

Winchester Care Limited

The Shrubbery

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

Our inspection took place on 15 and 17 August 2017 and was unannounced.

The Shrubbery is registered to provide accommodation and personal care to a maximum of 28 people. People lived with dementia, mental health needs and/or needs relating to old age. On the day of our inspection 19 people lived at the home.

At our previous inspection of 07 March 2017 we rated three of the five questions we ask relating to the effectiveness, caring and responsiveness of the service, as requires improvement. The remaining two questions relating to safety and if the service was well-led we rated as inadequate. The overall rating for the service was inadequate and we placed the service into special measures. Special measures means that we monitor the service closely and if improvements are not sufficiently made in order to meet people's needs and to keep them safe we would decide on the enforcement action we would need to take.

At our previous inspection we found that the provider was in breach of the law due to there not being adequate staff provided to meet people's needs and keep them safe. During this inspection, we found that although staffing levels had not always been consistently adequate to meet people's needs the provider had taken action to improve this.

At our previous inspection we found that the provider was in breach of the law because they had failed to assess, monitor and mitigate risks within the premises relating to the safety and welfare of people. During this inspection, we found that most safety issues had been addressed relating to the premises and fire safety issues. However, action relating to the poorly fitted first floor landing carpet was still outstanding. This meant that the flooring had remained as a potential trip hazard since March 2017. People had been placed at risk because staff did not follow instructions in people's care plans to prevent them from choking. People were at risk of harm because staff were not always aware of their specific needs and care plans were not in place to instruct staff of those needs.

At our previous inspection we found that the provider was in breach of the law as they had failed to ensure that people were protected from harm, abuse and degrading treatment from other people who lived at the home. During this inspection, we found that further improvement was required to ensure that staff had the information they needed to keep people safe.

At our previous inspection we found that the provider was in breach of the law as they had not identified or taken action to identify or mitigate risks regarding people's health and safety. During this inspection, we found that some action had been taken to mitigate risks to people's health and welfare. However, staff had not ensured people's safety at mealtimes and had not followed instructions to monitor people to prevent a risk of choking. The systems and processes in place to ensure that the provider and manager oversight, took responsibility and accountability were ineffective. They did not ensure that the service provided met people's needs safely and in their preferred way, or that risks to people's health and welfare were reduced.

At our previous inspection we found that the provider was in breach of the law as they had not notified us of safeguarding issues, serious injuries or Deprivation of Liberty Safeguarding [DoLS] as they are required to by law. During this inspection we found that the provider had met this requirement of the law.

The main meal time experience for people was not always efficient. It was disorganised and some people had to wait a long period of time for their meal. People were well informed of what food choices there were and enjoyed the food and drink offered. Staff received induction training and support mechanisms including supervision were provided. Staff confirmed that they had the training that they required. Staff asked people for their consent before they provided any care or support. Where restrictions were used to keep people safe the provider had ensured that the actions taken had been approved by the local authority.

The provider had not ensured that the overall service was caring as the provider's systems did not ensure that people lived in an environment where maintenance was completed in a timely way to ensure that people were safe. The provider had not ensured that people benefitted from being cared for safely. Staff supported people in a kind and caring manner and treated people with dignity and respect. People were supported to maintain their independence where possible. Visiting times were flexible to enable people to have regular contact with their family and friends.

People and their relatives were generally offered the opportunity to be involved in the planning and review of their care. Activity provision had improved but this required further strengthening to ensure that people's leisure needs were consistently met and they had stimulating things to do. Complaints procedures were available for people and their relatives to access if they had a need to.

A manager had been in post since March 2017 and had applied to register with us. It is a legal requirement that a manager is registered with us. 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 overall previous rating for this service following our March 2017 inspection was 'Inadequate' and the service was placed in 'special measures'. At this inspection we identified some improvements to enable us to remove the service from special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

People were placed at the risk of harm as not all issues relating to environmental hazards had been addressed in a timely manner.

People's risks relating to choking, mealtime support and dietary needs had not been managed to prevent a risk of ill-health and harm.

Medication processes were in place to protect people from ill health.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Disorganisation and delay in the service of food did not make the mealtime experience a pleasant experience for all people.

Staff training and supervision supported staff in their job role.

Staff were aware that people's rights must be upheld and that people must not be unlawfully restricted.

People had access to healthcare support to promote their health and well-being.

Is the service caring?

Requires Improvement ●

The service was not always caring.

The provider had not ensured that the service was always caring. They had failed to ensure that people were consistently kept safe.

Individual staff were kind and caring towards people.

Visiting times were open and flexible and visitors were made to feel welcome.

Is the service responsive?

The service was not always responsive.

Activity provision had improved but needed further improvement to ensure that people's activity and leisure needs could be fully met.

People and relatives were encouraged to be involved in the planning and review of their care.

Staff had some knowledge of people's care and support needs.

Requires Improvement 

Is the service well-led?

The service was not well-led.

Processes and systems to ensure that the provider had oversight of the service were ineffective.

The manager had applied to register with us to comply with the requirements of the law to have a registered manager in post.

The provider had notified us of issues that they were required by law.

Requires Improvement 

The Shrubbery

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 15 and 17 August 2017 and was unannounced. The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We asked the provider to complete 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. The form was returned so we were able to take the information into account when we planned our inspection. We reviewed the information we held about the service. This included notifications sent to us by the provider. Notifications are forms that providers are required to send to us to inform us of incidents that occur at the home. We also requested information from the local authority [who purchase care on behalf of people] for this home.

We spoke with seven people who lived at the home, four relatives, four members of staff the manager and the provider. Some people were unable to tell us their views of the service so we used a 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 looked at care records for four people, one staff recruitment files, accidents and incident records and complaints received. We also looked at six medication records, staff training and recruitment records and quality assurance audits completed by the manager and staff.

Is the service safe?

Our findings

At our previous inspection we identified that the provider had not identified or taken action to ensure that people were not placed at risk of accident and injury. These included exposure to hot pipe work and concerns relating to fire safety. Following our previous inspection, West Midlands Fire Service and the local authority health and safety officer visited the premises and also identified that improvements were required. This inspection we found that most of the issues had been addressed. However, at our previous inspection we also saw that the carpet on the landing was loose as it was not fitted properly and was a potential trip hazard. The provider submitted an updated action plan to us dated 22 May 2017 that stated, "Evidence of loose carpet on first floor- achieved".

At this inspection, we saw that the carpet was in the same state of disrepair as it had been at our March 2017 inspection. This showed that people had remained at continued risk of trips and falls. It also showed that the information submitted to us by the provider may not always be reliable. We spoke with the provider about this. The provider told us that there had been a delay in the replacement of the carpet. The manager confirmed that a contractor had measured for new carpet but then it was decided to have a vinyl type floor instead. Since our inspection the manager confirmed that the new vinyl floor would be fitted at the start of September 2017. They have since sent us photographs to confirm that the work to fit the new flooring has been completed.

People were placed at risk because staff did not follow instructions in people's care plans to keep them safe. For example, at lunch we heard one person start to cough. This lasted for a minute. We saw that their face looked red and they were shaking. We looked at the person's care file that highlighted that the person was at high risk of choking and must be monitored when eating. When the person was eating and started to cough there were no staff present in the lounge. Staff told us that the person should have been supported and monitored when eating. The manager told us that staff should have been present to support the person whilst eating. Neither the manager nor staff could explain why there were no staff to provide support. This meant that the person had been placed at risk of choking because staff were not available to support the person as the care plan stated.

People were at risk of harm because staff were not always aware of their specific needs. For example, a person told us that due to their condition there were foods that they could not eat. They told us they knew what food they should avoid and had taken an adequate diet. The person's records only highlighted the medical treatment provided for the condition. The records did not highlight that the person had any dietary needs due to the condition. We asked the manager and staff what special dietary needs the person had and they could not give us an answer. A staff member said, "I don't know. If they had any dietary needs it would all be in the records". This meant that the systems in place to identify people's needs and to prevent them from risks were not effective.

A person required regular treatment from external health care professionals but the care plan did not reflect this treatment. We spoke with the manager about this who told us as the person had capacity and looked after their needs at home a care plan had not been produced. Staff we asked were not aware of any signs

and symptoms they should observe for when the person from their treatment. We did not see that this information was available in the person's care plan to instruct staff what to do. The manager agreed that a care plan should have been in place. This meant that the provider had not taken all possible action to ensure the person's health and safety.

Failing to ensure that care provided to people and the premises are safe is a breach of regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014.

At our two previous inspections we found that adequate numbers of staff had not been provided to meet people's needs and keep them safe. During both of those inspections relatives had shared with us their concerns about staffing levels. We had observed that there had not been enough staff to support people and prevent risks that included potential falls, choking or adequate activity provision. Following our previous inspection, the provider submitted an action plan that set out what action they would take to address the shortfalls relating to staffing levels. The action plan highlighted that the provider had used a dependency tool to determine the number of staff required. At this inspection, we looked to see if improvements had been made.

A person told us, "When I use the buzzer [call system] it is answered very promptly". A relative shared with us, "I usually sit in the lounge when I visit, there's always staff in there". Another relative said, "You can never say there are enough staff but the staff manage very well for what they have". All staff we spoke with told us in their view there were enough staff to meet people's needs. We observed that staff were busy during the morning and there was little time for them to engage with people. During the afternoon we observed that staff had more time to spend with people. We saw that staff sat and spoke with people and undertook some activities with them. People looked happy, they were smiling and chatting to staff. We fed back to the provider and the manager our findings. The manager told us that since our previous inspection staffing levels had been increased but then decreased due to the dependency levels and number of people reducing. The manager confirmed in her opinion the decision to decrease staffing levels had not been correct staff. The manager told us that if more staff were provided during the morning that would be better. Following our inspection we were provided with staff rotas that showed that staffing levels had been increased on some shifts during the morning and lunch times to allow more support to people. However, we have not had the opportunity to assess the effectiveness of this arrangement.

Following our previous inspection the provider submitted an action plan that read, "Staff have been placed on safeguarding training which will go over all the requirements of how the staff need to monitor and observe for safeguarding concerns". The Provider Information Return [PIR] read, "The Shrubbery policies and procedures for safeguarding service users and preventing abuse were developed with staff and service users. Staff have been trained and there is continuous monitoring of competence". However, external health and social care professionals had made us aware of a situation where the staff had not acted correctly by reporting to the manager a situation of possible physical abuse between two people. Another person's records that we viewed read, "Hit on the arm". Staff had not reported this incident to the manager either. The provider confirmed, "The issues should have been reported by staff to the manager". Therefore people could be at potential risk of further abuse. Since the inspection the manager informed us of the steps they had taken to address the shortfalls and to protect people from abuse. The manager told us regarding the second incident [hit on the arm] they had investigated the situation. They had been assured that the staff member had used the wrong terminology. A person had placed their hand on another person's arm and not in an aggressive way. The manager sent us written evidence to confirm that they were providing record writing training and they had highlighted to staff any incident of abuse between people, however trivial, must be reported. They also told us and sent us evidence to confirm that they had set safeguarding scenarios, for staff to discuss in groups, to enable them to judge

staff understanding and to reinforce the action they must take. We found that where staff had not acted correctly where previous incidents had occurred formal action had been taken.

A person told us, "I do not have any trouble from other people. Some people do wander at times. I have not experienced anything bad though". A staff member said, "The home is happier and calmer". A relative shared with us, "One person created lots of problems but after they left things got a lot better. The home returned to its normal calm self". We observed that the atmosphere overall was calmer than it had been at our previous inspection.

At our previous inspection we found improvement was required in the way medicines were stored and managed to ensure people received their medicines safely. At this inspection we found that those issues had been addressed that decreased any risk to people from potential harm or ill health. A person told us, "The staff look after my tablets. I don't want to do that. I always have the tablets. They have never been missed". We found that where medicines had been prescribed on an 'as required' basis protocols were in place to instruct staff when these should be given. Medicine records that we looked at against the totals of medicines available confirmed that people had been supported to take their medicines as they had been prescribed.

A person said, "I feel safe. I have my frame and use that so that I do not fall". A relative shared with us, "I'm very satisfied with safety and security. We have to identify ourselves on arrival and sign in. The perimeter is well fenced. It's all very secure". We observed staff supporting a person to walk. A staff member said to the person, "Take your time don't rush, be safe". Staff told us that they followed care plans and risk assessments to keep people safe. Records confirmed that assessments had been carried out regarding, moving and handling and skin integrity promote people's safety and well-being. Where people had mobility issues a referral had been made to occupational therapy for assessment and the provision of equipment. We saw that where people had been assessed as being at risk of sore skin special mattresses and cushions were used to decrease the risk.

The manager and staff told us that prior to starting work staff were required to provide references and complete a check with the Disclosure and Barring Service (DBS). We checked three staff files and saw that these checks had been made. These included a completed application form and a check with the DBS. The DBS check would show if potential new staff members had a criminal record or had been barred from working with adults. These systems prevented the risk of unsuitable staff being employed.

Is the service effective?

Our findings

At our previous inspection we found that the main meal time was not a relaxed or pleasant experience for people. There were inadequate numbers of staff to provide support consistent with people's needs. Staff did not notice where people ate other people's meals which could have placed them at risk of consuming food that was not suitable. The tables had not been laid and there were no condiments available. People did not know what the meals on offer for the day were.

At this inspection, we found that improvement with meals times was still required. We observed there was little organisation. We identified a delay in some people being served their meals. One person waited for considerable time to be served some ice cream and told us that they were not happy with this. We saw that another person went to other people's plates and started taking their food. People were not happy with this and said so. We saw that another person was given their meal but was not given encouragement or support to eat their meal. We observed the person ate a small amount then threw the rest of the meal over the table. This showed that the meal time was not effectively managed.

A person said, "I like to sit and eat in the conservatory". At lunch time we saw that the person sat in the conservatory to eat their meal. We observed people had options of where they wished to eat that included, bedrooms, the dining room, conservatory or lounge. A person made the following comment, "I like the food. We [people] can have what we want to eat". Another person shared with us, "If you don't like the food you can choose something else". A third person said, "Lovely food". At our previous inspection we found that people did not know what meals were on offer. This inspection we saw that a menu board was on display that had pictures of the meal choices. In the morning we observed a staff member inform each person what the main meal choices were. The staff member had photos of the meals so that people could make an informed choice of meal. At lunch time we saw that staff showed people two meals so that they could choose. We saw that the tables were laid and cruet sets were provided for people to help themselves to salt and pepper. We observed that the meals were nicely presented. Gravy was offered to people rather than staff automatically putting gravy on the meals. This meant that people had a choice. At lunch time one person did not eat much of their meal. They left the dining room after a short time. The staff told us that they would offer the person an alternative later. We observed the person later eating sandwiches. Throughout the day we saw that hot and cold drinks were available and we heard staff giving and informing people of the drinks that they could select from. We saw that snacks were offered mid-morning and afternoon that included, crisps, biscuits, cakes and fresh fruit.

Where people were at risk of choking or weight loss staff told us and records confirmed that a referral had been made for assessment from Speech and Language Therapy and dietician staff. However, we found the prevention of choking guidelines were not always followed. One person had been assessed as requiring pureed meals and we saw that these were provided. Records that we looked at confirmed that people's weight was monitored monthly for staff to determine any potential risks due to malnutrition or obesity.

A staff member shared with us, "When I started here I had induction training. I looked at records and care plans. I spent time with people to get to know them and worked with experienced staff". Another staff

member told us, "We [staff] are all starting the Care Certificate". The manager told us, "Even though some staff have worked here for some time all staff are to do the Care Certificate". The Care Certificate consists of nationally recognised induction standards for care staff to give the knowledge they require to provide safe and compassionate care. A staff member said, "I have regular supervision". Staff supervision gives the staff and manager individual time to discuss staff work and performance and identify any training needs. Staff told us that they felt supported on a day to day basis. A staff member told us, "The manager is here or a senior on every shift to give us support" .

People told us, "The staff know what I like to do". Another person confirmed, "The staff are good. They know how to look after me". A staff member shared with us, "I have had a lot of training and other courses are booked". Training records were available for us to look at. We observed that staff had received the majority of the provider's core training that is required to meet people's needs. We spoke with the manager about specialist training concerning dementia and mental health training. The manager showed us documentation to confirm that they had booked this training or had researched training providers to secure the training. This would ensure that the staff had the knowledge to support people effectively and as people preferred.

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).

The manager told us, "I am still working to get all DoLS sorted. I know who has a DoLS and when their DoLS expires. I have also applied for DoLS for other people. Records that we saw confirmed that the manager had applied for a number of DoLS applications to the local authority for a DoLS assessment. Some of which had been authorised others, were awaiting assessment. All staff we spoke with knew why individual people had a DoLS authorisation. A staff member shared with us, "We [staff] have to be sure through assessments and getting to know people who has and who has not got capacity. Firstly we assume that each person has capacity". Another staff member said, "Where people have capacity to make decisions we support that. We ask people for their consent in everything that we do". A person shared with us, "They [staff] ask me before they wash me". Another person said, "Staff ask if I need help". We saw staff gained people's verbal or implied consent before they gave support. Throughout the day we heard staff ask people if they could help them walk, go to the toilet and into the dining room. We observed that people said, "Yes" or stood up willingly that implied consent. A person told us, "I am free. I go out with my family". Another person told us., "I go to my bedroom and the garden whenever I want to".

A person told us, "I was ill and went to hospital" [meaning that staff secured the medical attention that they required]. A relative told us, "They [staff] had the doctor to her [person's name] yesterday as she had chest trouble they told me when I visited". Another relative shared with us, "Recently I visited when the chiropodist was there who told me the nails are infected again. They [person's name] are to be referred to Sandwell hospital about the nails". A third relative said, "If they [family member] are unwell they [staff] get the doctor. They are rarely unwell but I am informed". People confirmed that they had access to dental and optician services. Records highlighted that people had been assessed by mental health services and the district nurse service where the need had been highlighted. This showed that the provider had ensured that people could access health care services to maintain their health.

Is the service caring?

Our findings

We found the provider's processes and systems had not ensured that people benefitted from being cared for safely. For example, the provider's systems did not ensure that people lived in an environment where maintenance was completed in a timely way to ensure that people were safe. The provider had failed to ensure that people's mealtime experiences were pleasant or provide stimulation so that people's well-being was promoted.

We found that as at our previous inspection individual staff showed kindness and compassion to people. A person said, "The staff are nice. They are always friendly". Another person said, "The staff are very kind and helpful. They listen to me". A relative told us, "The staff are very good, they look after the residents" [people]. Another relative shared with us, "Good staff attitudes, kind and caring, attentive, nothing to worry about on that score. The staff always try to help". A third relative said, "The staff work so hard. Their hearts are in the right place". We heard staff speaking kindly with people. We saw that staff were kind and helpful when engaging with and supporting people. Staff asked people, "How are you today?" "Are you alright?" and, "Do you need me to help?". We observed that staff had a caring approach smiling at people and gently touching their arms to give reassurance. We saw that people responded to this. They smiled and were calm. We observed that staff knew what gave people comfort. A person had a bear made of soft fabric. A staff member noticed that the bear had fallen on the floor. They picked the bear up and said to the person, "Oh dear. Your bear has fallen here you are". The staff member handed the bear to the person who cuddled the bear and smiled.

We found that people's likes and preferences had been highlighted in their care plans and people told us that they received their care as they preferred. A person told us, "I like to get up early and I do. The staff know that I like to get up early so help me to do that". Another person confirmed, "I get up and go to bed when I choose". A third person told us, "I go in and out of my bedroom and sit where I want to and I can have a bath or shower when I want". A staff member said, "I give people choices in everything that they do". During the day we heard staff speaking with people in a respectful way. We saw that staff encouraged people to make choices of what they wished to do that included where people wanted to sit. Two people were reading newspapers. They told us that the staff took the newspapers in for them every day. One person said, "This is the best newspaper I like reading it. They [staff member] bring it in for me without fail. They [staff members name] are good. They know I like the newspaper". This showed that staff encouraged people to make everyday choices and knew what they liked.

A person told us, "I like my privacy and time on my own sometimes. I go to my bedroom". Another person said, "Staff ask before they come into my bedroom". A third person confirmed, "There are always women staff for personal care" [this was said in a positive sense]. A relative confirmed, "The staff know that my mother likes to sit on her own". Another relative confirmed, "The staff know mom's needs". A staff member said, "We [staff] cover people when helping them to wash and keep them covered with towels as much as possible when showering". This was confirmed by people we spoke with. We saw that the preferred name for people had been documented in care plans and heard staff using these when addressing people. We observed that people could spend time alone in their bedrooms when they wished to. We saw that staff

knocked bedroom doors before entering and ensured that toilet doors were closed when in use. A person shared with us, "I can do most things myself and I do. I do what I can and staff do what I cannot". Staff told us that they encouraged people to maintain their independence where possible. This included encouraging people to eat and drink independently and encouraging people to walk wherever possible, by giving support rather than using wheelchairs. During the day we observed staff supporting people to walk. This showed that staff promoted people's privacy, dignity and independence.

A person told us, "I always choose my clothing. I get my clothes out ready for the following day". Another person said, "I went out shopping last week with the staff. I picked the clothes I wanted to buy. I like to look nice". A third person shared with us, "I like my make up on". A fourth person confirmed, "I have my hair done and am glad. The hair dresser comes here". We saw that people were well presented. We saw that people wore clothing that reflected their gender and was appropriate for the weather. It was a hot day and people wore light clothing. We observed that some people wore make up and jewellery accessories that included bracelets and necklaces. We observed a staff member polishing two people's nails. They showed people the nail varnish colours available to enable people to choose what colour they would like. We saw that they selected the colour they wished to have applied. Following this the people showed us their nails they were smiling. This showed that staff understood that people's appearance was important to them and supported them to maintain this.

A person told us, "I see my care plan and staff update it with me". Another person said, "I have a plan. The staff do it. They ask me but I am not interested in it. I do what I want and I am alright in here". Relatives we spoke with had different views about being involved in the planning of their family members care. One relative told us that they had not been involved or seen a care plan. Another relative said, "I have not seen a care plan but I am due to see a social worker here today though. There is a meeting". A third relative confirmed, "I have contributed to her [person's name] care plan. In fact it was reviewed fairly recently". The manager told us that they were still in the process of contacting relatives to contribute towards the care planning of their family member and this was on-going.

A person told us, "I have visitors. My daughter comes nearly every day at different times". Other people also told us that they could have visitors at any time. A relative said, "I come here every day". Another relative shared with us, "The staff welcome me when I visit". The manager confirmed, "The only time we do not encourage visiting is between midnight and six o'clock in the morning". This showed that the provider allowed open and flexible visiting times and they knew that it was important to people that they could receive visitors when they wanted to.

We saw that information was available so that people could access an independent advocate if they wished to. An advocacy service had also been contracted by the local authority to support people to complete questionnaires about their experience of living at the home. The advocacy visit was due a few weeks after our inspection. An advocate can be used when people have difficulty making decisions and require this support to voice their views and wishes to ensure that they live their life in their preferred way.

Is the service responsive?

Our findings

At our previous inspection people and their relatives told us that there was a lack of consistent activities provided to meet people's needs. The manager and staff told us that more activity equipment had been ordered and that although activity provision had improved they knew more improvement was required and would continue with the improvements.

At this inspection we found that activity provision had improved but further improvement was needed. People had mixed views about the activity provision. A person said, "If you want to go out staff have to come in on their day off to take you so it just doesn't happen". A relative told us, "There seems to be no emphasis on activities or going out. I know other homes take residents [people] out on day trips or to garden centres. There's nothing here. Is that down to lack of funds I wonder"? A third relative shared with us, "There's not enough to do really so the residents are bored and then they flare up with each other". Other people were positive about the improvements with activity provision. A person told us, "It was great last week the staff took me shopping. I enjoyed that". Another person told us, "There is more to do with the staff. I join in skittles and like that". A third person said, "There is more that we can do and that is good". Prior to our inspection a relative contacted us and commented, "Activities have improved".

During the morning we observed two people happily had their nails polished by staff and another two people were reading newspapers. Apart from this little activity was offered to people during the morning. The activity board highlighted that an exercise session would take place during the morning. We did not see that this session was undertaken and staff could not explain the reason for this. During the morning we saw times when there was no engagement with people. We saw that two people were asleep. We asked a staff member why people were asleep during the morning. The staff member responded by speaking gently with the two people following which the people started to chat and smile. This showed that with engagement people became alert and active.

During the afternoon we saw staff doing a one to one activity with some people. This was a range of containers with different aromas for people to guess what the aroma was. We observed one person doing this activity. Their facial expression showed concentration and happiness as they smiled. We observed another person making bracelets with staff they too looked happy and relaxed. Another person's records highlighted, "Went for a walk". This showed that staff were supporting some people to access the community. Feedback from the local authority and staff confirmed that two people especially, who had previously stayed in their bedrooms, were now joining in activities in the lounge. We observed one of those people playing skittles with staff during the afternoon. The manager and staff told us that they had asked the people what they wished to do and encouraged them to join in. Records we saw confirmed external entertainers had provided singing sessions. There were notices on display of pending activities that included a 1940's evening, a rock and roll evening and seasonal activities for Halloween and Christmas. We saw that the rear garden was a pleasant place that was paved and had handrails to assist people to walk safely. There was a large raised flower bed with plants and shrubs and a bird table. Tables and chairs were available for people to use. Some people were able to mobilise independently and went in and out of the lounge door to the garden as they pleased. A person told us, "I love it out there especially when it is warm

and sunny".

A person shared with us, "The manager came to see me before I came in here. They asked questions to see what I needed to have done". A second person confirmed, "I have been here for a long time but sometimes if I go to hospital the staff get all the facts they need about me. I answered some questions when I was coming out of hospital". A relative told us, "An assessment was carried out to make sure that the staff could look after them [person's name]. Another relative said, "She [person's name] was assessed before she came here". This meant that the provider had systems in place to determine if people's needs could be met safely and in their preferred way. Records that we looked at confirmed that an assessment of need had been undertaken and that a care plan had been obtained from people's funding authority. We found that the information had been used by staff to determine if they could meet people's needs. We spoke with staff about people's needs. Staff gave us detail about people's risks, needs wishes and likes.

A person told us, "I do my care plan with staff". Some relatives told us that they had been involved in planning the care of their family member. Care plans that we saw included people's likes and preferences and staff were aware of these. For example, one person liked to get up early and told us that staff supported them to do this. A staff member said, "Some people really do like to get up early and we [staff] help them. Other people like to get up late and we honour their preference regarding this. During the day we saw that some people got up later than other people. One person said, "I do not like getting up early. I enjoy my lie in".

A person told us, "I would complain to staff. I have not got a complaint though". Another person shared with us, "I've never had to make a complaint but I would tell staff if I had any concerns". A relative said, "If I had any concerns I would speak to the manager who has an open door policy". We saw that a complaints procedure was available in the 'service user guide'. This is a document given to people before they moved into the home to make them aware for example, of what their rights were and the level of service that they could expect. A copy of the complaints procedure was also on display within the premises. The provider did not have an easy read complaints procedure available. An easy read complaints procedure is produced in different formats for example large print, or with some text represented by pictures or symbols to ensure that it is easier to read. This meant that some people may not be able to access the complaints procedure as they may not be able to read the content. The manager told us that no complaints had been made since before our previous inspection and records that we looked at confirmed this.

Is the service well-led?

Our findings

The provider had a history of being reactive. If issues were highlighted to the provider they would take action rather than being proactive in identifying and managing non-compliance within the service. At our previous inspection we identified that the provider was in breach of the law regarding five different regulations. They had failed to identify and manage premises risks, had failed to ensure that staffing levels met people's needs and had kept them safe, had failed to ensure that people were protected from abuse and degrading treatment from other people, had failed to notify us of situations that they were required to these included; safeguarding, serious injuries and Deprivation of Liberty Safeguarding [DoLS] authorisations. As a result we rated the service as 'Inadequate' and it was placed in special measures. Special measures meant that we monitored the service and would carry out a further inspection within a short time frame of the publication of the previous report being published.

During this inspection, we found that there were ineffective systems and processes to ensure that the provider and manager oversight, took responsibility and accountability to ensure that the service provided met people's needs safely and in their preferred way or to ensure that risks to people's health and welfare were reduced. For example the provider's systems to audit the service had failed to identify that physical incidents between people were also abusive and should be treated and managed as such. This meant that the provider's policy did not inform staff what to do if abuse occurred between people and was in line with multi agency safeguarding procedures. This meant that there could be a continued risk that incidents of that nature would continue. We found that the systems to monitor records were not effective and had failed to identify that care plans were not always in place to reduce risks. We found that the monitoring and auditing systems had failed to ensure that there was always clear information available about risks concerning people's required diet. Monitoring systems had not identified that some risks had not been followed and placed a person at risk of choking. The monitoring systems had failed to identify that the meal time experience for people was not always pleasant and had not improved greatly from the previous experience. The provider's systems had failed to ensure that action to address repairs to the environment were undertaken in a timely way. This meant that people were at risk of potential trips and falls.

Failing to ensure there were effective systems in place to assess and take action to mitigate risks to people is a breach of Regulation 17 (1) (2) (a) (b) HSCA 2008 (Regulated Activities) Regulations 2014.

A staff member told us, "We [staff] report concerns and things we are not happy about". Other staff we spoke with knew how to raise concerns and knew how to whistle blow. We saw that a policy was available for staff to follow. However, staff had not always followed processes as they had not informed the manager about all concerns that had occurred. This meant that staff were not always acting in line with their responsibilities to keep people safe.

There were mixed views from people and their relatives regarding the feedback processes the provider had in place. One person said, "I did a form" [provider feedback form]. Other people told us that they had not been offered the opportunity to give formal feedback on the service. Some relatives told us that they had given feedback and others told us they had not. Those people and relatives however, did not raise any

issues that may have needed to have been acted upon. We spoke with the manager about this who told us that they spoke with people and relatives regularly and were to implement formal systems.

Notifications are forms that the provider is required by law to send to us to inform us of incidents that occur at the home. Since our previous inspection the provider had notified us of issues that they were required to. These included those relating to injuries, safeguarding and Deprivation of Liberty Safeguarding [DoLS] authorisations. It is also a legal requirement that our current inspection rating is made available. We saw that there was a link on the provider's web site to their current rating and the rating was on display within the premises. This showed that the provider had met that legal requirement.

When our previous inspection report had been published that gave an inadequate rating. We had been made aware by the provider and the local authority a meeting was held with people and their relatives to discuss the possible implications. This showed that the provider was transparent and open about the situation.

Some people and their relatives made positive comments about the overall service provided. A relative told us, "Overall this place is good, I wrote a letter to the manager recently saying how good the service is, praising the staff". Another relative said, "This place has always been fine, regardless of the last report. It's clean, well-led and everyone is looked after". A third relative shared with us, "I think it is a good place".

Since our previous inspection the manager had applied to register with us and that process was close to being concluded. This showed that the provider had taken action to meet their legal responsibility to have a registered manager in post.

People and relatives made positive comments about the manager. A person told us, "I see the manager she sometimes chats to me". Another person said, "I know the manager she is very nice". A relative said, "The current manager is knowledgeable and keeps me informed". Our conversations with the manager confirmed that she knew people well. We saw that manager approached people during the day who were relaxed and chatted to her. Staff told us that the service had improved since the manager started work. A staff member told us, "The manager is very good, very approachable and knows her stuff". Another staff member shared with us, "Things have improved greatly since the new manager came here. There is more organisation, things run smoother and people are happier". This showed that people and their relatives had some confidence relating to the manager.