted as necessary, for example if someone needed support to attend an appointment.

People were supported to receive their medicines safely. Medicines were stored safely and all staff had completed training in administration of medicines and were assessed by the registered manager as competent to give the medicines. Medication Administration Record (MAR) charts were accurate and there were no gaps in recording. One person told us, "I have tablets for my painful leg and that has really helped, they always sort my medicines out." The time that some tablets were given was recorded to enable staff to ensure that there was an appropriate gap between doses for specific medicines such as for pain relief. Records confirmed that people had capacity to choose if they wanted to administer their own medicines but people had chosen to have their medicines administered by staff.

Is the service effective?

Our findings

At the last inspection of 25 October 2016 we found a continued breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff had not received regular supervision, appraisals and training. Supervision is a mechanism for supporting and managing workers. It can be formal or informal but usually involves a meeting where training and support needs are identified. It can also be an opportunity to raise any concerns and discuss practice issues.

At this inspection we found that the registered manager had a system for identifying when appraisals and supervision meetings were due and was in the process of developing a training plan. Supervision was recorded and an appraisal had also been undertaken with one member of staff. However, it was not clear if the supervision had been effective. We noted some shortfalls in practice, for example, staff were failing to provide adequate support with cleaning in some areas of the home. The registered manager told us that they had discussed this with staff and addressed this in supervision however it remained that this was not embedded within staff practice.

People told us that they were confident that staff had the skills and knowledge they needed to support them. One person said, "I'm sure the staff know what they are doing." Another person said, "They have training, they are all good." Staff had received training in some subjects relevant to the needs of people. Some external training was booked and the registered manager had accessed some on-line training for staff to complete as well as providing some in-house training themselves. Staff had not received specific mental health training. The registered manager had provided a mental health overview, however shortfalls in staff knowledge and skills meant that one person had not received the support they needed when their mental health needs had increased. This showed that training had not been consistently embedded and sustained within staff practice and staff were not always effective in supporting the needs of people.

This meant that whilst some aspects of the requirements of the regulation had been met, it remained that staff had not demonstrated that they had sufficient knowledge and skills to provide effective support for one person whose mental health needs had increased. Staff supervision and training remains an area of practice that needs improvement.

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 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 or authorisations to deprive a person of their liberty were being met.

Records showed that mental capacity assessments had been undertaken to determine if people were able

to make specific decisions. Consent had been sought to share some personal information if needed and people had signed to confirm their agreement to this. People told us that staff asked them before assisting them. For example, one person told us "They check if I am alright and ask if I need any help." Another person said, "They always ask if I they can help me with things. I sometimes say no if I don't want to do something, I don't think they mind."

People told us they enjoyed the food at St Andrews. We noted that suggestions for any changes to the menu were discussed in resident's meetings but that people did not suggest any different meals. The registered manager said that people could chose different options if they wanted to and that people could ask for snacks between meals if they were hungry. They said, "It's always available to people, they only have to ask." One person told us "I like the food its very, very good." We asked if people would like to have different options to those on the menu, one person said, "Maybe, sometimes." Another person said, "I don't know, I like to stick with things I know really." One person cooked the main meal on most days. They told us that they liked cooking and enjoyed being in charge of the main meal. Risks and nutritional needs were identified. For example when one person had unplanned weight loss due to illness this had been noted and a Malnutrition Universal Screening Tool (MUST) was used to identify the level of risk. The registered manager told us that the person had gradually regained their weight because staff provided larger portions to increase their calorific intake. Their weight was regularly monitored to ensure that there was not further weight loss and this was confirmed in the person's care record.

People were supported to access the health care services they needed. One person told us, "The staff make the appointments for me and remind me to go, I can go on my own but they arrange it all." Another person said "I like (registered manager's name) to come with me, they usually do because they know I get a bit nervous." People's care records confirmed that people had regular contact with health care services. One person had received an annual health check with their GP, another had attended a chiropodist appointment and a third had attended a mental health review. Where specific guidance or advice was given by a health care professional the registered manager said that they advised people to follow the guidance. For example, one person who was diabetic had received support from a diabetes specialist nurse. The registered manager said that as a result of their advice they encouraged the person to make health choices with their food and to avoid sugary options.

Is the service caring?

Our findings

People told us that they were happy with the care that they received. Their comments included, "The staff are always kind," and "I can't think of anything that they could do better." One person told us, "I am happy and quite contented living here, they care about us all." Despite these positive comments we found that people's dignity was not always protected.

Some aspects of care at St Andrews Lodge had a negative impact upon the dignity of people who lived there. For example, failure to provide consistent standards of hygiene in the home meant that people's dignity continued to be compromised. One person had specific needs associated with personal hygiene and continence. Continued failure to support the needs of this person had resulted in a loss of dignity both within the home and when accessing facilities in the local community. This is an area of practice that needs to improve.

People told us they had been included in plans for decorating the TV lounge. One person said, "We were asked about the colour scheme for in here, people all had a chance to choose." Notes from a residents meeting confirmed that the registered manager had sought people's views and some people were invited to go and purchase the paint for the forthcoming redecoration. A new television had recently been purchased for the room and people told us they were very happy about it. One person said, "You can get all the channels on this one." People were observed to be using the new television during the inspection and the registered manager was heard encouraging people to explore different programmes that they had not seen before.

People told us they were included in developing plans for their care. One person said, "They are always asking what I want to do, I have a choice about how I spend my time." We heard the registered manager asking people about what they wanted to do during the inspection. We observed them introducing a new puzzle to one person but they were clear about not wanting to do this and their view was respected. The registered manager said, "We always offer people choices, we try to provide them with the information they need to make informed decisions, but it is their choice at the end of the day."

People told us that they were encouraged to maintain their independence. One person said, "I go to the bank on my own and to some appointments. I don't particularly like going on my own but the staff tell me it's good for me to be independent and I suppose they are right." Another person told us that they had enjoyed trips to the local swimming pool, saying, "I think I have grown in confidence and I could go on my own now if I wanted too, when the weather is warmer I will start again."

People's privacy was respected. Their confidential information was kept in a locked cabinet and people told us that staff knocked on their door before entering. One person said, "They are very considerate, I can have peace and quiet when I need it." One person told us that their family visited sometimes and that staff were always welcoming and respected their privacy during the visit.

Staff knew the people they were caring for well and had developed positive relationships with them. One

person spoke about the registered manager saying, "They are very, very nice and kind. They know me very well. I get all the help I need. "

Is the service responsive?

Our findings

At the previous inspection of October 2016 we identified that some aspects of people's care was not always personalised and responsive to their needs. We identified this as an area that needed to improve. At this inspection it continued that staff did not always have the information they needed to provide personalised care that was responsive to people's needs. Although one person's care needs had increased there was no updated care plan to guide staff in how to support the person. This meant that the person was not receiving personalised care that was responsive to their needs.

People's care needs had been assessed and a holistic risk assessment had been completed identifying risks associated with all aspects of the person's life. However care plans did not always detail actions that were required to support people's identified needs. People's mental health needs were identified but their care plans did not always provide consistent guidance for staff in how to respond to their needs. For example, one person had specific difficulties with touching surfaces and this was known by staff, however this was not identified within their care plan and there was no guidance for staff in how to support the person with this issue other than to "offer reassurance." Another person had displayed some behaviour that could be considered inappropriate when out in the community. Although the incident had been recorded, the person's care plan had not been updated to recognise this change in behaviour and there was no guidance for staff in how to support the person. This meant that staff did not always have the information they needed to provide responsive care.

Although documentation showed that reviews were regularly undertaken care plans were not always changed as a result of the review. Care plans were not well personalised, for example there was little detail about individual's personal history, their preferences, views, interests and aspirations. This meant that the care plans lacked a sense of the person and were task focussed. Staff did not always have the guidance they needed in how to provide a personalised service that was responsive to the needs of the person. This continued failure to provide person centred care is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some care plans were linked to specific risks and identified actions needed to achieve specified outcomes. For example, one care plan detailed the support that the person needed to manage their medicines so that their mental health remained stable. The care plan detailed that it was the person's wish for staff to administer their medicines and they had signed to indicate their consent for this to happen. Another care plan showed how someone was at risk of self-neglect because they were not always motivated with personal care. The care plan guided staff to prompt the person to have a shower regularly and to support them to change and wash their clothes. The person told us that staff helped them to manage their laundry so that they had clean clothes to wear and we noted that records indicated when the person had been prompted to have a shower. This showed that staff were following the care plan for this person. Records included a quarterly review for each individual which provided an opportunity to assess whether the care plan was effective in meeting the person's needs.

People told us that they were supported to maintain relationships that were important to them. One person

said, "I visit my family and they meet up with me regularly," another person told us that their relative contacted the registered manager to arrange a convenient time to visit.

People continued to be enthusiastic about the activities programme at the home. Everyone we spoke with said they took part in the exercise class that the registered manager ran and some people also joined the art club and visited the swimming pool. Records of activities showed that staff asked people for feedback after each activity to establish if it was enjoyable. Comments received were very positive and people told us that they particularly enjoyed the gentle exercise class that had been started. One person said, "I always feel relaxed afterwards," another person said, "I think you can feel a difference even though they are gentle exercises." Some people were able to go out independently. Two people told us they were members of a local snooker club and one person said they liked to go into the town and visit particular cafes on a regular basis. One person said, "I can go out and do things because I don't have to worry too much about other things, like feeding myself or sorting out my money because I get help with that here."

People told us they felt able to make a complaint and would speak to the registered manager if they had any concerns. There was a complaints system and the registered manager said any complaints would be dealt with immediately.

Is the service well-led?

Our findings

At the previous inspection in October 2016 we found that the provider remained in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were continued concerns about failures in management oversight due to the lack of systems and processes to monitor care provision and drive improvement. There were also continued concerns about failure to maintain accurate, complete and contemporaneous records.

The registered manager told us they were aware of the need to comply with the regulations and had put plans in place to address the requirements of the warning notices by the dates specified. Despite this, not all the necessary improvements needed to comply with the regulations had been made. This continued failure to improve standards remains a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us that the timescales for complying with the warning notices had been challenging and they had not been able to achieve all the improvements that they had planned within the specified timescales. They said this was because they were spending the majority of their time on shift and they had not been able to complete all the work that they needed to do within the timescale. This meant that there was a continued failure to make the necessary improvements.

The provider had made some improvements and introduced some systems and processes to improve standards of care. However not all systems were imbedded and improvements were not yet sustained. For example, a cleaning schedule had been introduced to mitigate risks associated with infection control and provide assurance that standards of hygiene were being maintained around the home. Despite this, the registered manager had failed to provide clear oversight and monitoring and some areas of the home were not being effectively cleaned and infection control risks remained. Lack of management oversight meant that people had not received a consistent and good quality service that met individual needs.

Although the registered manager was aware of areas requiring improvement they had not addressed all aspects of the warning notices. For example, a fire risk assessment had not been completed for the home and policies and procedures had not been updated, this meant that staff did not have the guidance they needed to provide a safe and effective service. These shortfalls had been noted in previous inspections and the lack of a fire risk assessment had also been identified in two external audits during 2016. The registered manager had continued to fail to address these issues. Similarly, issues with poor standards of hygiene and maintenance in the property had also been highlighted at previous inspections. This demonstrated that there was a continuous failure to deliver and sustain improvements.

Some risk assessments were not in place, some care plans lacked guidance for staff and some records did not reflect the up to date situation for people. This meant that there remained a failure to maintain accurate, complete and contemporaneous records.

The resources available to the provider to drive improvements were limited. The provider told us that they

had prioritised the redecoration programme to ensure that the premises were properly maintained and hygienic. They said that this had meant their resources to address other requirements of the regulations were limited, for example the registered manager had decided not to employ a cleaner or other staff. The majority of shifts at the home were covered by the registered manager and the other provider. As the registered manager spent the majority of their time covering care shifts at the home they had little opportunity to develop the service, to undertake training themselves or to keep up to date with current good practice regarding mental health services. This meant that the culture of the home was insular and there was little evidence of links with other organisations or with the local community.

We spoke with a contract officer from the local authority who told us that they had raised concerns with the provider following a contract monitoring visit because the required improvements had not been made following the inspection of October 2016. The continued failure to improve through a lack of effective systems and poor planning demonstrates inadequate management and leadership.

We asked the registered manager how staff absence would be managed in the event of an emergency. They told us that although there was no formal business continuity plan in place agency staff would be employed to cover the rota in the event of a loss of staff.

A refurbishment plan for some areas of the home had been completed in most aspects with the exception of the TV lounge where standards of maintenance and hygiene remained inappropriate. The registered manager gave us assurances that this area was due to be decorated by the end of the month depending upon the availability of the contractor. People told us they were pleased with the redecoration programme and that they had been included in these developments, including choosing the colour scheme.

The registered manager said that opportunities for making links with the local community were limited. They said they had a good relationship with the local health centre and GP surgery.

The registered manager had introduced some management systems such as a matrix to identify when care plans were due to be reviewed and to ensure staff supervision and appraisals were planned. A quality assurance questionnaire had been sent to people who lived at the home and the results were positive. People said they had been asked their views on developments within the home. Incidents and accidents were being recorded and monitored to identify any emerging patterns.

People spoke highly of the registered manager and the provider and described them as "Both very nice and kind," and "Good people, very approachable."

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 Care provided did not always meet the needs of people.