

Mr & Mrs J Boodia

Gables Care Home

Inspection report

Gables Care Home
Pembroke Road
Woking
Surrey
GU22 7DY

Tel: 01483828792

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Gables Care Home is registered to provide accommodation with care for up to 16 people. There were 13 people living at the home that had a learning disability or had a mental health diagnosis. There were also people that had physical disabilities. The accommodation is provided over two floors that were accessible by stairs. The home has communal areas and a secure garden.

This was an unannounced inspection that took place on 16 May 2017. This inspection was to follow up on actions we had asked the provider to take to improve the service people received.

The registered provider was also the registered manager for Gables Care home and was present on the day of the inspection. 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 our previous inspection on 2 March 2016 we found a breach of two of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to take action in relation to the lack of quality assurance and the maintenance of the environment. The provider sent us an action plan and provided timescales by which time the regulations would be met. They stated that the actions would be completed by September 2016. We also made five recommendations to the provider in regard to management of medicines, recruitment processes, deployment of staff, Mental Capacity assessments and Deprivation of Liberty applications and activities.

During this inspection we found that some improvements had been made, however they were not sufficient enough to meet the requirements of the regulations. We also found new concerns that put people at risk of harm. After the inspection, the provider sent us an action plan which identified action to be taken in regard to the concerns raised. The provider told us they were old fashioned and so they concentrated more on people than the paper work but they were working to improve. The local authority told us they had been and would, continue to work with the provider to improve the quality of the service. They did say that people looked well and were thriving and happy at the home and people who had recently moved from another home which had closed were being well cared for.

People were not always safe because robust and up to date risk assessments were not in place to identify, assess and manage risk safely and to minimise the risk of harm to people. The environment was not always safe but had been improved recently.

There were insufficient numbers of staff deployed to meet people's needs. This had an impact on the care and support provided, the activities and the quality of information recorded in care plans. The local authority told us that people did look well groomed and cared for and one person who had recently moved in had had their hair cut and looked much better.

The provider did not have a clear understanding of their responsibilities regarding the Mental Capacity Act or Deprivation of Liberty Safeguards. Where people lacked capacity they were not fully protected and best practices were not being followed. Mental capacity assessments and DoLS applications had not been fully completed in accordance with current legislation.

Information about people's needs was not always provided to the staff before people moved in to determine whether their needs could be met. However, part of this related to the local authorities responsible for people's moves had not always been prompt in supplying assessments and information to the provider. Although the provider should still always ensure they assess whether they can meet people's needs prior to any admissions.

There were quality assurance systems in place, to review and monitor the quality of service provided, however they were not robust or effective at identifying or minimising risk or correcting shortfalls.

The provider ensured staff had the skills and experience which were necessary to carry out their role. Arrangements had been made for staff to attend mental health awareness training which they needed. The staff team were knowledgeable about people's care needs. People told us they felt supported and staff knew what they were doing. We made a recommendation that the provider reviews their training in line with people's care and support needs.

People attended activities in the home and in their local community; however they were not always specific to people's needs or preferences. We have made a recommendation that the provider reviews individual hobbies and interests and looks at ways these could be implemented and people supported to participate.

Medicines were managed, stored and disposed of safely. Any changes to people's medicines were prescribed by the person's GP or psychiatrist and administered appropriately.

People told us they felt safe at the home. Staff had a good understanding about the signs of abuse and were aware of what to do if they suspected abuse was taking place.

Recruitment practices were in place and were followed to ensure that relevant checks had been completed before staff commenced work.

Fire safety arrangements and risk assessments for the environment were in place to help keep people safe. The home had a business contingency plan that identified how the home would function in the event of an emergency such as fire, adverse weather conditions, flooding and power cuts.

People had enough to eat and drink throughout the day and night and there were arrangements in place to identify and support people who were nutritionally at risk. People were supported to have access to healthcare services and were involved in the regular monitoring of their health. Staff worked effectively with healthcare professionals and were proactive in referring people for treatment.

People were not always involved in decisions about their care and people were not always treated in a dignified way. Apart from these few examples, staff were usually kind and compassionate towards people. People's relatives and friends were able to visit and made to feel welcome.

People told us if they had any issues they would speak to the staff or the manager. People and their families knew how to raise complaints and felt confident to do so.

We found four of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also made recommendations to the provider. You can see what action we told the provider to take at the back of the full version of this 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?

The service was not always safe.

There were not sufficient arrangements in place to manage risks safely.

There were insufficient staff deployed to meet people's needs. This had an impact on the care and support people received.

Medicines were managed by staff in a safe way.

Recruitment practices were safe and relevant checks had been completed before staff commenced work.

Staff were trained in safeguarding adults and knew how to report any concerns. There was a contingency plan in place in case of an emergency.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Mental capacity assessments and DoLS applications had not been fully completed in accordance with current legislation.

Staff had a basic understanding of Deprivation of Liberty Safeguards (DoLS) the Mental Capacity Act (MCA) and their responsibilities in respect of this.

People were supported by staff that had the necessary skills and knowledge to meet their assessed needs however additional training needed to be provided in relation to mental health.

People were supported to access healthcare services and professionals were involved in the regular monitoring of their health

People had enough to eat and drink. People were supported to have their nutrition and hydration needs met.

Requires Improvement ●

Is the service caring?

Requires Improvement ●

The service was not always caring.

Individual staff cared about the people living at the home, but the care provided was task orientated.

People were not always given choices about all aspects of their daily lives and on a few occasions staff did not treated people with dignity.

People's likes and dislikes had been taken into consideration.

People's relatives and friends were able to visit.

Is the service responsive?

The service was not always responsive.

People's care was not always based on individual's care and support needs.

People were not always supported to participate in meaningful activities.

People were able to make a complaint.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

The provider who also managed the service was present for many hours each day and provided stability in a friendly, homely atmosphere. Many improvements have taken place but further action is required to fully meet the regulations and improve the quality of the service people receive.

Quality assurance systems in place failed to identify and manage risks to the home and people living there.

The provider sought, encouraged and supported people's involvement in the improvement of the service but this was not always used to make improvements.

People told us the staff were friendly, supportive and management were always visible and approachable.

Requires Improvement ●

Gables Care Home

Detailed findings

Background to this inspection

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

We visited the home on 16 May 2017 and it was an unannounced inspection. The inspection was conducted by two inspectors and specialist advisor in mental health.

Before the inspection we gathered information about the home by contacting the local authority safeguarding and quality assurance team. We also reviewed records held by the Care Quality Commission (CQC) which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the home is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. We also contacted the local authority who had funding responsibility for people living in the home.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. This enabled us to ensure we were addressing potential areas of concern.

During the visit we spoke with five people living at the home, two relatives, the registered provider, deputy manager, three care staff and a visiting social care professional. We spent time in communal areas observing the interaction between staff and people and watched how people were being cared for by staff. We reviewed a variety of documents which included seven people's care plans, risk assessments, medicines administration records and accident and incident records. We also reviewed two staff files, minutes of meetings, complaints records and some policies and procedures in relation to the quality of the service the home provided.

Following this inspection we received information from the provider of the action taken to address the

concerns we found.

We last carried out an inspection to Gables Care Home in April 2016 and found two breaches of the regulations in regard to premises and equipment and good governance. We also made five recommendations to the provider in regard to management of medicines, recruitment processes, deployment of staff, assessments of people's capacity and activities.

Is the service safe?

Our findings

People told us they felt safe and secure at the home and with the staff who provided care and support. A person told us, "I like it here, they are very good and I feel at home". Another person told us, "They look after me well." A third person told us, "I feel safe." A relative told us, "We are perfectly happy with the care. We know that he is safe because if he was unhappy with anything he would tell us." Although people felt safe we found that improvements were still needed to ensure people were always protected from the risk of harm.

Risks to people were not recognised, assessed or managed safely and in accordance with their needs. Where people had a history of alcohol misuse, there was no assessment in place to identify possible risks to their care. Although healthcare issues that arose were discussed with the involvement of social or health care professionals such as the GP or social worker, these were not included in an assessment to guide staff in how best to prevent risks occurring. Where people had a history of mental health issues, although generic information was recorded on their care plans, there was no person centred information about people's triggers and how to manage people's behaviour. For example in one care plan it stated the person may have 'depression of the nervous system' or 'anger and aggression.' There was no evidence to suggest the person had these symptoms or what staff needed to do if they presented with this.

In another care plan the records showed that the previous provider of care had identified in 2016 that the person had a history of 'infatuation' with female staff and had been 'threatening' towards people and required 30 minute observations. There had been no recognition of this historical risk, or explanation if this risk was now reduced or why observations were no longer needed. The provider informed us after the inspection that this risk had now been reduced that they have updated the care plan to reflect this.

People who smoked were at risk of harm. There were no arrangements in place to reduce fire risks for people who smoked. People were not offered a protective garment whilst smoking. Although the provider has told us that since the inspection they have purchased protective aprons but people choose not to wear these. In this case a new risk assessment is needed to record this. There was a smoking area; however there was no fire safety equipment or an appropriate ashtray in place, the lack of these measures presented a risk to people. Due to an incident in a different home in 2015 all homes in Surrey had been alerted to the need to have appropriate equipment in place to protect people when they smoked. These measures had not been implemented at this home.

Accidents and incidents were not analysed to identify trends. We saw accident records were kept which contained a description of the accident, time it occurred and if people required hospital treatment. Each accident had an accident form completed, which included immediate action taken. However there were no arrangements or systems in place for monitoring trends or patterns to minimise the risks of events or prevent reoccurrences of accidents or incidents.

Failing to assess the risk to the health and safety of people was a breach in Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were aspects of risks to people that were being managed appropriately. There were risks assessments for mobility, hygiene and diabetes. One member of staff said, "I did my moving and handling training. I always do it safely and with two people if needed". We saw this in practice on the day. Hoists were used safely and staff communicated with people clearly. Arrangements were in place to monitor and review people who had pressure ulcers. One member of staff said, "We had one lady with a sore. She came with this; we reacted very quick and stopped it. We take this very seriously. This could have been worse." Another member of staff said, "We frequently check skin during personal hygiene time, and we look for any problems. We then act fast." This was supported from our findings. We noted that all air mattresses were set to the correct setting and therefore gave the optimum pressure relieving comfort to alleviate pressure wounds.

At our last inspection on 2 March 2016, we identified concerns relating to the deployment of staff. We made a recommendation to the provider to review best practices when allocating the staff to meet people's needs. During this inspection we found that no action had been taken to assess people's dependency to determine the number of staff needed to meet everyone's personalised needs and this aspect of the care had not improved sufficiently.

The provider states in their statement of purpose that: We will provide at all times an appropriate number of trained staff. We found that although there were staff to assist people to maintain their personal care they did not always have time to spend time beyond that. The provider has since told us that they sit with people and talk to them especially when people may be suffering delusions but we did not see staff having enough time to do so during the inspection.

People told us that they felt there was sufficient number of staff. However, we found that staff were very busy, responding to and providing care including personal care to people. For the majority of the day people were sitting in the lounge watching television. Staff did not always have the time to sit and chat or provide one to one time with people including those who chose to stay in their rooms.

The registered provider told us that there were four members of staff on duty during the day; however this included the provider and the two deputy managers. We noted that one of the deputy manager's times was taken up with providing care and support to people. The amount of staff were reduced to two staff during the night shift. There was no cook or cleaner employed at the service, care staff were assigned to undertake these tasks. The member of staff allocated to cook was unable to provide caring support whilst cooking. Although people did not complain about the staffing levels, the deployment of staff had an impact on the quality of care provided and the type of activities people could participate in. The provider informed us that they did not use a dependency tool to identify the amount of staff required in accordance to people's needs. Staff told us, "We have four here and I sometimes do the cooking. The manager has too many things to do and I try and help her to clean and prepare the dinner tables." The local authority told us they were working with the provider to understand that when care staff undertook cleaning and cooking duties there may not be enough staff at all times to provide for people's personalised needs.

Failing to have sufficient numbers of staff deployed in order to meet people's care and support needs is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection on 2 March 2016, we identified a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that people were at risk as the premises were unsafe and there was a lack of infection control procedures in place. During our visit we found that although improvements had been made, new risks had been identified. We brought these concerns to the provider's attention who rectified the matter during the visit.

People were at risk of harm as unsafe practices were being followed by external contractors. We noted that an unlocked and empty room had loose wiring that still had an electrical current running through it and the room had building materials including paint stored in the room. This could be a potential fire hazard. There was also a lot of building materials left between two people's bedrooms which impacted on the entry to their rooms. These matters were immediately brought to the provider's attention and they were removed from the premises, reducing the risk to people.

The home had been improved recently with many areas refurbished and it now provided people with a pleasant and homely environment.

At our last inspection on 2 March 2016, we identified concerns relating to the management of medicines. We made a recommendation for the provider to review and ensure arrangements and systems in place for the management of medicines are in line with current national guidelines. During this inspection, we found that improvements had been made.

People's medicines were managed safely and people understood the medicines that they received. People told us that they were happy with the way that staff managed their medicines. There was a clear policy and procedure in place and the staff had training in medication management and had been passed competent to administer medicines. Staff demonstrated good knowledge of the medicines being administered. Staff knew the importance of giving medicines on time and the reasons why this was important to reduce the risk of side effects. All prescriptions were appropriately signed and regularly reviewed by the GP. Medicines were ordered in a timely manner and were checked well in advance of the person receiving their medication. Medicine was appropriately stored in cupboards and a medicine trolley.

Each person had their own Medicine Administration Record (MAR). The MARs contained a photograph to enable identification, which medicines people received and any allergies to medicines were recorded. We noted that there was no guidance for staff to use when people were on PRN (as needed) medicines. We received information after the inspection that PRN protocols had been put in place.

At our last inspection on 2 March 2016, we identified concerns relating to unsafe recruitment procedures. We made a recommendation to the provider that they obtained information as specified in Schedule 3 of the regulations. During this inspection, we found that improvements had been made, and information had been obtained as specified in the regulation. This demonstrated that people were cared for by suitable staff because safe recruitment processes were in place.

There was a staff recruitment and selection policy in place which was being followed. All applicants completed an application form which recorded their employment and training history. The provider ensured that the relevant checks were carried out as stated in the regulations to ensure staff were suitable to work with adults at risk. Staff were not allowed to commence employment until satisfactory criminal records checks and references had been obtained. Staff files included a recent photograph, written references and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff had a criminal record or are barred from working with vulnerable people.

Safety arrangements for people were in place in the event of an emergency. Fire safety arrangements and risk assessments for the environment were in place to help keep people safe, apart from when smoking as mentioned previously. Each person had an individual personal evacuation plan (PEEP) in place and staff carried out regular fire drills and evacuations so they knew what to do in the event of a fire. The home had a business contingency plan that identified how the home would function in the event of an emergency such as fire, adverse weather conditions, flooding and power cuts. The provider had identified alternative

locations which would be utilised if the home was unable to be used.

Staff confirmed they had received safeguarding training and they were aware of their responsibilities in relation to safeguarding adults at risk. Staff were able to describe the different types of abuse and what might indicate that abuse was taking place. One member of staff said, "It's about keeping everyone safe. If I saw abuse I would report it to the manager." The staff had access to the most recent Surrey County Council (SCC) multi agency safeguarding policy. This provided staff with guidance about what to do in the event of suspected abuse. We saw incidents and safeguarding had been raised and dealt with and notifications had been sent to CQC in a timely manner.

Is the service effective?

Our findings

At our last inspection on 2 March 2016, we recommended that the provider reviewed the Mental Capacity Act 2005 (MCA) assessments and DoLS applications for people. We found that improvements had not been made and people's rights were still not being protected.

People's rights were not protected because staff did not act in accordance with the Mental Capacity Act 2005. The 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. Where important decisions needed to be made mental capacity assessments were not completed to see if people could make the decision for themselves.

The registered provider informed us that everyone living at the home had capacity to make decisions. However one person had surveillance placed in their room by relatives to which they had not consented. Another person had bed rails in place which were recommended by a healthcare professional. No assessment of capacity had been carried out to ascertain whether these people had capacity to consent. Best interests had not been considered when specific decisions that affected people were made. No documentation had been completed to record any discussions in regard to the decisions made or regarding people's authority to make decisions on people's behalf known as Power of Attorney. After the inspection, we received information from the provider that the surveillance had been removed from the person's room.

The provider did not have a clear understanding of their responsibilities under the MCA and DoLS. Records viewed confirmed that not all staff had received training and that best practices were not being followed. Staff expressed that they had a working knowledge of MCA by saying, "It's when people have got the capacity to make their own decisions and we have to make sure that we don't restrict people." We asked staff if people had capacity and they told us, "I think everyone has capacity to make their own choices." Despite this understanding people were facing restrictions to which they had not consented or been assessed as being in their best interests and staff and the provider had not recognise that they may be denying people the right to make decisions.

The Care Quality Commission monitors the operation of DoLS which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Records confirmed that DoLS applications had not been submitted despite a person's liberty being restricted by bed rails.

Failure to meet the requirements of the Mental Capacity Act 2005 was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed that staff verbally sought people's agreement to any care before supporting them and then

waited for a response before acting on their wishes.

People's care plans contained forms which detailed that consent had been obtained in certain aspects of people's care. For example, in relation to administering medicines or for people who did not want to be resuscitated in the event of a medical emergency.

People's personal hygiene needs had been planned for in the care plans and staff knew how to effectively support people to maintain their personal care. The care plans had improved with support from the local authority and some now contained more personalised details to guide staff. However other care plans needed improving. After this inspection the provider sent us an action plan which recorded what action will be taken to keep improving the detail in the plan of care. However they also told us that because many people were self-caring they did not see the need to record everything. There is a need even when people are self-caring for staff to understand what they can do for themselves and their normal daily routine so that staff are able to monitor if this changes to help people increase their independence. The local authority told us that people were well cared for regarding their personal care and people looked well groomed and reported being happy at the home. They said people's wellbeing had improved since moving recently from a different home because staff were caring for them each day and encouraging them to, for example have a haircut.

The staff were sufficiently qualified, skilled and experienced to meet people's personal care needs. However, despite half the people using the service having a mental health diagnosis staff had not received training to enhance their understanding of how to meet people's mental health needs. This has now been planned to take place. Staff told us, "We are even going for training in mental health now that we have residents with mental health needs." The manager of the local authority quality team also told us that training in mental health had been arranged for staff. All new staff attended induction training and shadowed an experienced member of staff until they were competent to carry out their role. Staff told us, "I had one week of training and shadowing and we do monthly training."

Staff confirmed they had received training and that they had sufficient knowledge to enable them to carry out their care role safely and effectively. The provider developed the knowledge and skills of new staff by supporting them to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. All staff received mandatory training such as safeguarding adults; dementia awareness; health and safety and infection prevention and control and Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

Staff had received appropriate support that promoted their professional development. Staff told us they had regular meetings with their line manager to discuss their work and performance. We spoke with staff about the supervision and appraisals they received. They were happy with the process. One staff member told us, "I have supervisions every month. It's good to hear how I'm doing in my job and to show me something I am doing wrong." The registered manager confirmed that regular supervision and annual appraisals took place with staff to discuss issues and development needs. We reviewed the provider's records which reflected what staff had told us.

We asked people what they thought of the food at the service. One person told us, "The food is nice. They went onto say, "We get salad and meat pies." Another person told us, "There is no fixed time for breakfast but as long as it's before lunch." A third person told us, "I like salads, so they always make sure there is a salad on offer." There were snacks and cold drinks available. Staff prepared and cooked all of the meals in the home. People were supported to have their nutrition and hydration needs met. Where people needed support with eating, they were supported by a member of staff. People who were able to eat independently

were prompted and encouraged to do so. Throughout the day people were encouraged to take regular drinks to ensure that they kept hydrated.

People had access to healthcare professional such as doctors, district nurses, psychiatrists, and other health and social care professionals. One person told us, "Yes I see the doctor when I am not feeling well." People were supported by staff or relatives to attend their health appointments. Outcomes of people's visits to healthcare professionals were recorded in their care records. The provider told us that the community Psychiatric nurses visited the home every two weeks and staff were able to ring them at any time for advice.

Is the service caring?

Our findings

We found that for the majority of the time staff were kind, caring and considerate towards people. We did see a few occasions when staff did not respond in such a caring or thoughtful way. Staff were busy caring out personal care, cleaning and cooking duties and on occasions this impacted on the staff's ability to always respond and spend time with people.

People were very positive about living in the home and about how kind staff were to them. One person told us, "Staff are alright, they are helpful." They went onto say, "I go to bed at 10.00pm but not because we have to." Another person told us, "I do like it here. At first it was strange but I'm used to it now." A social care professional told us, "I have no concerns the care here is very good. The staff look after the residents." Despite people's positive comments, we found that improvements were still needed to ensure people had choices and were always treated with dignity and respect.

One person wanted to choose where they sat at lunchtime. The member of staff ignored this request and told the person they needed to sit where they usually sat. The person asked why but the member of staff did not respond. The person sat where they were told to sit. One person asked a member of staff what the meal was that was placed in front of them. The member of staff initially ignored them, so the person asked again. The member of staff replied, "What you ordered." We intervened and asked the member of staff to actually explain what the food was and they did. On another occasion, we observed a member of staff sitting between two people supporting them to eat. However the member of staff's attention was not on one person which would be good practice, they were alternating between the two people, which meant that one person had to wait until the member of staff was available before they could eat. There was no interaction from the member of staff to the person that they were supporting to eat. The provider told us after the inspection that the second person being helped to eat normally managed their own meal independently. However it would still be good practice to have a member of staff dedicated to only helping one person at a time and also to speak to the person they were helping.

People did not always have choices available to them. One person told us, "I like my room. It's a big room and I have my own bathroom. I like the closeness of having my own bathroom." However they were unable to have a shower in their room as there was no hot water. The person told us that they would have liked to use their own bathroom to have a shower.

On the day of the inspection people were offered meal choices however people told us this was not always the case. One person said, "We don't get a choice of meal, whatever is served." Another told us, "Staff provide the meals but we don't have a choice. It would be nice to have a choice." One member of staff told us that they would not normally offer a choice of meals and that there would only normally be one main meal on offer at lunchtime. Staff informed us that people were not involved in the consultation and development of the menu. People were not able to make themselves a hot drink when they wanted. "One person told us, "I haven't been told I can help myself but I would like too especially in the afternoons." Another person told us, "Going into the kitchen to make a cup of tea is a no no. I would like to be able to."

After the inspection the provider told us that the inspection had affected what would normally be a social meal time. They said normally they ask people what their pudding choices are as they know one person especially likes a chocolate pudding and people chat with each other. Since the inspection the provider has sent an action plan detailing how they will take action to make meal times more sociable, to offer people a choice of where they sit and to ensure people have a choice of meals.

We recommend that the provider always ensures that staff treat people with dignity and respect at all times.

People lived in a homely atmosphere, where apart from the examples described above many staff did respond to people and show care and compassion. One relative told us, "X (family member) loves Y (member of staff). He is well looked after. He needs more attention from others and he gets that." They said, "He loves being here." We observed a member of staff gently supporting a person to walk. This was conducted at the person's own pace and the member of staff talked and encouraged the person throughout the walk.

People were supported by staff that knew them. Staff were able to talk about people, their likes, dislikes and interests and the care and support they needed. Information was recorded in people's plans about the way they would like to be spoken to and how they would react to questions or situations. Staff knew people's personal and social needs and preferences from reading their care records and getting to know them. People personalised their room with their own furniture and personal items so that they are surrounded by things that were familiar to them.

People told us they were happy with the support they received. We did see occasions where staff approached people with kindness and compassion. One person told us, "Staff are really caring and nice." Staff called people by their preferred names. People were cared for by staff who maintained their privacy and there were occasions when staff supported people with respect and kindness. Staff understood the importance of respecting people's privacy and dignity and treating people with respect. One person told us, "They are very good; they always knock on my door, and they ask me before they do anything." Staff told us, "I treat people with dignity and respect by being very kind and understanding and polite. I enjoy working with the people here. I think of them as my family."

Relatives and friends were encouraged to visit and maintain relationships with people. Staff supported people to visit their relative's homes. Each person had detailed information about people who were important in their lives.

Is the service responsive?

Our findings

We asked people whether there enough activities for them to participate in. One person told us, "We have games and chess but most of the time we just sit and watch television or go out. I don't get bored." Another person told us, "There's plenty to do. There's hardly a dull moment."

Despite the positive comments we found there were further improvements needed to ensure people were able to participate in activities, hobbies and interests of their choosing.

At our last inspection on 2 March 2016, we identified concerns about the lack of activities. We made a recommendation to the provider reviews individuals hobbies and interests. We found that although some improvements had been made, activities were limited and needed expanding to meet people's needs.

There was not sufficient physical stimulation around the home for people that would provide them with something to do during the day when organised activities were not happening. There were no areas in the home that could create sensations to assist people living with dementia, sensory impairment or complex needs with relaxation. One relative told us, "We always feel there should be more for X to do. I don't notice activities here. They mainly just do puzzles. We recommended a game for indoors but we are told they haven't got enough money. I would love them to go out on trips more often to keep his mind active. He isn't stretched enough." There were some people that were able to go out independently and did so on the day and there was a person doing art in the afternoon. There were moments where staff encouraged people to hold the ducklings that were kept at the home. However for the majority of the day people that were at the home were sitting in the lounge with very little meaningful interaction.

The provider's statement of purpose states one of the aims of the service is: Recognise the individual need for personal fulfilment and offer individualised programmes of meaningful activity to satisfy the need of the service user. They also state that their policy is to: actively promoting the maintenance of service user's normal social network and social activities.

We found that the level of service described in this statement is not yet being fully provided for people. Since the inspection the provider sent us an action plan of how they intended to increase activities. The provider also told us that many people do go out regularly and they are looking at other activity options. They also said it was difficult as people can be offered activity but may well refuse to take part. It is a matter of choice. However, given the needs of people in the home they will not be motivated to participate and would need further support to engage and get used to the different activities on offer to see which interests them.

Detailed pre-assessments of people needs were not always undertaken before they moved in to determine whether their needs could be met. There were a number of people that had recently moved in to the service. The provider told us that sufficient information was not provided to them by the previous provider or Local Authority so that they could determine what their needs were. The local authority confirmed to us that in some cases there had been a delay in the provider receiving assessments of people's needs prior to them moving in. They told us that they took notes when they visited people in their previous home. These notes

were not available to us on the day of the inspection to establish what information they gained about people before they moved in.

Care plans did not always reflect up to date information regarding people's personalised care and support needs, therefore they did not provide staff with the guidance they needed to deliver responsive care. Where people had mental health issues, there was no support plan in place to manage people's mental health and behaviour.

Since the inspection the provider sent us an action plan which records that they are continuing to work towards improving the level of personalised detail recorded in people's care plans to guide staff. The provider told us that they did not always keep lots of records as many people were self-caring with their personal care needs. They did not recognise that although people may be quite independent their care needs to be planned so that staff understand what support they require and what they are able to do for themselves. This would assist staff in understanding when people's needs changed and how to support people to either increase their daily living skills or to offer support when people became less able. The local authority also informed us that the provider had been improving the detail recorded in care plans but these needed further work to record the individual care people required to meet all of their needs.

We recommend that the provider puts their statement of purpose into practice by providing a range of personalised activities and finding ways of encouraging people to try new activities.

People had their comments and complaints listened to and acted upon. People were aware of the complaints system and told us that they knew what to do if they needed to make a complaint. . People were able to voice their opinion about the home and the service provided by discussing issues with staff, or the provider. We looked at the provider's complaints policy and procedure which was displayed at key points around the home. When people first moved in there was a copy provided in the resident's guide which people kept in their rooms. The provider maintained a complaints log and we read that complaints had been dealt with in a timely manner, in accordance with the complaint policy. We noted that there had been no complaints made in the last twelve months. Staff told us they were aware of the complaints policy. Staff knew what to do if someone approached them with a concern or complaint and had confidence that the provider would take any complaint seriously.

Is the service well-led?

Our findings

At our last inspection on 12 April 2016, we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Effective management systems were not in place to assess, monitor and improve the quality of service people received. The provider sent us an action plan and provided timescales by which time the regulations would be met. They stated that the actions would be completed by September 2016. The action plan stated that all regular checks would be carried out in line with current legislation. During this inspection although improvement had been made, there were still shortfalls in the quality assurance monitoring systems and the action plan had not been completed.

There were aspects to the quality assurance that were not used to drive improvement. We saw there were various audits carried out such as care plans, medicine administration records, health and safety, room maintenance, fire safety and housekeeping. However we noted that these audits were not effective in identifying the shortfalls that we had identified. These included: a failure to assess how many staff are required and to deploy enough staff to meet people's needs beyond their personal care needs. Risks associated with people living at the service had not been recognised, assessed or managed safely. People's rights to consent to restrictions or decisions were not always being protected. Care had not been planned to meet each person's individual needs and activities could be improved to engage more people for more of the time.

People attended meetings however these were not used as an opportunity to improve the quality of the service provided by them. We noted that there were residents and relatives meetings for people to provide feedback about the home. We reviewed minutes of the meeting held on April 2017, where people discussed issues regarding types of activities and food people would like. However we found on this inspection that people were unable to contribute to the menu choices and there was a failure to provide activities, hobbies and interests that suited people's preferences.

Although feedback was sought from relatives in the form of 'Have your say' questionnaires these were not always used to make improvements. One relative told us, "Recently we had questionnaires asking us to fill them in. We recommended more activities but nothing has changed." We saw that relatives suggested 'Perhaps people could go out in the fresh air more often' and 'Day trips to gardens would be nice and maybe flower arranging and painting pictures.' However these suggestions had not been discussed with people to see if they would enjoy these activities. The provider informed us after the inspection that they will be discussing the results of the surveys with people that live at the service.

Daily records were completed to record support provided to each person; however these were written in a task orientated way. There was no information about people's interactions, activities or mood. This showed us that although there was information about the support provided, the information was not focused on the person's care or support needs in accordance to their preferences or needs. We noted that not all outcomes of people's visits to healthcare professionals were recorded in their care records.

After the inspection the provider send us an action plan about how they would address the breaches of

regulation. We also spoke to the provider who said that they had worked very hard to make improvements but they were an old fashioned caring service who cared for everyone's needs and people's health and wellbeing had improved as a result. They added that they did not concentrate on the paperwork but they were there full time making sure everyone was well looked after. To illustrate this they said, someone had been admitted with pressure sores some years ago and they had managed to heal those and that someone had been well for 17 years without needing a doctor which was a sign of good care. These factors are important along with people telling us how much they like living at the home and how caring the staff were. However the provider needs to use a robust and effective assurance tool to ensure that they recognise when they are not meeting the regulations and where further improvements need to be made to increase people's wellbeing and quality of life. The local authority has informed us that they have been working with and will continue to work with this provider to meet regulations and to improve the quality of the service.

The lack of effective quality monitoring and the lack of detailed recording was a continuous breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives spoke positively about aspects of care in the home. One person told us "I was a bit sad at first but I'm used to it (the home) now. It makes me feel good being here." One relative told us, "It's a happy beautiful environment." People and staff told us the provider was approachable. One person told us, "X is nice. I can talk to her." Staff told us, "I have support all the time. The provider is here from 6.00am until 12.00am. She knows everything. She ensures everything is done. I don't expect to be thanked but I feel valued by her. She is like a sister to me." Another member of staff told us, "I feel very supported by X (provider). She is always there for me and I can always talk to her if there is something wrong." Staff told us provider was open and approachable and that they could discuss any issues they had with them. There was an open door policy and we saw people come into the office to share information, concerns or if they required assistance.

Staff told us that team meetings were held regularly and that they could raise any concerns they had at these meetings. We reviewed minutes of the meeting held on March 2017, where staff discussed issues regarding people's needs and well-being, infection control, training needs and what they could do better.

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 11 HSCA RA Regulations 2014 Need for consent The provider had failed to meet the requirements of the Mental Capacity Act 2005.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to assess the risk to the health and safety of people.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to provide effective quality monitoring and there was a lack of detailed recording.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure that there were sufficient numbers of staff deployed to meet the needs of people.