

R Cadman

The Old Rectory

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?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection was carried out on 21 and 22 March 2016. Our inspection was unannounced.

The Old Rectory provided accommodation and personal care for up to 40 people who have physical disabilities and learning disabilities. People had sensory impairments, epilepsy, limited mobility and difficulties communicating. Accommodation is set out over three floors. On the day of our inspection there were 40 people living at the home.

At our previous inspection on 25 September 2014, we followed up on the enforcement action we had taken against the provider. We checked that the regulations were being met. We found that the provider had made improvements to Regulation 10 (quality monitoring), Regulation 21 (records) and Regulation 21 (staff recruitment records) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. However, further work was required to meet Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These correspond with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which came into force on 1 April 2015.

During the inspection on 25 September 2014 we did not follow up the breaches of Regulation 9 (care and welfare), Regulation 11 (safeguarding), Regulation 18 (consent to care and treatment) and Regulation 23 (support to workers) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which were found during the previous inspection that took place on 26 and 27 June 2014. These correspond with Regulation 9, Regulation 11, Regulation 13 and Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to take action in relation to person centred care, safeguarding people, obtaining consent and providing training/support to staff.

The provider sent us an action plan on 20 August 2014 stating they would meet the regulations by 30 August 2014.

During this inspection we found that the provider had not maintained improvements to the service.

Effective recruitment procedures were not in place to ensure that potential staff employed were of good character and had the skills and experience needed to carry out their roles. Infection control procedures and practice were not effective.

Staff did not have all the information they needed to safeguard people from abuse. However staff knew how to report concerns to the deputy manager and provider, records showed that safeguarding concerns had been reported. We made a recommendation about this.

Risk assessments lacked detail and did not give staff guidance about any action staff needed to take to make sure people were protected from harm.

Medicines administered were not adequately recorded to ensure that people received their medicines in a safe manner.

The training staff received did not give them the skills to support people effectively

People did not have a choice of meals each time. Food prepared and cooked did not meet everyone's dietary needs to maintain good health.

The home had not been suitably maintained. Areas of the home, including the kitchen was not clean. Food had not been appropriately stored. We reported this to the local council's food safety department.

Effective systems were not in place to enable the provider to assess, monitor and improve the quality and safety of the service. Records were not always accurate and complete.

People knew to complain to the provider if they were unhappy about their service. The complaints procedure was not on display in the home. The complaints procedure within the service's guide gave incorrect information about who to contact if people are unhappy with the provider's response to a complaint. We made a recommendation about this.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Deprivation of Liberty Safeguards (DoLS) applications had been made to the local authority and had been approved.

People were supported and helped to maintain their health and to access health services when they needed them.

People and their relatives knew who to talk to if they were unhappy about the service.

Staff were positive about the support they received from the deputy manager and provider. They felt they could raise concerns and they would be listened to.

Relatives told us that they were able to visit their family members at any reasonable time, they were always made to feel welcome and there was always a nice atmosphere within the home.

People's view and experiences were sought during meetings. Relatives were also encouraged to feedback through quality questionnaires.

People were encouraged to take part in activities that they enjoyed. People were supported to be as independent as possible.

Communication between staff within the home was good. They were made aware of significant events and any changes in people's behaviour. Handovers between staff going off shift and those coming on shift were documented.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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?

Inadequate ●

The service was not safe.

Risks to people's safety and welfare were not always well managed to make sure they were protected from harm. Infection control procedures and practice were not effective.

Staff did not have all the information they needed to safeguard people from abuse.

Effective recruitment procedures were in place, however records relating to employment were not complete. There were enough staff deployed in the home to meet people's needs.

People's medicines were not well managed and recorded.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff did not have all the essential and specific training and updates they needed. Staff received supervision however this was not regular. Staff were enabled to gain work based qualifications.

People did not have choices of food at each meal time which met their likes, needs and expectations. Food did not meet everyone's dietary requirements to maintain good health.

Staff were aware of the Mental Capacity Act 2005. Where people's freedom was restricted Deprivation of Liberties Safeguards were in place

People received medical assistance from health and social care professionals when they needed it.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect. Staff knew people well.

People's confidential information was respected and locked away to prevent unauthorised access.

People were involved with their care. Their care and treatment was person centred.

Is the service responsive?

The service was not consistently responsive.

The service had a complaints policy; this was not on display in the home. The complaints procedure did not provide people with information about who to complain to if they were not happy with the provider's response to their complaint and was not available to people in a format that met their needs.

People were provided with personalised care had access to activities that meet their needs.

People's and relatives views were gathered and acted on.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

There were systems in place to assess the quality of the service, however these did not pick up the concerns relating to risk and people's safety, records, recruitment and infection control.

Staff were aware of the whistleblowing procedures and were confident that poor practice would be reported appropriately.

The provider was aware of their responsibilities in relation to reporting incidents to CQC.

Requires Improvement ●

The Old Rectory

Detailed findings

Background to this inspection

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

This inspection took place on 21 and 22 March 2016 and was unannounced.

The inspection team consisted of three inspectors and an expert by experience. An expert by experience is a person who has personal experience of using similar services or caring for people with learning disabilities.

Before the inspection, we reviewed previous inspection reports and notifications. A notification is information about important events which the home is required to send us by law.

We spent time speaking with 10 people. Some people were not able to verbally express their experiences of living in the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed staff interactions with people and observed care and support in communal areas. We spoke with one relative, one visitor and one district nurse. We spoke with 13 staff including the cook, the deputy manager and the provider.

We received feedback from the local authorities commissioning team, who provided feedback about their visits to the service.

We looked at records held by the provider and care records held in the home. These included eight people's care records, risk assessments, four weeks of staff rotas, seven staff recruitment records, meeting minutes, policies and procedures, satisfaction surveys and other management records.

We asked the provider to send additional information after the inspection visit, including the maintenance schedule, staff training matrix and a policy. The information we requested was sent to us in a timely manner.

Is the service safe?

Our findings

People told us they felt safe in the home. Comments included, "I like living here because everyone takes care of me"; "People help me if I need them but I can look after myself"; "I can always talk to someone about my worries"; "I feel safe living here as I can't come to any harm as there are so many people around". We observed that staff kept people safe by offering discreet advice and guidance.

Medicines were not stored securely and safely in the home at all times. Two locked medicines trolleys were kept in an activities room, which contained a pool table. The room was kept locked. The trolleys were not secured to the wall in this area when not in use in line with published guidance. This was also not ideal as it meant people could not access the activities area to play pool what they wanted to do. We checked the storage arrangements for controlled medicines. These were kept in a locked box secured to the wall inside a locked cupboard in a thoroughfare between two areas of the home, however keys for this storage were also found in the same place, which meant that the medicines could be easily accessed and were not secure. Medicines that should have been stored separately were not stored correctly or securely in line with published guidance. We saw medicines that should have been stored separately, were being kept together in the medicines trolleys. Medicines that needed to be kept cool were stored appropriately in a refrigerator in a locked storage room, however the thermometer which was used to measure the fridge temperature was broken and staff were not able to find the daily records of the temperature of the fridge or the room where the new incoming medication was seen stored. This meant that staff could not be sure medicines had been stored to maintain their effectiveness in line with published guidance.

Medicines were not always appropriately recorded. The controlled medicines record book showed that some individual medicines recorded were not available in the controlled medicine box. Staff told us this medicine had been returned to the pharmacy. Some medicines needed to be witnessed as administered by two members of staff. On the morning of our visit we observed the staff administering medicines did not check these medicines with a second member of staff as required. One medicine recorded on the MAR (Medication Administration Record) showed 20 sachets had been received into the home, with nine sachets signed as being taken from the beginning of the month. However, we found there were 16 left instead of 11. This was because one box of the medicine had not been recorded on the MAR. This meant that the amounts of medicines administered to people could not be accurately checked against their prescribed doses.

The examples above showed the provider was not managing people's medicines safely. This was a breach of Regulation 12 (1) (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were administered to people living in the home by staff who had been trained to do so. Staff told us that staff had always administered medication to everyone, they said, "It's always been like that ever since I started". Assessments were not undertaken which considered if people could manage their own medication with support. The deputy manager and head of care confirmed only trained designated staff administered medication.

At the last inspection we found that the provider had employed staff and had not explored reasons for gaps

in employment. At this inspection we found that recruitment practices were not always safe. The provider had a staff recruitment and selection policy which was dated January 2016. This stated that all staff should have a Disclosure and Barring Service (DBS) check before they started work. We were told by staff that they did not working with people living at the home until the checks had been undertaken. DBS checks had been completed, however one staff member had worked at the home since September 2014 and the DBS was dated January 2015. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. However, there was no risk assessment in place whilst the DBS was being applied for or record of the duties the staff member could undertake during that time. A minimum of two references were required, however we did not find two references in all the staff files. This meant people could be not be confident that they were cared for by staff who were safe to work with them.

The examples above evidences a breach of Regulation 19 (1) (a) (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some areas of the service were not suitably clean. One person's bedroom, the top floor bathroom and the middle floor bathroom smelt strongly of stale urine. The flooring in one bedroom did not meet the person's assessed needs. The kitchen floor could not be effectively cleaned due to damaged floor tiles. The kitchen cupboards could not be effectively cleaned because the surfaces were scuffed and damaged. The middle floor bathroom was dirty and stained. The cellar was dirty, dusty and mouldy including the area where food was stored. We spoke with the provider about these concerns and they explained that there was a maintenance programme in place. The middle bathroom was due to be replaced in May 2016 and the kitchen was due to be painted the following week. They confirmed this was painting of cupboards only and had not considered the flooring as part of this.

Infection control procedures had not been followed by staff. We found soiled clothing and a soiled incontinence pad on the carpeted floor of the hallway outside a person's bedroom. The soiled items were not in appropriate bags to contain the risk of cross infection. A staff member picked up the items without wearing personal protective equipment (PPE) and took these to a bathroom to collect appropriate bags from the locked cupboard. Mop heads seen in the laundry room and kitchen were dirty. Freezers in the cellar were dirty. This meant cleaning had not been completed to a suitable standard. The provider had failed to assess the risk of and prevent, detect and control the spread of infections.

People were at risk of food poisoning because there was no stock rotation of food stored in the cellar. We found many foods in the cellar to be out of date. The fridge freezer in the cellar was not working correctly, the fridge section was iced up and the freezer section was mouldy. The provider had failed to assess and mitigate risks to people.

Risks to people's health and wellbeing we not well managed. Radiators on the second and third floor were not covered with radiator covers which meant people were at risk of burns; these radiators were not controlled by mixed valves to restrict the heat output. The provider had failed to ensure that the premises were safe.

Two people were diagnosed with epilepsy. There were no risk assessments or care plans detailing what action staff should take if they had a seizure, when to call for emergency assistance and what each person's seizure looked like. One person had received medical advice from their GP about their diet and weight. The advice had not been used to update and inform changes to risk assessments or care plans. Risks relating to people who could become anxious, aggressive and displayed behaviour that others would find challenging had not effectively been managed. Where incidents had taken place these had not been reported to relevant

persons such as care managers.

The incident and accident book had not recorded where a person had punched a hole in the hall wall the previous week. One person's health records evidenced that they were taken to accident and emergency in January 2016 in relation to an injury, however there were no records in the health file or accident and incident file to evidence what had happened. During the inspection, we observed that a person approached the provider shouting "I'm going to hit you" this type of behaviour was not challenged and the provider did not advise the person that this was inappropriate behaviour. The person hit the provider on the arm.

Environmental fire risk assessments identified that all internal doors were clearly labelled. We found that they were not. The fire risk assessment also identified that there were no self-closing devices within the home. Self-closing devices are small pieces of equipment which can be fitted to fire doors, to enable them to close when the fire alarm sounds. We observed that there were self-closing devices in place on some doors. Some people had propped their bedroom doors open with wedges. Self-closing devices had not been fitted to people's bedroom doors. This meant that systems and processes were not in place to ensure that people were safe at all time. The provider had failed to assess and mitigate risks to people and staff.

The examples above evidence a breach of Regulation 12 (1) (2) (a) (b) (d) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risk assessments were in place in relation to people using fire escapes, the assessments showed that a staff member had assessed people's reaction to the fire bell sounding and their ability to follow instruction. There were also risk assessments in place in relation to managing risks of people absconding, maintaining relationships, mobility and general risks from the environment such as the fish pond.

Areas of the home and equipment had not been suitably maintained. There were cracked and loose floor tiles in the entrance hall, a hole in the wall in the hallway, a settee was worn and broken, the foam inside of the settee was exposed. The dining area/conservatory had signs of damage and wear and tear. Panes of glass were broken in one set of doors which had been boarded over. The door frames and window frames in this area were rotten and required attention. The external fire escapes had not been painted with colour contrasting paint to enable people to see the edges of the steps. Only a few items listed were recorded in the maintenance records. The maintenance schedule showed that new conservatory doors were going to be ordered in May 2016. However people were using this bathroom in its current state which was not hygienic or pleasant. This meant people were at risk of harm because the environment had not been maintained to a suitable standard.

The examples above evidence that the provider has failed to maintain the home to a suitable standard. This was a breach of Regulation 15 (1) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we found that people were not always protected from the risk of abuse because the provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening where a person may not have capacity. During this inspection we found that people were not always protected from abuse and mistreatment. Staff had access to the providers safeguarding policy. However, this did not give staff contact numbers and details of how to raise a safeguarding concern. The policy did not link to the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. The deputy manager and provider did not know about the local authorities safeguarding policy. Safeguarding records showed that safeguarding concerns had been

appropriately reported to the local authority and CQC. Staff understood the various types of abuse to look out for and knew to report any concerns to the deputy manager in order to ensure people were protected from harm. However not all the staff understood all the forms of abuse that could be found in a home like theirs

We recommend that the provider and registered manager ensure that staff have clear guidance in relation to safeguarding and follow the local authorities' multiagency policy, protocol and procedure.

There were suitable numbers of staff on shift to meet people's needs. The staffing rotas showed that there were plenty of staff on each shift. Many staff had dual roles which meant they carried out other roles as well as care tasks, such as cleaning, entertainment, driving and grounds maintenance. The staffing rota showed that there were less staff working during weekends and on bank holidays. The deputy manager and provider explained that staff were able to contact management when needed including out of hours. The visiting nurse told us that there was always enough staff on duty when they visited the home. During the inspection it was not always clear who worked at the home and who lived at the home as staff did not wear name or Identification badges. The visiting nurse also said, "Sometimes I'm not sure who is staff". People knew who the staff were that were providing them support, however visitors, relatives and health and social care professionals did not.

Is the service effective?

Our findings

People said they had the right kind of help when they needed it and they said that the food was good. Comments included, "I like the food there is plenty of it". My favourite is chips and I do sometimes ask for more of them", "There is always plenty of food and you can always ask for more if you need it"; "The food is ok here and I have enough of it". I do get the help I need which is more now than it used to be" and "The best thing about living here is the food, I like spicy stuff like curry and chilli but I do not like vegetables much and I hate bubble and squeak. There is plenty of it and I don't feel hungry". One person said, "I make choices. I choose when to go to bed, I do washing up in the kitchen and I make my packed lunch to take to college"

A relative explained how their family member was supported to make their own decisions. A visiting nurse told us that staff had the right skills to support people's catheter care. They explained that staff monitor the person and report any concerns with the catheter which would indicate it wasn't working correctly.

People were not supported to maintain their health and wellbeing by the choices of food they had and through staff helping them to maintain a healthy diet that met their needs. The provider's nutrition policy stated that 'Menus will offer a choice of foods and service users will be asked which choice they would prefer at every meal'. We found this was not happening in practice. People were not offered a choice of meals on a daily basis. A summer and winter rolling menu had been created in January 2016. People had been involved in a meeting to discuss their preferences when the menus were created. The only way people knew what was available to eat at each meal was to ask. Staff told us that if people didn't like what was available when they had asked, they were offered something else. There were a number of people who were not able to communicate their needs verbally to ask these questions. We observed that two people ate breakfast cereal for their lunch; this was because they didn't want the spaghetti bolognese that had been cooked. Had another choice of food been cooked they would have had access to a hot meal to meet their nutritional needs.

One person had been advised by their GP not to have any sugar and to have smaller portions of meals. Clear information had been recorded to state that if they continued to eat sugar and inappropriate foods it would result in them being prescribed insulin to control their diabetes. Food had not been prepared and cooked that met their nutritional needs. We searched the food stocks and found no sugar free alternative foods. We spoke to staff who said they served sugar free ice cream and desserts. The ice cream and desserts found in the freezer and in stock were not sugar free. Daily notes evidenced that this person had eaten cakes, biscuits and drank hot chocolate on a daily basis for supper. This meant that their health and wellbeing was not being protected by the staff.

People's weights had not always been monitored consistently. Guidance given by people's GP had not always been followed in relation to the frequency of monitoring people's weights. One person had lost 24.4kg in 10 months. We could not see that action had been taken to address these concerns and the person was at risk of malnutrition.

The examples above evidence that people had not received suitable nutritious food and hydration to

sustain life and good health which is a breach of Regulation 14 (1)(2)(a)(i)(b)(4)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Most people ate their meals in the busy dining room/conservatory area. Hot and cold drinks were offered to people throughout the day to ensure they drank well to maintain their hydration. People that needed support to eat their meal were supported by staff in a discreet manner. People say where they wanted to eat. There were lots of chats, jokes and laughing during meal time. We observed that staff encouraged people to eat in a tactful and very caring manner. Staff were attentive and spoke to people, poured drinks, cut up food and encouraged people to eat. One staff member spoke with a person to encourage them to eat. They said, "Let's just eat this bit", they then divided the plate into manageable portions and helped the person move closer to the table, which resulted in the person eating most of their meal.

At the last inspection we found that staff had not received effective training to meet people's needs. At this inspection we found that most staff had completed their compulsory training that the provider had set. For example, 28 out of 29 staff had undertaken safeguarding training, the staff member who needed to complete this training had been in post for four months. All staff had completed fire training. Twenty seven staff had completed moving and handling training, one member of staff who needed this training had been in post for nine months. Twenty seven staff had attended infection control training. No staff had attended training in relation to dignity and respect. We witnessed one staff member during a lunchtime period who was brusque with people, telling one person to sit down, this was not where the person wanted to sit. The same staff member cleared plates away without any communication with people and did not smile. We spoke with the provider about this. They agreed that the person required some further training to ensure that they communicated effectively and treated people with dignity and respect.

Staff responsible for providing care had not all undertaken training to enable them to meet people's needs. Staff had not undertaken epilepsy training despite caring for people who had a diagnosis of epilepsy. Only four staff out of 29 had attended training in relation to diabetes. The cook had not completed diabetes training; they confirmed they had not been given training and guidance on how to meet people's diabetic nutritional needs. This meant that people were at risk because staff may not know how to support their needs.

Records showed that staff had not attended training in relation to dealing with aggression and behaviours that others may find challenging. Staff confirmed that they had not undertaken this. We saw records that evidenced staff were regularly dealing with these types of behaviours and we witnessed several during our inspection. On one occasion a staff member used disrespectful language when summoning help from other staff. We spoke with the provider about this. They spoke with the staff member about it and they had explained that they had panicked when the person had started to get agitated as the person scared them.

Some staff told us they had supervision meetings with their line manager regularly. Records of supervisions showed that these meetings had taken place. These supervisions were observations of practice which had been carried out in relation to medicines, personal care and meal times. Some staff who had been in their role for a number of months had not received supervision. The observations were not a record of a two way meeting giving the staff member the opportunity to talk about any issues they may have or training they may feel they could benefit from. Staff did sign the observations and these confirmed the staff member's competency to carry out certain tasks with in the home. These observations happened monthly until November 2015, after that time we only found one further observation in February 2016 on one staff members file.

The examples above evidence a breach of Regulation 18 (1)(a) of the Health and Social Care Act 2008

Staff that had been in post for longer than one year had received an annual appraisal. The deputy manager told us that appraisals were scheduled for later in the month. Staff told us they were supported to gain workplace qualifications. Records evidenced that six staff were currently working towards a qualification. The deputy manager showed us that they had enrolled new staff on a care certificate course online. This meant that the staff received suitable information when they were new in post to enable them to learn their role and staff had access to further qualifications to aid their learning and development.

At the last inspection consent was not always obtained in line with the Mental Capacity Act (2005). At this inspection we found that two people had recently been assessed under the Mental Capacity Act (2005) Deprivation of Liberty Safeguards (DoLS), which had subsequently been authorised by the local authority. We examined the care plans for these people. The requests for assessment had been made following mental capacity assessments by the provider. These assessments had involved relatives and representatives in the decision making process. Each care plan showed that the conditions to which the authorisation was subject to had been met. We saw one best interest meeting record which had taken place in February 2016, this meeting involved the persons care manager, relative and staff and the outcome was that it was in the person's best interest to remain living at The Old Rectory. Mental capacity assessments and decisions had been made following the Mental Capacity Act (2005).

The staff and deputy manager had a clear understanding of the MCA and DoLS. Staff explained how they enabled people to have freedom to come and go as they pleased and how they monitored the two people who had DoLS authorisations in place. We observed that staff monitored this throughout the inspection.

Whilst we observed the medicines round we saw that one person had a medicine given covertly, meaning that the person was not asked if they wish to take the medicine and it was hidden in their food. We checked that relevant people had been involved in making this decision. A best interest meeting had been held with multiagency attendance, they considered that if the person was given the medication covertly they would get better and would eventually take the medicine willingly. Best interest decisions should be reviewed annually or before if appropriate. This decision had been made two years before, which meant that the person's circumstances may have changed. We spoke with the provider about this who took action to arrange the necessary review.

People were supported to maintain their health and have access to healthcare services. Care plans evidenced that referrals had been made to the relevant health care professionals as appropriate. For example, people were referred on to specialists when required due to skin conditions. When changes were noted in people's mental health they were supported to make contact with relevant services. One person's catheter hadn't been draining correctly during the inspection and staff made contact with the district nursing team to ensure that the person's health needs were appropriately met. This showed that staff were aware of people's individual needs and knew how to access the right support. People had seen their GP when required. Each person had an annual health review with the GP surgery. People had also seen district nurses, dentists, opticians, podiatrists, consultants and specialists when required. This meant that people's health care needs were being well met. One person told us they were waiting to see a dentist and a member of staff confirmed that an appointment was being made, whilst they were waiting for the appointment the person was taking paracetamol for the pain.

Is the service caring?

Our findings

People told us staff were kind and caring and met their needs well. People told us they liked their rooms and they had chosen the decoration themselves. Comments included; "People are kind and they talk to me"; "I am comfortable and my room is good, people knock on my door"; "People are very kind and help me"; "There are always people around and coming to see if I am ok"; "People are very kind"; "People knock on doors"; "I am very happy here, I need lots of help now and people are so kind"; "Very kind"; "The staff are nice I like them all"; "People knock on doors and talk to you and I can tell them if I am worried about something"; "I know everyone here and they are all nice"; "Staff listen to me" and "People do knock on doors and don't just walk in to my room". Two people who were in a relationship told us that they were given privacy when they were together.

A relative and visitors said that staff were kind, caring and friendly. Comments included, "They know people well"; "The atmosphere is brilliant, it's a family feel" and "Always welcomed in".

At the last inspection we found people's needs were not consistently assessed and care and support was not always planned and delivered in line with their individual care plan. During this inspection people's care plans were detailed and clear. They included information about people's life such as family and friends, past places where they have lived, likes and dislikes in relation to activities and food. Their care plans detailed what their personal care needs were and what tasks they could do for themselves. For example, one person's care plan detailed that they ate slowly and sometimes needed help to cut up food.

Staff were enthusiastic about their jobs and had good rapports with people. One staff member told us, "I absolutely love it" and "There is a feel of family unit". Another staff member told us, "I do enjoy working here. The clients are such fun to work with". During our discussions with staff it was clear they knew people well.

We observed that people were free to move around the home. During meal times people entered the dining room at different times; they were welcomed and attended to promptly. People were not rushed at meal times and there was a pleasant atmosphere.

Staff were kind, caring and patient in their approach. Staff supported people in a calm and relaxed manner. They did not rush and stopped to chat with people, listening, answering questions and showing interest in what they were saying. We observed staff initiating conversations with people in a friendly, sociable manner and not just in relation to what they had to do for them.

People's rooms had been personalised with their own belongings. People's personal space was respected; we observed staff knocking on people's doors before entering. Interactions between staff and people who lived at the home were positive and caring.

Staff said that they protected people's dignity and privacy. One staff member said, "I always make sure the door is closed before helping someone to dress or undress, when assisting them to wash I would not strip off all their clothes I would try and keep people covered". I encourage people to choose the clothes they want

to wear, I ask them, I don't take over and make them have what they don't want. Another staff member said, "I would not shout at people in the wrong way, and it would not be protecting their dignity if I rushed them down the corridor more quickly than they can walk. I think independence is important, people should be encouraged to do what they can. It takes longer but I don't care, they feel better if they can do it themselves". Another staff member said, "I have one person I look after who always wants to do things for their selves, even when they really can't, I am careful how I offer the help so I don't take away their independence".

Relatives told us that they were able to visit their family members at any reasonable time and they were always made to feel welcome. One person told us that their relative visited them at the home on Christmas Eve and they stayed to have Christmas Day with them, they were really pleased to spend the day with their friends and family together. They said "I had a lovely time". They also told us they were supported to visit their relative on Mother's Day; "She was so pleased".

We observed that most bedrooms had plenty of space. Relatives and visitors could meet with their family members and friends in a variety of rooms in the home. There were plenty of places to sit and discuss private matters.

Staff had a good understanding of the need to maintain confidentiality. Paper records were kept locked away. Personal information was not displayed on communal notice boards.

People were prompted and encouraged to be as independent as possible. Some people had lived at the home since it opened. Over time they had become less independent, we saw that staff completed tasks for them as they were no longer able to. One staff member explained how they had spent three years encouraging and enabling a person to gain confidence with their mobility after they suffered an injury. This has resulted in the person being as independent as possible. A staff member said, "We try to promote independence as much as we can. We let them lead the normal life they deserve". We observed people going out into the local community, some people were able to do this with no staff support and others went out into the community with support. People were able to access the local community and attend religious services of their choice. One person said, "I go out to places on my own, I have a bus pass".

Is the service responsive?

Our findings

People told us they had activities to keep them busy if they wished to take part. People knew who to talk to if they had a problem or they wanted to complain. Comments includes, "I would talk to staff if unhappy or wanted to make a complaint. [Staff name] is my keyworker, he talks to me if I'm upset"; "I join in things I like exercises if I want to"; "I join in things like the exercises but then I can come to my room which is very comfortable and listen to my music or watch the television"; "Like the rock and roll music" ; "Like doing things quietly with the Lego and in my room"; "There are always people around if you are worried about something" and "If I didn't like something I would tell anyone and they would listen".

People and their relatives knew who to talk to if they were unhappy about the service they were receiving. The provider had a complaints policy and procedures which included clear guidelines on how and by when issues should be resolved. However the complaints and compliments procedure was not on display. The complaints procedure within the 'service user guide' and 'statement of purpose' detailed that people should take their complaint forward to the Care Quality Commission (CQC) if they were not happy with the response from the home. This information was not correct, CQC do not investigate individual complaints. People should be directed to the local authority or the local government ombudsman (LGO). There was no easy to read complaints policy for people who needed their communication in a different format. Staff were clear about their responsibilities to report concerns and complaints.

We recommend that complaints policies and procedures provide people and their relatives with the necessary information.

One visitor explained that they visited the home on a weekly basis to run exercise activities. They explained that the first part of their visit includes group exercise which is generally well attended by 12 to 17 people each week. The second part of the visit enabled them to work with a few people who used wheelchairs and had limited mobility. We observed this part of the activity. Staff supported the visitor by encouraging people to get involved. The activity enables gentle movement of arms and legs to keep people active and aid coordination. People participating in the activity were smiling and engaged with the visitor.

The activity co-ordinator explained the kind of activities that were organised for people in the home. These included trips out and encouraging people to stay in touch with their families. They explained that they tried to engage with all the people living in the home, but that some people were more difficult to motivate than others. They said that exercise was important for people and that they encouraged people to join in games that involved movement. They said that they did do some activities on a weekly basis, for example they do art and craft two days a week. Staff had time to spend with some people who prefer not to take part in group activities. We were told that they used to record the activities that each person joined in with. However they had not recorded these for some months. They told us that as the better weather arrives that they intend to take people on interest walks. They planned to give people things to find while they are out, make the walk more exciting. One staff member said, "Here we have Arts and Crafts, Karaoke, reading time. It is up to the people living here what we do".

People's art work was displayed in the dining room/conservatory and in various places around the home. Some people had been on trips to theme parks outside of the local area. One staff member told us, "I am the keyworker for [person]. She loves going out for a burger. I take her out once a week. She chooses where to go". The activities coordinator said, "We are arranging a trip to a bus show as one of the people here has shown a huge interest in buses".

People told us they joined activities that they enjoyed doing, but spent time in their own bedroom watching television, watching films, model making or listening music. One person told us they enjoyed writing and staff helped them with this. Lots of people took part in the karaoke activity which took place on the second day of the inspection. People told us they enjoyed this. People's birthdays were celebrated by everyone. We saw lots of posters for people's milestone birthdays advertising a party with food. People told us they enjoyed the parties. One person told us they enjoyed going out but loved the celebrations and the bar. People and relatives told us about regular sports activity. One person said, "I am taken out to sports and I love football".

We observed that staff were responsive to people's needs. One person said, "If I want something I ask someone". One person was cold and wasn't able to mobilise independently, they asked for a cardigan and a staff member quickly brought this for them. The staff member ensured the person was comfortable.

Assessments of people's care needs had been carried out prior to them moving to the home. These assessments had formed the basics of the person's care plan. As staff got to know the person and their family the care plan was reviewed and added to. Assessments and care plans were clear. People's care plans and assessments had been reviewed with them.

'Residents' meetings were held to enable people to feedback about the service they received and to make requests. These were held on a monthly basis. Records showed that these meetings were very well attended. People had made specific requests for outings, their daily records evidenced these had taken place. People had been involved in choosing food when the menus were reviewed and revised in January 2016. People had been listened to. People had been asked their opinions about the service they received, they had completed questionnaires about the service, the feedback was mostly positive. However the questionnaires were dated 2014.

The provider had not received any complaints in 2015. Compliments had been received. One read, 'Thank you for all the love and support you gave to [Person's name] and myself over the years'. Other compliments read, 'Staff have always been very helpful and kind to her' and 'More than satisfied with the life you are giving [person] and she is always very cheerful when we see her, your staff were always very pleasant and helpful'.

Other compliments were seen within completed quality assurance surveys which relatives had been asked to complete in February 2016. The provider had received 23 completed surveys. The surveys detailed that relatives were happy with their family members care. Comments in these surveys included, 'I have never felt anything else but welcomed [when visiting]'; 'Service has definitely improved'. Relatives had made comments about improvements they felt were necessary which included redecoration of bedrooms, redecoration of the home and one relative raised the issue that one area of the home smelt of urine the last time they visited.

Is the service well-led?

Our findings

People told us the deputy manager and the provider spent time in the home. They knew who they were and knew that they could talk to them at any time. We observed the staff, manager and provider spoke with people and the atmosphere was relaxed. A relative told us, "I can't praise them enough".

At the last inspection we found that the provider had made improvement to their systems to monitor and improve the service and made improvements to their records. During this inspection we found that these improvements had not been sustained. The deputy manager and provider had audit systems in place within the home. The audits had failed to identify and action the areas of concern found during the inspection, such as infection control issues, maintenance concerns, food storage, stock control, medicines storage, monitoring and recording and care plans not always detailing service user's care and support needs.

The provider had failed to make records of other audits that they told us they had completed. Such as audits of care during the night and audits of the CCTV footage from the communal areas which had taken place on an ad hoc basis when concerns had been raised. This meant that the provider was unable to provide an audit trail of quality assurance checks they had made. They were also unable to demonstrate how they made improvements as a result of the audits.

Records were not always clear and robust. This meant that it was not always clear from the daily records who had made each entry because the name and signature was missing. Staff recruitment records evidenced that two staff members had started work prior to their DBS check being received. The provider told us that one staff member had completed training prior to their DBS coming through. However there was no record of this. Medicines records were not accurate. The controlled medicines book evidenced that Morphine Sulphate, Transdermal patches and Diazepam tablets were recorded as being in stock. However these medicines were not in the controlled medicines box. A member of staff and the deputy manager told us that the medicines had been returned to the pharmacy when the person passed away, however the controlled medicines book and returns book had not recorded this. Other medicines had also not been adequately recorded on the Medicines Administration Record (MAR) sheet, medicines that had been dispensed and returned during hospital discharges had not been recorded on the MAR sheet which meant the balance on the record and the actual number of medicines did not tally.

Policies and procedures were not always fit for purpose and did not relate to the service being provided. For example, the nutrition policy dated 26 January 2016 stated that menus would be reviewed weekly and sample menus sent to a dietician on a monthly basis. We asked the deputy manager about this. They told us, 'I have removed this from the policy as it is incorrect'. There was a restraint policy in place which detailed that restraint could be used as an intervention by staff to prevent self-harm or self-neglect and to prevent harm to others, we spoke with the provider about the policy, they told us, "We don't do restraint". This meant that staff had access to inappropriate guidance that was not suitable or based on best practice.

There was a lack of awareness of policies and procedures. This was evidenced by policies and procedures not always followed by staff. For example, The food hygiene policy dated 26 January 2016 stated that 'All

food preparation areas will be designed to permit good hygiene practice and be easy to clean and disinfect'. The policy also stated that 'kitchens will be subject to regular cleaning by cleaning staff'. We found that the kitchen was not clean. Cleaning staff did not clean the kitchen. The cleaning of the kitchen was undertaken by the cook.

The examples above evidence that the provider has failed to establish and operate systems to assess, monitor and improve the quality and safety of the services provided and failed to maintain accurate and complete records. This was a breach of Regulation 17 (1)(2) (a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they felt that the provider and the deputy manager were very approachable and supportive. One staff member said, "If I am not sure I know I only have to ask, and I would feel comfortable doing that". "We do have meetings but I don't manage to get to all of them". Another staff member said, "The management supported me throughout my transition from my regular day job to working here full time". Staff were aware of the whistleblowing procedures and voiced confidence that poor practice would be reported. Staff explained they could report any concerns to the head of care, deputy manager and the provider. The home had a clear whistleblowing policy that referred staff to report concerns directly to the provider.

Staff told us they understood the vision and values of the organisation, all staff gave examples of providing support to enable choice, control, rights and independence. We saw that staff put this into practice when working with people. They felt there was an open culture at the home and they could ask for support when they needed it. Management of the home was overseen by the provider. The provider visited the home daily during the week. They were able to engage with people and monitor the management and operation of the home, the deputy manager felt well supported by the provider.

Staff told us that communication between staff within the home was good and they were made aware of significant events. Handovers were documented and this included relevant information such as people's health conditions that needed to be monitored.

The provider demonstrated that they had a good understanding of their role and responsibilities in relation to notifying CQC about important events such as injuries, safeguarding concerns and Deprivation of Liberty Safeguards (DoLS). The provider and deputy manager explained that they attended conferences, provider forums, read care sector publications and had signed up to CQC newsletters to keep themselves updated with changes in practice, legislation and to gather useful information.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider had not maintained the home to a suitable standard. Regulation 15(1)(e)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had not established and operated effective recruitment procedures. Regulation 19(2)(a)(3)(a)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured staff were suitably trained and competent to provide safe and appropriate care. Regulation 18(1)(2)(a)

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider has failed to assess and mitigate risks to people and staff, failed to ensure that the premises are safe for use, failed to assess the risk of and prevent, detect and control the spread of infections Medicines had not been effectively managed.</p> <p>Regulation 12 (1) (2)(a)(b)(d)(g)(h)</p>

The enforcement action we took:

We served the provider a warning notice and told them to meet the Regulation by 27 May 2016

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs</p> <p>The provider had not ensured that people had received suitable nutritious food and hydration to sustain life and good health.</p> <p>Regulation 14 (1)(2)(a)(i)(b)(4)(a)</p>

The enforcement action we took:

We served the provider a warning notice and told them to meet the Regulation by 06 May 2016

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not operated and established effective systems and processes to monitor and improve the quality and safety of the service. Records were not accurate, complete and contemporaneous.</p> <p>Regulation 17 (1)(2)(a)(b)(c)</p>

The enforcement action we took:

We served the provider a warning notice and told them to meet the Regulation by 27 May 2016