Amore Elderly Care Limited

Atkinson Court Care Home

Inspection report

Ings Road
Cross Green
Leeds
West Yorkshire
LS9 9EJ

Tel: 01133918800
Website: www.priorygroup.com

Date of inspection visit:
13 March 2018
15 March 2018

Date of publication:
11 May 2018

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
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

This inspection took place on 13 and 15 March 2018 and was unannounced. At the last inspection in September 2017 we rated the service as inadequate. The service was placed in special measures. At that inspection we found the provider was in breach of five regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches related to the management of medicines and risk (Regulation 12), person centred care (Regulation 9), dignity and respect (Regulation 10), safeguarding people from abuse (Regulation 13) and lack of effective governance (Regulation 17). The purpose of this inspection was to see if significant improvements had been made and to review the quality of the service currently being provided for people.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of Safe, Effective, Caring, Responsive and Well-led to at least good.

During this inspection we found some improvements had been made in relation to the safe management of medicines and risk, safeguarding people from abuse and provision of dignified and person centred care. However, further improvements were still required and there continued to be a breach of Regulation 12, Safe care and treatment and Regulation 17, Good governance. We also identified a new breach of regulation in relation to staff training and support; Staffing, Regulation 18. You can see what action we have taken at the back of the full version of the report.

Atkinson Court is a purpose built care home for 75 older people requiring general or specialist dementia nursing care. The home is located in the residential area of Ings Road, Leeds. Atkinson Court provides a modern environment with single en-suite bedrooms arranged over three floors. At the time of our inspection, 49 people were using the service.

Atkinson Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of the inspection, the service had a manager registered with the Care Quality Commission (CQC); however, they had left the service a few weeks previously. A temporary manager had been appointed by the provider. 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.

Risks to people who used the service were still not fully assessed. Risk management plans in place did not consistently contain the information staff needed to support people safely and manage all risks identified. Environmental risks had not always been assessed and we found areas of the service that should have been

kept locked for people's safety were not. This gave people access to areas with equipment and substances which posed a risk to their health and safety.

We checked the systems for managing medicines at the service and found they now minimised risks and kept people safe. However, some improvements in record-keeping were required. For example, more supporting information was required to protocols for some people's 'as and when required' medicines.

We could not be assured staff had completed the training they needed to effectively carry out their role due to poor record keeping in this area. There were gaps in staff's knowledge about current good practice in relation to the Mental Capacity Act (MCA) 2005. Records did not indicate specialist training in dementia care had been provided or that all staff had completed an induction. Some staff told us they had experienced difficulties in being able to complete training due to their workload. Most staff told us they now felt supported in their role; stating they felt positive about the new management arrangements in the service. However, records we were given did not show staff received formal supervision and appraisal of their role in line with the provider's policy requirements. We have made a recommendation about a review of training for all staff and the records associated with this.

Systems used to monitor the quality of the service were not fully effective in identifying concerns and protecting people from risks to their health, safety and well-being. We were unable to consistently see that remedial action was taken when issues were identified. Records regarding governance of the service were not readily available to us during the inspection and when provided were difficult to navigate. Accurate and robust records were not always maintained in relation to medicines, consent, training, complaints, accidents and an overview of safeguarding concerns. Some confidential information had not been kept secure.

Some people who used the service and their relatives did not think the service was well led and stated they had never met the manager of the service. Some staff told us they had not been introduced to the new management team and did not know who key senior managers were.

The provider was not always working within the principles of the MCA. We saw examples where a mental capacity assessment had been made for a specific decision and was followed by a best interest meeting to make and agree a decision. However, records indicated two people had plans for their medicines to be given covertly (disguised in food) and appropriate assessments and best interest decisions had not been carried out in accordance with the MCA. The provider made arrangements to rectify this.

People told us they felt safe at the service and were well looked after. Staff demonstrated their understanding of safeguarding procedures to ensure people were protected from harm. Staff were trained to safely manage incidents of behaviour that challenged the service and others.

There were, overall, enough staff deployed to meet people's needs. Some people told us there could be shortfalls in staffing at weekends but their needs were always met. Staff said they would like to be able to spend more time with people, but assured us people's immediate needs were met. Staff were recruited safely.

Overall, the premises were clean and free from malodours. Some of the décor looked tired and in need of renewal in places. The provider had a plan in place to ensure this happened.

People's views on food in the service were mixed. The dining experience was not a positive experience for some people. The provider had recognised this; and a robust action plan was in place to ensure

improvements in this area of service provision.

People were supported to access healthcare services and records showed appropriate referrals to health professionals were made when needed.

People told us they were happy and enjoyed living at the service. They told us staff were caring, helpful and supportive. People said they were encouraged to be independent and were treated with respect. They said their privacy and dignity were maintained. Our observations also reflected this.

There was a programme of regular activities and a weekly timetable of planned events such as singers or exercise classes. Some people told us they would like to get out more.

People's care records were up to date and provided staff with detailed information about their individual needs and preferences. Staff demonstrated good knowledge of people's care needs and it was clear they had got to know people well. Daily records described how people had been supported and cared for each day and showed their needs had been met.

There were mixed views on people knowing how to make complaints; but all we spoke with said they felt confident to raise concerns. We found records of complaints did not always indicate if complaints had been responded to in a way which resolved the concern.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 namely Regulations 12, Safe care and treatment, and 17, Good governance. 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?

Requires Improvement

The service was not always safe.

Risks to people's health, safety and welfare were not always identified and managed.

People's medicines were managed safely. However, some improvements in medicines record-keeping were required.

Appropriate recruitment procedures were in place and followed. There were overall, enough staff deployed to meet people's needs.

People said they felt safe and we found staff understood their safeguarding responsibilities.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Where people lacked capacity to make decisions about covert medicines administration, some care records did not always show full compliance with the Mental Capacity Act (2005).

We could not be sure staff received the training and support they needed to carry out their roles effectively as there was poor record keeping in this area.

People were supported to meet their health care and nutritional needs. However, improvements were needed to the quality of the food and the dining experience.

Is the service caring?

Good

The service was caring.

We saw good, caring interactions between staff and people who lived at the service. Staff treated people with kindness and compassion. They knew people well.

Staff respected and promoted people's independence. They

protected people's privacy and respected their dignity.

People were involved in planning the care and support they received.

Is the service responsive?

Requires Improvement

The service was not always responsive.

There was a complaints procedure in place and people felt able to raise concerns. However, records of complaints did not always show if complaints had been responded to in a way which resolved the concern.

People experienced care and support which was appropriate to their needs. People's care plans were person centred and contained enough information to ensure individualised care was provided.

Staff responded promptly when people's needs changed. They promoted choice and empowered people to make decisions. People were supported to access a range of activities.

Is the service well-led?

Requires Improvement

The service was not well led.

Although the provider had quality monitoring systems in place they had not been fully effective in achieving the required improvements in the service.

Quality assurance systems had not ensured accurate information about people's medicines and capacity were recorded consistently. Some confidential information had not been kept secure.

Some people who used the service, their relatives and staff did not think the service was well led; they were not familiar with the management team within the service.

Atkinson Court Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was 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 comprehensive inspection took place on 13 and 15 March 2018 and was unannounced. On day one, two adult social care inspectors, an inspection manager, a specialist advisor in nursing and two experts-by-experience carried out the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On day two, two adult social care inspectors, a medicines inspector and a specialist advisor in governance carried out the inspection.

Before the inspection we reviewed all the information we held about the service including statutory notifications. We contacted relevant agencies such as the local authority and clinical commissioning groups, safeguarding and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We reviewed all the information we had been provided with from third parties to fully inform our approach to inspecting this service. This included concerns raised by people's relatives, staff and the local safeguarding authority.

The provider had completed a Provider Information Return (PIR) in August 2017. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Because the form was completed before the last inspection we have not considered the information as part of this inspection.

During the visit we looked around the service, spent time in each unit and observed how people were being cared for. 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 spoke with 16 people who used the service and 11 relatives. We spoke with 16 members of staff, the maintenance person, an activity organiser, a housekeeper, the covering deputy manager, the catering manager, the operations director, the managing director, the quality manager and the chief operating officer. We also spoke by telephone with one health care professional to gain their feedback on the service.

We spent time looking at documents and records that related to people's care and the management of the service. We looked at 12 people's care plans and 10 people's medicines records.

Requires Improvement

Is the service safe?

Our findings

At the last inspection in September 2017 we rated this key question as Inadequate. We found the provider was not providing safe care and treatment because they were not managing medicines or risks to people who used the service properly. We also found people were not protected from abuse and avoidable harm and appropriate systems were not in place regarding the use of physical interventions. At this inspection we found improvements had been made around management of medicines, the use of any physical interventions and protecting people from abuse and avoidable harm. Improvements were still required to ensure risks to people's health, safety and welfare were always managed safely.

We looked at how the provider was assessing and managing risk, and found there was a lack of consistency in how this was done. Some systems were in place to help keep people safe; however, other systems were not effective so people were not protected. We found a number of rooms in the service had been left unlocked and meant there was a risk to people's safety. For example, the hairdressing salon had been left unlocked and there were a number of substances accessible to people that would be dangerous if handled or ingested.

Some people were identified to be at risk from pressure ulcers and were provided with pressure relieving air flow mattresses. We found two people had mattresses that were not set correctly for their weight. This placed them at risk of skin damage. Staff were not aware of what the right setting should be and this information had not been recorded as part of the risk management plan for people. Information was gained and action was taken at the time of our inspection to correct this. One person with a history of falls had a care plan that focussed on moving and handling but did not include actions to reduce risk of falls. A risk assessment had not been completed for a person who was prescribed blood thinning medicines that could compromise their safety if they sustained an injury.

We concluded this was a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other care records we reviewed showed comprehensive risk assessments had been carried out. These included the risk of malnutrition, pressure ulcers, falls and depression. Care plans and risk management plans to support people with behaviour that challenged the service and others were very detailed. For example, specifying only one member of staff should talk to the person at a time, in a calm and soothing manner. The plans included a picture of how staff should safely place their hands if physical intervention was required. Any use of physical intervention was recorded.

Staff showed they knew people well and understood what might trigger certain behaviours in each person. They said they had received non-abusive psychological and physiological intervention (NAPPI) training. They were able to tell us what they would do and say to de-escalate both verbal and physical behaviour, including as a last resort, low level holds. One said, "It's easier to prevent than intervene later." Records we looked at confirmed this training had taken place.

Medicines were overall, stored safely. However, the temperature of the rooms where medicines were stored had not always been recorded. Also if temperatures were above the recommended range for storing medicines; staff had not recorded the action they had taken in response. This meant we could not be sure appropriate action was taken to ensure the medicines remained fit for use.

Each Medicines Administration Record (MAR) contained personalised information about how people preferred to take their medicines. We found overall, staff completed MARs correctly to reflect the treatment people had received. Some people were prescribed topical medicines to be applied to the skin, for example creams and ointments. Topical MARs were not always completed to show that care staff had applied these treatments as prescribed. However, staff we spoke with confirmed they did apply the topical medicines.

Two people were prescribed fluid thickeners to be added to their drinks to reduce the risk of choking. In both cases, we found information was available in their care plan to guide staff how to achieve the correct consistency when giving drinks. Care staff were able to tell us the correct amount of thickener to use for each person, however they did not record when they had added thickener to people's drinks. The provider told us of a system they would introduce to ensure this was recorded in the future.

Some people were prescribed medicines to be taken when required (PRN). We found PRN protocols did not always contain enough supporting information to guide staff how to administer these medicines. For example, they did not state the minimum dose interval or what action to take if the medicine was ineffective. The provider agreed this would be reviewed to improve the records. One person was prescribed a pain relief patch and records indicated this had not been found in place on the person. It was unclear from the records if the patch was lost and therefore available to others if found. The provider agreed the recording of this needed to improve and said they would investigate this concern.

People who used the service and their relatives told us they or their family members were safe living at the service. People's comments included; "I am just happy here, I feel comfortable. Staff call in to see if I am alright", ''Feel very safe here, they look after us well.'' Relatives told us, "If [family member] needs help staff are around to keep [them] safe", "There are bed sides and staff check on [family member] regularly as [they] can't move" and "Staff take good care of [family member]." People told us they were happy their medicines were managed safely.

Staff demonstrated their understanding of safeguarding procedures to ensure people were protected from any harm. One staff member said, "We get safeguarding training. It's about looking out for signs, if someone's jumpy or emotional when not usually. We would look into it and have a chat with the nurse in charge. If someone told me anything I would go to the senior or the home manager and write everything down. There is physical, mental, sexual and psychological abuse." Staff told us they felt confident to report any concerns and would refer to the provider's whistleblowing policy.

Since the last inspection there had been 20 safeguarding concerns/alerts reported to us. 15 were incidents of physical or verbal altercations between people who used the service and there were five incidents of alleged abuse from staff. These concerns remain subject to on-going investigation. Our review of safeguarding incidents showed action had been taken in response to safeguarding concerns. This included staff dismissals, disciplinary action, referral to the Nursing and Midwifery Council and meetings with staff. Care plans indicated actions taken to prevent re-occurrence of safeguarding issues. Staff were aware of these actions such as the introduction of behaviour monitoring plans and increased observations of people. This meant procedures were in place to learn from adverse incidents.

Staff told us they completed incident forms if there were any accidents or incidents. These were given to the

management team and entered into an electronic system for analysis. If a person had a fall, a record was maintained in their care file. We saw risk assessments were reviewed and updated following falls. However, we found one person had a recent fall and this had not been reported to the management team and one person's risk management plan had not been updated after a fall. We informed the operations director of these issues and they said they would review with staff.

There were mixed views from people who used the service and their relatives as to whether there were enough staff. People's comments included; "They always come when I need them", "There seems to be enough when we visit" and ''Always seems to be plenty of staff around.'' However, some people said they didn't feel there were enough staff at weekends; and staff were moved to different units to cover. One relative said they felt the staff did not have much time for just chatting with their family member. Staff told us that overall, there were enough staff to meet people's needs. They said they did not have to rush or struggle to give people the support they needed. Staff said there were occasions when they might be short staffed and this may mean they didn't get round to supporting people with baths that day. People told us they had regular showers and their bedding was changed frequently.

Our observations showed there were times when communal areas were left unsupervised. We were told there were no risks to the people in these areas. However, we saw one person who was at risk from falls was unsupervised when in the lounge, despite their care plan stating they should be supervised. We raised this with the provider and they made arrangements to discuss the matter with the staff. We noted call bells were answered promptly. The provider used a dependency tool to determine staffing levels required in the home. This was completed monthly or updated in response to any changes in people's needs. Rotas we reviewed showed they worked, overall, to the numbers planned from their assessment of dependency and sickness was covered.

The provider followed safe recruitment practices. We reviewed five staff files which included application forms, full employment details including reasons for when there were gaps, interview notes, references, personal identification checks and a Disclosure and Barring Service (DBS) check. The DBS assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable adults or children.

All the areas we observed were clean, including bathrooms and toilets. Systems were in place to check all cleaning had been completed to a satisfactory standard. However, some of the décor was a little tired and worn and some areas were dusty. For example, there was scuffed paint in a number of places. The provider had an on-going programme of re-decoration in place. Staff had access to personal protective equipment (PPE) throughout the home and wore this whenever appropriate. Fire safety systems were checked regularly and each person had a Personal Emergency Evacuation Plan detailing the support they would need if the building had to be evacuated. There were systems in place to make sure equipment was maintained and serviced as required.

Requires Improvement

Is the service effective?

Our findings

At the last inspection in September 2017 we rated this key question as Requires Improvement. We did not find any breach of regulation but noted improvements were needed to ensure best interest decisions were recorded properly, that training in physical interventions was carried out for all staff and that the menu choices for vegetarians were increased. At this inspection we found improvements had been made to the menu choices and staff were now trained to carry out any physical interventions. Some records around best interest decision making still needed to improve.

We could not be assured staff had completed the training they needed to effectively carry out their role due to poor record keeping in this area. The provider did not have a training matrix available during the inspection to monitor when staff had completed their training. We were advised that certificates were in staff's files however, the four staff files we looked at had a lack of information about training. For example, two files only contained a safeguarding training certificate and another file had no certificates. We received mixed views from staff about their training and support; one staff member said there were difficulties in being released to complete training others said they received good support and training. One staff member said they did not feel the training was effective as the on-line training courses did not require staff to complete a competency check to show they understood what they had learnt.

Some staff demonstrated an understanding of The Mental Capacity Act 2005 (MCA). Other staff were not able to consistently show their understanding or recall if they had received training. Some staff were also unsure what Deprivation of Liberty Safeguards (DoLS) meant and why this may be implemented in a care setting. We could therefore not be sure that training provided was effective.

We recommend the provider reviews staff training and the records associated with this.

Following the inspection the provider sent us one staff member's individual training record, a training matrix that included only 65 staff, another training matrix which included 116 staff and were told mandatory training compliance was 87.5%. The information the provider sent was difficult to navigate and analyse, for example 22 staff were recorded as 'late' in completing the care certificate. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life. Only 17 out of 65 staff had completed all mandatory training (according to one matrix). The second matrix showed some staff had failed to complete mandatory training but was not reflective of the numbers on the other matrix. There was no plan in place to show how training was going to be completed. The training record did not give an overview of when staff last received training or if they had received training at all. The training matrix did not include many of the training topics on the individual record the provider sent us; this included dementia and Mental Capacity Act (MCA) 2005. The service provides specialist dementia care and staff's knowledge on MCA was poor.

We also found a lack of supervision records. We looked at five staff's supervision records and in three cases there had been no supervisions recorded. Appraisals were not always completed and out of the five staff we found only one staff member had completed their appraisal. After the inspection we were sent an overview

supervision tracker. This showed only four out of 13 nurses and 30 out of 91 carers had supervision in the last three months. The provider's policy on supervision was that these should be completed every eight weeks. The matrix on appraisal indicated 62 staff had completed an appraisal in Jan/Feb 2018, 18 were assigned for completion and 36 were left blank. It was unclear from the record if these staff members' appraisals were due.

We concluded the above evidence demonstrated there was a breach of Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they thought staff were well trained. Comments we received included; "If I need help they come they mostly know what to do" and "Everything we ask them to do they know how to do it". We saw staff were skilled when they were assisting people to move using moving and handling equipment.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We saw many good examples where a mental capacity assessment had been made, for a specific decision and was followed by a best interest meeting to make and agree a decision. This included for the administration of covert medication, to keep a person's bedroom door open, as well as for the decision to live at the home when a DoLS was applied for. One person had a mental capacity assessment and best interest decision because they often refused personal care. The decision and care plan about when to intervene against the person's wishes was very detailed. We did however; find appropriate assessments and best interest decisions had not been carried out in accordance with the Mental Capacity Act in two cases where people received their medicines covertly. The provider said they would rectify this.

We spoke with three staff about how people consented to the care and support they received. They all said they asked people before providing care and helped them to make their own decisions wherever possible.

We observed the lunch- time meal in two dining rooms in the service. On one unit, staff were disorganised and this led to people having long waits for their meals. Some people were not offered a hot drink. People were not shown pictures or plates of food before choosing their meal, which can help people living with dementia to make a decision. One person waited over 30 minutes for their meal. Two people had eaten their main meal and left the dining room before being offered a dessert. Music was playing so loudly, staff had to raise their voices in order to be heard. In the second unit we saw some people who needed assistance to eat were supported well. However, staff did not make much conversation with people and no-one was asked if they had enjoyed their meal.

We received a mixed response about the food and menu choices. People's comments included; "The food is adequate but would like some more variation", '"Food is pretty good. I like porridge, I like fish and chips, it's lovely'', "They don't always bring a menu around to choose", "The chef got me some haddock last week it was nice" and "I don't like it, it is too mushy, like pureed food. It has no taste. It doesn't look appetising or colourful. There is not enough choice or the choice is not very good." On the first day of our inspection we saw the food did not look or smell appetising and many people did not eat their meal. Some people

required altered textured food due to choking risks. No dessert was provided for these people. A relative told us, "No dessert today for people on a pureed diet. I fetch my relative fortified milk shakes." A staff member thought people could have yoghurts but was unsure if they were suitable for people at risk from choking.

We spoke with the management team about our concerns over the food and dining experience. They told us they had already identified this and a senior catering manager had very recently been brought to the service from another of the provider's services to improve matters. We saw they had completed dining audits to identify what needed to improve and there was a comprehensive improvement plan in place. They had also developed new menus which showed a good balance and variety of food. We spoke with the catering manager and they said they had met with people who used the service to agree the menus. On the second day of our inspection we sampled a number of dishes that were on the menu and found these to be tasty and of a good quality.

People told us their day to day health needs were being met and they had access to healthcare professionals when needed. One person said, "The doctor comes every Wednesday. I have a bad chest at the moment and staff have asked me if I want to see the doctor." A relative told us, "[Name of relative] has access to the doctor when needed. They fill that need here." We saw care plans referred to advice received from other health professionals, such as the mental health team or GP. People had been referred to podiatry or speech and language therapists appropriately. Nurses recorded information on each shift about medication, clinical observations, demeanour and professional visits in a daily record. One person's records did not clearly state actions taken in response to a significant weight gain. Following the inspection we were provided with full details of the health interventions that had been in place for this person. A health care professional told us the staff were very responsive to people's declining health needs and appropriate health care referrals were made.

The provider told us of their plans to create a more 'dementia friendly' place for people to live. A dementia audit had been carried out in January 2018 and identified where improvements could be made to create a more stimulating and enabling environment. This included improvements to signage, orientation boards and clocks and the introduction of themed areas and resting areas in corridors. We saw some work had started and rest areas were available. Bedroom doors were painted in different colours and we saw memory boxes outside some bedrooms. These can be a dementia friendly way of triggering reminiscence when the boxes include items or pictures of importance to the person.

Good

Is the service caring?

Our findings

At the last inspection in September 2017 we rated this key question as Requires Improvement. We found people who used the service were not always treated with dignity and respect and the provider was in breach of Regulation 10, Dignity and respect. At this inspection, we found improvements had been made and there was no longer a breach of this regulation.

People were supported by kind, caring and compassionate staff. Everyone we met spoke positively about the staff. Comments we received included; ''Staff know me and listen to me", "Staff are very respectful'' and "They (staff) can't do enough for me; anything I need and they will try their best to sort it out for me. They are brilliant. I couldn't have come to a better place." One relative told us their family member could be difficult if they didn't want any personal care and staff knew how to overcome this. They said, "They (staff) are caring, when it comes to washing; they get [family member] to sing with them, this helps and [family member] lets them attend." Another relative told us their family member was treated as a 'friend' by the staff. This showed us people were valued as individuals.

All interactions we observed between people and staff were positive and supportive. Although they were busy, staff made time to talk one-to-one with people. Staff called people by their preferred name and were calm and patient. When staff talked to us about individual people they did so in a caring way. One member of staff said, "She's lovely." Another staff member spoke about a person who had behaviour that challenged the service and others. The staff member understood the person had been confused and afraid, and told us how they had spent time with the person to gain their trust.

Staff clearly knew people well and could describe people's care needs and wishes. They respected and promoted independence by encouraging people to do as much as possible for themselves. We saw staff assisted people to mobilise independently; providing reassurance and a supportive presence to give people confidence.

Staff protected people's privacy and dignity at all times. We saw they knocked on doors and waited to be asked in before entering people's rooms. People who used the service and their relatives had no concerns about their or their family member's privacy and dignity. One person said, "They knock on my door before they enter and close the curtains. They are very kind." A relative told us, "They (staff) tell me to wait outside the room when they do personal care." Staff were confident they provided good person centred care and gave examples of how they ensured people's privacy and dignity were respected. One staff member said, "There is one person who gets embarrassed when showering. We give them a towel to cover up to make them feel more in control as they're not used to others supporting them."

People looked well cared for, which is achieved through good standards of care. People were clean and well groomed; we saw finger nails were clean and many ladies had received a 'manicure'. Everyone was dressed appropriately and wore footwear of their choice. People were given explanations when any care interventions took place. For example, we observed staff explaining what they were going to do when moving a person from their wheel chair into a chair. This ensured the moving and handling was a positive

experience for the person. A person told us, "They (staff) help me in the shower they soap me down and explain things to me."

People were supported to participate in planning or reviewing their care. One person who used the service said, "I know about it (care plan). It is here in my room. They discuss things with me." Another person said, "I make my own decisions. They respect that." A third person told us, "My family and friends feel involved, we understand everything that's going on here.'' The care records showed people's relatives were involved in decisions about their family member's care and support where appropriate. A relative told us, "They ring me when a review is due. We make a plan and do it together."

We saw each care file contained a 'One Page Profile' which summarised people's lives, people important to them and their lifestyle preferences. When we spoke with staff about each person they all knew details about people's lives, family and preferences. A life story collecting tool had more detailed information and included people's pets and hobbies. Care plans were personalised, including details about how people communicated and any sensory loss they might have.

People had been asked if they preferred a male or female carer to deliver personal care and this had been recorded in their care plans. Care assessments prompted staff to consider how they could support people's sexuality. People were supported to maintain relationships with family and friends. Visitors and family members told us they were always welcome and were able to visit at any time.

The provider told us no one who currently used the service had an advocate. They were however, aware of how to assist people to use this service if needed. An advocate supports people by speaking on their behalf, in their best interests, to enable them to have as much control as possible over their own lives.

Requires Improvement

Is the service responsive?

Our findings

At the last inspection in September 2017 we rated this key question as Requires Improvement. We found care plans did not always reflect people's current needs. They lacked adequate information regarding people's needs and preferences and the provider was in breach of Regulation 9, Person centred care. At this inspection, we found improvements had been made and there was no longer a breach of this regulation.

There were mixed views from people about them knowing how to make complaints; but all we spoke with said they felt confident to raise concerns. People were happy with the service and felt if they had a problem they would be listened to. We saw there was a copy of the complaints procedure on the wall in the reception area of the building. Some people told us they were familiar with this. A relative told us they always got a good response to any concerns or 'niggles' raised. They said, "I've never felt like a nuisance or not had them come back to me whenever I've mentioned anything." Another relative told us of an incident their family member had been involved in an incident with another person who used the service, they said, "We were very happy with the outcome and how it was dealt with. We were listened to and our opinions taken into account."

The provider had a complaints log, which gave a summary of complaints received and provided an overview of accountability and progress. Our review of complaints showed 18 complaints had been recorded since the last inspection. Six complaints were still outstanding and had not been closed. Four complaints from January 2018 did not have the date the service had responded to the person's complaint, together with whether the complaint had been closed or resolved. The nature of the 18 complaints were around people's care, clothing, call bell being out of reach, the lack of visibility of staff and staffs' attitude. There was a system in place to gather and act upon people's complaints; however the records did not always indicate if complaints had been responded to in a way which resolved the concern, in addition to minimising the risk of the same issue arising in the future.

Pre-admission assessments had taken place for each person before they had come to live in the service. These included assessments for nutrition, tissue viability and communication. A detailed dependency assessment had been completed so that the person's care needs were fully identified and could be met by the service. Assessments had been repeated each month and care plans rewritten when there were changes.

People told us they received personalised care and support that met their needs. Everyone we spoke with said they were happy with the care they received. One person told us, "Everything is great, I am looked after very well; they do things just as I like them." One staff member told us they thought the routines in the home were too rigid as they thought there was not enough flexibility about meal times for people.

Care plans were personalised and included people's preferences about personal care and communication needs. This included key information about people's preferred daily routines. The care plans contained information to guide staff to provide care and support along with information on people's likes and dislikes. This enabled them to deliver specific individual person centred support. There was evidence of care plans

being updated in response to changing needs identified through on-going monitoring and review of people.

We saw people had end of life care plans in place. Staff had invited people and their relatives to discuss their wishes 'for when the time comes'. One person had said they would not like to talk about it, and this was respected and documented.

We looked at whether the service complied with the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this.

The provider was aware of the need to make sure information was presented in an accessible format for people who used the service to make decisions about their care and support. There were posters around the service highlighting the provider could make information available to people in different formats such as large print or alternative languages if required.

People had access to a range of activities. These included; baking sessions, exercise classes, trips out, entertainers coming in to the home and arts and crafts. On the day of our inspection a number of people enjoyed an Easter bonnet making activity and spoke with enthusiasm about how they had enjoyed the session. Some people also undertook a baking session. Bread and cakes were made and a person's relative also joined in.

People's views on satisfaction with activities were mixed. Some people felt they would like to get out more. We spoke with the activity organiser who told us there were plans in place for more outings when the weather improved. Some people were satisfied with the activity on offer. Comments we received included; "There is plenty to do if you want to do it. I get involved with the raffle and bingo", "I do some painting and I did model making this morning. I watch TV" and "We can't praise them enough. They do things on a morning and afternoon. There is plenty to do."

Requires Improvement

Is the service well-led?

Our findings

At the last inspection in September 2017 we rated this key question as Inadequate. We found the provider did not have effective systems in place to assess, monitor and improve the quality of service and the provider was in breach of Regulation 17, Good governance. We issued a warning notice. At this inspection, we found some action had been taken, but there was a continuing breach of Regulation 17 as quality assurance procedures were still not robust and some records in the service needed to be improved.

We found the provider had made some improvements in particular around the quality of information in care plans and medicines management. People were now cared for in a dignified manner and were protected from the risk of abuse as staff were trained in the use of safe physical interventions. Care records had detailed management plans in place to ensure people who showed behaviours that challenged the service and others were supported properly. However, we also identified concerns, some of which were continued from the previous inspection. This demonstrated the provider's systems for monitoring the quality and safety of the services provided were not fully effective.

We could not be assured staff had received the training and support they needed as records did not demonstrate an effective system of monitoring staff's training and support was in place. As noted in the Effective section of this report, we have made a recommendation that the provider reviews staff training and records related to this. The provider's governance and monitoring systems had not highlighted this concern or shown the actions taken to ensure staff were fully trained and supported. We identified other concerns which resulted in breach of regulation and demonstrated that the provider had not identified and dealt with these through their governance and risk management systems. This included the concerns about the management of risk as referred to in the Safe section of this report.

New systems were being introduced to improve standards at the service. However these were in the early stages and would require time to embed into the daily working practices of the service. This was acknowledged by the quality manager and the deputy manager. These included the introduction of an overall risk register and a clinical risk register which provided an overview of risk for each person living in the service.

Systems used to monitor the quality of the service were not yet fully effective in identifying concerns and protecting people from risks to their health, safety and well-being. We were unable to consistently see that remedial action was taken when issues were identified. For example, an audit of clinical records completed in February 2018 identified actions were needed but had not been signed off as completed. Daily management 'walk arounds' and meetings frequently showed actions were identified but no completion date was noted to show action had been taken to improve the service. Medicines audits showed actions identified but these were not signed off as completed. This included consistent recording of fridge temperatures; identified as a shortfall in February 2018 and still occurring in March 2018 (as identified by us at this inspection).

We looked at the arrangements that were in place for managing accidents and incidents and preventing the

risk of re-occurrence. Falls were logged, however, we were unable to see the provider had identified any patterns or trends which could be addressed, and subsequently reduce any apparent risks. The deputy manager confirmed our findings. The provider's risk register noted there was a high risk of falls in the home and this was reduced to medium risk due to controls in place. It was unclear how this conclusion had been reached. Staff said they did not get feedback after accidents and incidents had occurred as all the information was held centrally. Processes and systems did not fully support staff in managing and preventing risk.

We reviewed the procedures to safeguard people from harm and abuse. The deputy manager showed us the safeguarding log that had last been updated on 20 September 2017. There was no overview of safeguarding concerns that were under investigation in the service; however, individual records did show actions taken to prevent re-occurrence and any lessons learned.

Records regarding governance and management of the service were not readily available to us during the inspection and when provided were difficult to navigate. For example, recruitment records took several hours to locate. Accurate and robust records were not always maintained in relation to medicines, consent, training, complaints, accidents and safeguarding concerns.

Some confidential information had not been kept secure. We found care records were not always securely stored, and therefore did not follow the data protection act. The nurse's office on one unit was not always locked and this contained accessible information about peoples' care. We also found people's fluid and food charts within a drawer in the main dining area and this was not locked which meant any person could have access to this confidential information.

We concluded the provider was not evaluating and improving their practice sufficiently to meet regulation. They did not consistently operate effective systems and processes, and the systems and processes did not always enable the provider to assess, monitor and improve the service, or assess, monitor and mitigate risk.

This was a continued breach of Regulation 17, Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the time of the inspection, the service had a manager registered with the Care Quality Commission (CQC); however, they had left the service two weeks previously. A temporary manager had been appointed by the provider (they were not present at the inspection). The provider told us a permanent manager was to be recruited.

Some people who used the service and their relatives did not think the service was well led and stated they had never met the manager of the service. People told us communication could be improved. One person said, "We don't know who will take over the management." Comments from relatives included; "It would be nice if the owners came, could ask them some questions'' , ''Never met the manager'', "With all the upset recently and the staff levels it's not as good atmosphere as it used to be" and ''One (manager) at the meeting came over as a bit arrogant.'' However, some people said they found the management arrangements appropriate. One person said, "There is always someone there for you. Everyone is approachable." A relative said, "I deal with the office a lot. I feel they are approachable and aware of their obligations."

Some staff told us they had not been introduced to the new management team and did not know who key senior managers were. We saw a senior manager spoke with staff, asking them questions, but did not introduce themselves. Two staff told us they thought the senior staff member was one of our CQC inspection team. Other staff told us they felt optimistic about the new management team. Their comments included, "I

feel supported. It feels calmer now and the management ask staff if they are ok. The manager makes people aware that she is here." However, one staff member said, "There is a cloud over our heads; a poor atmosphere, nobody knows what's going on."

Daily handovers were held where important information was shared between staff, such as, any changes in people's care needs. However some staff said communication in the service could be improved. One staff member told us that for one handover they were told a person had slept all night yet the night checks showed the person had been unsettled.

There were mechanisms in place to communicate with people and involve them in decision making in relation to the service. Minutes of meetings with people who used the service and relatives showed discussion items were recorded. This included housekeeping, activities, staff, administration/manager, meals/service, maintenance and any other business. People and their relatives told us they found the meetings useful.

We looked at what the provider did to seek staff's views about the service. We saw minutes from meetings showed there were systems in place to give staff the opportunity to contribute to the running of the home. However, staff told us they did not always receive the minutes of meetings to enable them to be kept informed of any changes. A recent 'listening event' had taken place with a human resources representative. No minutes were available of this at the time of our inspection. Following our inspection we were sent an e mail with a record of what had been discussed. This concluded that communication regarding the changes in management had not been effective. We also saw staff induction had been discussed. Some staff had reported they were fully inducted and others could not recollect having received a full induction. One staff member reported being asked to support a person with one to one care after being in post only two days.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person was failing to ensure the safety of people using the service. Risks were not appropriately assessed and managed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person did not ensure that systems or processes were established and operated effectively to assess, monitor and improve the quality and safety of the services provided. They did not maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user or other records of the management of the regulated activity.