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Threen House Nursing Home

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

This inspection took place on 2nd and 3rd February 2017. The visit on 2nd February was unannounced and we told the provider we would return on 3rd February to complete the inspection.

The last comprehensive inspection of the service was in July 2016 following which we issued the provider with a Warning Notice that required them to improve risk management, staff training and the ways staff supported people with moving and handling. The provider sent us an action plan on 8 September 2016 telling us about the actions they had taken. We carried out a follow up inspection in November 2016 and found that the provider had made some progress to address the concerns we raised but further action was needed to ensure people were cared for safely.

The service had been rated as Inadequate since July 2015 and is therefore in special measures.

Threen House is a registered care home for older people who require nursing or personal care, some of whom are living with the experience of dementia. The service can accommodate up to 26 older people, in single or shared rooms. At the time of this inspection, 13 people were using the service.

The service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People did not always receive their medicines safely as staff did not always complete administration records correctly and agreements to administer some medicines covertly were not agreed with all of the people involved in the person's care.

The provider was unable to evidence that staff had the training, supervision and appraisals they needed to care for people effectively.

The provider did not have a programme of daily planned activities and people's care records included very few mentions of any activities taking place. For long periods of the day, people sat in the lounge or conservatory with little stimulation.

The provider carried out some checks and audits to monitor quality in the service but these were not always up to date or effective. For example, the annual development plan for the service the provider produced was dated 2012 and audits had not identified gaps in staff training, supervision and appraisals.

The provider did not notify the local authority's safeguarding adults team and the CQC of possible safeguarding concerns so that these could be independently investigated.

The provider carried out checks before new staff started to work to ensure they were suitable to care for and support people using the service.

There were sufficient staff to meet people's care and support needs as well as carrying out other tasks including people's laundry. We did not see people waiting excessive amounts of time for help and support. People told us they felt well cared for and staff were kind and caring. People's relatives also told us people were well cared for. We saw care staff treated people with respect and understood the need for privacy.

People's health needs were met as they could access the healthcare services they needed.

During the inspection we did not see any examples of people who were deprived of their liberty unlawfully. We also saw that, where people did not have capacity to make their own decision about an aspect of their care, the provider worked with their relatives and others to make a decision in their best interest.

People told us they enjoyed the food provided in the service and the provider had introduced more variety and choices.

The provider had improved the ways they recorded people's care needs. People using the service had a plan of care that included details of their health and personal care needs and how nurses and care staff in the service would meet these.

The provider had a complaints policy and procedures they had reviewed in April 2016 but they needed to update these to include the current legislation and regulations. People using the service and their relatives told us they felt able to raise any concerns and they were sure the provider would take these seriously.

The service did not have a registered manager. The provider appointed a manager in August 2016 but they had not applied for registration with the CQC at the time of this inspection. Following this inspection the manager confirmed that they had submitted an application to register with CQC.

We found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not operate effective systems to investigate possible abuse; the provider did not always manage people's medicines safely; staff did not have the training and supervision they needed to provide safe and appropriate care for people; the provider did not arrange appropriate activities that met people's needs and preferences and audits and checks carried out by the provider did not identify improvements that were needed to the quality of care provided.

We also found one breach of the Care Quality Commission (Registration) Regulations 2009 as the provider did not inform the CQC of possible safeguarding incidents.

You can see what action we told the provider to take at the back of the full version of the report.

As we have rated one of the five questions we ask as 'Inadequate' the service remains in special measures. The Notice of Decision to cancel the provider's registration has been lifted due to the improvements we saw following the inspection in November 2016, however the Notice of Decision requiring the written consent of the Care Quality Commission to any new admissions remains in place.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant

improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

Some aspects of the service were not safe.

People did not always receive their medicines safely as staff did not always complete administration records correctly and agreements to administer some medicines covertly were not agreed with all of the people involved in the person's care.

The provider did not notify the local authority's safeguarding adults team and the Care Quality Commission (CQC) of possible safeguarding concerns so that these could be independently investigated.

The provider carried out checks before new staff started to work to ensure they were suitable to care for and support people using the service.

There were sufficient staff to meet people's care and support needs as well as carrying out other tasks including people's laundry. We did not see people waiting excessive amounts of time for help and support.

Is the service effective?

Requires Improvement

The service was not always effective.

The provider was unable to evidence that staff had the training, supervision and appraisals they needed to care for people effectively.

During the inspection we did not see any examples of people who were deprived of their liberty unlawfully. We also saw that where people did not have capacity to make their own decision about an aspect of their care, the provider worked with their relatives and others to make a decision in their best interest.

People told us they enjoyed the food provided in the service and the provider had introduced more variety and choices.

People's health needs were met as they could access the healthcare services they needed.

Is the service caring?

Good

The service was caring.

People told us they felt well cared for and staff were kind and caring. People's relatives also told us people were well cared for.

We saw care staff treated people with respect and understood the need for privacy.

Is the service responsive?

Requires Improvement

The service was not always responsive.

The provider did not have a programme of daily planned activities and people's care records included very few mentions of any activities taking place. For long periods of the day, people sat in the lounge or conservatory with little stimulation.

The provider had improved the ways they recorded people's care needs. People using the service had a plan of care that included details of their health and personal care needs and how nurses and care staff in the service would meet these.

The provider had a complaints policy and procedures they had reviewed in April 2016 but they needed to update these to include the current legislation and regulations. People using the service and their relatives told us they felt able to raise any concerns and they were sure the provider would take these seriously.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well led.

The service did not have a registered manager. The provider appointed a manager in August 2016 but they had not applied for registration with the CQC at the time of this inspection. Following this inspection the manager confirmed that they had submitted an application to register with CQC.

The provider carried out some checks and audits to monitor quality in the service but these were not always up to date or effective. For example, the annual development plan for the service the provider produced was dated 2012 and audits had not identified gaps in staff training, supervision and appraisals.

Threen House Nursing 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 inspection took place on 2nd and 3rd February 2017. The visit on 2nd February was unannounced and we told the provider we would return on 3rd February to complete the inspection.

On 2nd February the inspection team comprised one inspector, a Specialist Professional Advisor (SPA) and an Expert by Experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience for this inspection was a family carer for a person living with the experience of dementia. The SPA for this inspection was a qualified nurse.

Before this inspection we reviewed the information we held about the provider and the service. This included previous inspection reports, action plans the provider sent us following these inspections and statutory notifications of significant incidents and events affecting people using the service. We also contacted the local authority's safeguarding adults and commissioning teams for their views on the service.

During the inspection we spoke with 10 people using the service, two relatives and seven members of staff, including the provider and the manager. We also observed the ways care staff supported people and checked records kept in the service. These included five people's care plans and risk assessments, staff records for two nurses and four care staff, the complaints record, staff training records and audits and checks the provider carried out to monitor the running of the service and make improvements.

Inadequate

Is the service safe?

Our findings

At our last comprehensive inspection of the service in July 2016, we found the provider did not mitigate risks to people using the service, staff did not move or transfer people safely and staff recruitment checks were incomplete. We carried out a focussed inspection on 16 November 2016 and found that, while the provider had made some progress to address the concerns we raised, further action was needed to ensure people were cared for safely. For example, staff did not always complete risk assessments accurately and people may have been at risk of unsafe or inappropriate care.

At this inspection the provider told us they had appointed a qualified nurse as the clinical lead for the service and they had worked with the manager who was also medically qualified, to review and update all risk assessments for people using the service. Although the clinical lead had left the service shortly before this inspection we saw that all of the risk assessments we reviewed were up to date and included some guidance for nurses and care staff on how to mitigate any identified risks. We discussed with the manager the need to ensure they developed specific care plans for identified risks and they told us they would do this.

The provider had also worked with the local Clinical Commissioning Group (CCG) to assess the moving and handling needs of each person using the service. Following these assessments the provider had purchased new equipment including hoists and slings to make sure people were not at risk when care staff supported them to move around the service. The provider also arranged for all staff to complete face to face training that included practical use of manual handling equipment used in the service. During this inspection we saw care staff supported people to move around the service in a safe way.

The provider carried out checks before new staff started to work to ensure they were suitable to care for and support people using the service. Staff records we checked all included an application form, interview record, proof of identity and right to work in the United Kingdom and a Disclosure and Barring Service (DBS) criminal records check. The provider had also obtained missing references we identified at our last comprehensive inspection.

The provider did not always take appropriate action in the event of possible safeguarding concerns and this may have placed people using the service at risk of unsafe care. For example, accident and incident forms we reviewed detailed two incidents the provider should have raised as safeguarding alerts with the local authority. In one incident, a person using the service alleged another person had physically assaulted them, witnessed by a third person. In the second incident, care staff had recorded unexplained bruising on a person's arms. Although they carried out their own investigations, the provider should have informed the local authority's safeguarding adults team and the Care Quality Commission (CQC) of these possible safeguarding concerns. This would have enabled an independent investigation of the incidents to ensure people using the service were cared for safely.

This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

People did not always receive their medicines safely. The provider had systems in place for managing people's medicines and nurses employed in the service had responsibility for this. We had no concerns about the ordering, receipt, storage and disposal of prescribed medicines. There were no gaps on the Medication Administration Record sheet (MAR). The MAR sheets were legible and nurses used the correct codes when medicines were refused or not needed. Controlled medicines were checked daily and recorded. Protocols for PRN ('when required') medicines were in place and up to date. Staff recorded the temperature of the medication room and the fridge used for medicines daily. We saw these were well recorded and within normal range. Anticipatory medication was available for people who were receiving care at the end of their life. We saw evidence that people on Warfarin received it regularly, according to their prescription

The medication room was clean and well-arranged although the room is also used as an office where care planning documents and other records were kept. However the medication cupboards were locked and secured and the nurse in charge told us they kept the key at all times. Nurses told us they had completed medicines management training and they demonstrated competency in their work. A copy of the provider's medication was policy available in the clinic room.

However, we found that covert medication documents were not fully completed because were not signed by the pharmacist. We also did not see evidence of Mental Capacity Act 2005 (MCA) assessments to establish that the use of covert administration of medicines was in the person's best interests. Following our inspection the manager provided evidence of a best interest decision for the use of covert administration of medicines for one person.

We also saw that the night nurse had signed for the morning medication for one person on the first day of our inspection but the medicines were still in the pack. The manager explained that during the morning handover the night nurse confirmed they had given the medicines and signed the MAR sheet. The manager told us they would investigate. On the second day of the inspection we saw the manager had taken statements from staff on duty the day before and established that the night nurse had mistakenly signed the record without giving the medicines and this was not picked up by the morning handover.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

However, other maintenance and service records the provider showed us were not up to date. Control of Substances Hazardous to Health (COSHH) risk assessments for chemicals used in the service were dated October 2003, a food production hazard analysis was also dated October 2003 and environmental risk assessments for fire doors, the boiler room, laundry, clinical waste and food store were dated 2004-2005. We discussed this with the provider and manager and they told us they would ensure the records were updated or more recent records found and added to the monitoring file.

When we asked people if there were enough staff to care for and support them, their comments included, "Yes usually there are. I need help with certain things like cutting meals and reaching things and they do help. Sometimes you wait for them to finish with a few other people but they do help," "Well you wait a while. They come and go quickly and never really stop to see how I am or even for a chat. I only really need help with using the toilet and then do not see them unless they bring a meal in. I use the bell and sometimes you wait for them quite a while but they eventually come if you ring enough. I have been known to phone up to them on the main line," "Yes usually there is. I need assistance with dressing sometimes and they help me. They ask me to try for myself too" and "Yes, you see them dashing here and there but they do stop. [The provider] does a lot of my help". People's relatives told us, "There does seem to be usually although they run about, they are always busy and sometimes you wait a while but they do their best," "Yes, I think there are

usually enough staff but they are very busy and some people need a lot of help and staff time" and "I think they could do with more [staff] but she does get good care so I can't complain about that. She is content".

The staff rota showed there was a qualified nurse on duty at all times of the day and night. During the morning, three care assistants were available and two care assistants worked during the afternoon. There were sufficient staff to meet people's care and support needs as well as carrying out other tasks including people's laundry. We did not see people waiting excessive amounts of time for help and support.

People told us they felt safe in the service. Their comments included, "It is okay here. Yes I feel safe. It is safe," "It is what it is, I do feel safe," "it is fine, I quite like it" and "I feel safe here, it is nice." A relative told us, "I think it is good here. I know there have been problems in the past but I think they have turned it around and now it seems much better. Yes it is a safe place".

The provider carried out checks to make sure the premises and equipment staff used were safe. For example, we saw records of weekly checks of door closers and an up to date record of daily checks of people's bedrooms and communal areas. Although this did not specifically state that opening restrictors on windows were checked, the provider told us this would be added to the checklist. We also saw up to date service records for the service's passenger lift, a gas safety certificate, records of legionella tests and service and repair records for kitchen equipment. The service records for the service's fire alarm, emergency lighting and aid call systems were also up to date. We saw a record of daily food storage temperatures and the service was awarded a four star food hygiene rating.

Requires Improvement

Is the service effective?

Our findings

At our last comprehensive inspection of the service in July 2016, we found the provider did not ensure staff had the training they needed to carry out their duties or had the qualifications, skills, competence and experience to work with people using the service. During this inspection, the manager provided us with a copy of the service's training matrix. This showed some staff had completed training in some areas, including the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS), dementia care, dysphagia, sensory loss and advanced care planning.

However, people using the service may have been at risk of unsafe or inappropriate care as not all staff had completed the training they needed to care for and support them. Training the provider considered mandatory was included as part of their Care Certificate training programme. The Care Certificate is a set of standards for social care and health workers. It is the new minimum standard that should be covered as part of induction training of new care workers. The training system the provider used stated that new staff should complete the training as part of their induction, within 12 weeks of starting work. Some training records for staff who had worked in the service for more than 12 weeks showed they were registered for the Care Certificate training and the provider described this as 'in progress'. When we asked for evidence that staff had completed modules of the training, the manager was unable to produce this. We did see some completed workbooks but these were dated 2014 and 2015.

At our last comprehensive inspection of the service we also noted that the provider did not have a record of annual staff appraisals or regular staff supervision. In their action plan the provider told us they would introduce "regular one-to-one supervision at eight weekly intervals." At this inspection we saw some records of supervision where the manager observed a member of staff carrying out a task, for example giving people their medicines or supporting someone to move around the service. Following their observation the manager completed the supervision record to show the member of staff had followed the provider's procedures correctly. We did not see records of regular supervision where staff had the opportunity to discuss their work and personal development and receive guidance, support and advice from a senior member of staff. The provider told us that all staff would receive an annual appraisal in April 2017 as this is when they were due.

This was a continuing breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People using the service and their relatives told us they felt staff were well trained and knew how to care for them. Their comments included, "I think they try their best. They seem to know what they are doing. They help me to do things and show me how to do exercises to ease the pain in my joints," "I think they meet very basic needs and could definitely do with more training to learn how to be personable. [The provider] is a very good carer and so is the nurse who has left. They are always leaving," "Yes I think they are trained" and "Yes they look after me and know what they are doing in everything." A relative commented, "They seem to be well trained, yes. Some carers have been here for a while, years and they know what they are doing. They have a good routine and knowledge of my [family member's] needs and likes and so yes they are well

trained."

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

Where people's liberty was restricted we saw the manager had applied to the local authority for authorisation under DoLS. Where authorisations had been in place for 12 months the manager had reapplied to the local authority for an extension. During the inspection we did not see any examples of people who were deprived of their liberty unlawfully. We also saw that some care records included copies of Mental Capacity Act 2005 (MCA) assessments to establish if people were able to make decisions about their care and treatment. Where the assessment showed a person did not have capacity to make their own decision about an aspect of their care, we saw the provider worked with their relatives and others to make a decision in their best interest. However, the provider did not consistently follow this process, for example when people were given their medicines covertly.

When we asked people if they were allowed to manage their life and make choices, their comments included, "Yes I manage things and talk to my daughter about it and she helps. [The provider] will advise or find information out for us and I choose how I spend my day. It isn't restricted," "My daughter assists me. I choose to stay in my room and have it how I would like and there is no problem with that. I still have independence and choices and they listen when it comes to that" and "I choose what I do in the day and what time I go to bed." A relative told us, "Yes, independence is still there as much as she can do for herself. They do encourage her to be independent and make her choices."

People told us they enjoyed the food provided in the service. Their comments included, "It is quite good. You get choices, meat or fish and lots of vegetables. A roast on Sunday. I like the breakfast. I ask for porridge with dried fruits like I had in the past and they did it for me. I have it all the time now and it is on the menu," "I don't eat much. It is what it is. I would like other things but you tend to get a choice of two things and if you don't like it or feel like it then it's a sandwich. I have my own fridge and use that food mostly. My care assistant or daughter buy it or take me out," "Yes it is fine. It is nice to choose from things" and "The food is good and they help me eat it". A relative told us, "It seems good yes. I've had it before and it was tasty. You get stews, roasts and lighter meals if you want them too. The chef has been here a long time and knows how to cater for large numbers."

When we asked people if they had the help they needed at meal times, they told us, "Yes, if I need help they cut things for me," "No I do it myself in my room. You have to wait ages otherwise," "Yes they help. They cut things and keep an eye on how much you eat" and "They do yes. They feed me but they also get me to do it for myself sometimes." A relative commented, "They do help, yes. They sit with residents and feed them and take time to encourage them to eat, feed themselves or on occasion just sit and chat."

People had access to the healthcare services they needed. People's care records included information about their healthcare needs and how these were met in the service. Care records also included details of people's appointments with their GP, optician, dentist and other healthcare professionals. When asked if the

service supported them to access healthcare services, people told us, "Yes, they make sure all my appointments are booked at the hospital and [the provider] takes us if he can or they book transport" and "[The provider] is very good at keeping on top of various different appointments but if you tell anyone else they don't do it." A relative told us, "Yes things do get arranged. Opticians and dentists are kept on top of and various people come in regularly like therapists and GP's."

Where assessments showed people had pressure care needs, the provider managed these well. There was one case of a pressure sore and we saw this was well treated; a care plan was in place, staff had taken photographs, monitored progress and referred for specialist advice and support. The care plan for pressure ulcer prevention highlighted attention to possible pressure sites, encouraged passive movement to promote circulation and the application of moisture creams to potential risk areas. Repositioning charts were up to date for bed bound clients. Necessary equipment was available to relieve pressure on high risk areas, for example, air mattresses and cushions.

Good

Is the service caring?

Our findings

People using the service told us they were happy living at Threen House. Their comments included, "I've been here a few years. Yes, it is alright really for these places," "This is my second year. It is what it is and does what I need. I have had a good life and it is time to let my daughters live theirs without worry," "It is nice. I have been here a year or so," "Yes it is nice. I like the conservatory. My room is fine," "Yes I am comfortable here. I have made it feel homely and most things in here are mine from home including the bed and they painted it the colours I would like, I chose them. They don't really clean though. My daughter does that" and "Yes it is comfortable. The room is fine."

Relatives' comments included, "Yes, I think the staff care about people most of the time but it is very hard work and they are always busy so sometimes they don't have time just to sit and talk to people" and "It's nice, it feels rather homely. We liked that the minute we visited. The room is nice too. Lots of lovely furnishings and it is always clean here"

When we asked people if staff were able to spend time with them, their comments included, "They do. They will sit with me and watch a quiz show or read and chat about the news in the paper. Usually in the afternoon when it's a bit quieter. People have a snooze and I like to read the paper each day cover to cover and they ask me about it" and "[The provider] does. I would like it if they came down and sat for a chat but they don't have the time or seem to want to really". A relative commented, "They do if they have time. I often come in and they are having a chat or playing games. They are busy but do make time and I have seen that at all times of the day."

We also asked people if they were happy with the care they received and they told us, "Yes they look after me reasonably well," "Not particularly but I need to be here so I make the best of it" and - "Yes they are lovely." People's relatives commented, "Generally I cannot fault the care and it has got much better since the new manager arrived, everything is far more organised and I know they are giving good care to my [family member]" and "If I thought my [family member] wasn't well cared for I'd move them but I think things have got better lately."

We saw care staff treated people with respect and understood the need for privacy but people's views about this varied. One person told us, "Yes, if you want it they do. They knock on doors and respect your wishes when you bath and things." However, a second person said "They never knock on doors, come barging in but I do feel respected with personal care and they talk you through what they are doing and make sure you feel comfortable." A relative commented, "They give us time as a family to chat and say excuse me if they need to talk to us or our [family member]. They knock on the door if we are in the room and doors are closed if personal care is taking place."

Requires Improvement

Is the service responsive?

Our findings

At our last inspection we saw that staff did not always support people in the ways they said they preferred in their care plans. Staff told us they did not have time to read care plans and they failed to follow risk assessments and risk management plans, where these were available. Staff also told us they only had time to support people with their personal care and did not have time to arrange activities or spend time talking with people. At this inspection we saw that staff had more time to spend talking with people and the staff we spoke with understood the care needs of people using the service.

We also recommended in our last inspection report that the provider should refer to guidance on the provision of meaningful activities for people living in care homes. In their action plan the provider told us, "The services of a part-time Activities Co-ordinator will be engaged to ensure the structure of activities and events is managed in accordance with the comments made in the CQC report of January 2016." During this inspection we spoke with the provider and manager about the provision of activities and they told us they had not yet appointed a part-time Activities Co-Ordinator. They added that they had given responsibility for running an activity session each morning to one of the care staff on duty. We saw that care staff on each day of the inspection organised a short, 10-15 minute session where they played music and people sang along. On the first morning people enjoyed this and the member of staff thanked them for joining in with the 'music and exercise' session, although we did not see any exercise taking place. On the second morning the member of staff did include some movement and again people enjoyed this short session. On the second afternoon of the inspection, an entertainer came to the service to play an electric keyboard and sing to people. Again, people enjoyed this activity. When we asked people what activities they enjoyed, their comments included, "Puzzles, word games, cards, singing. I like singing and listening to the radio. I like doing the crossword; I do it with [the provider] or the manager sometimes. I like the garden in the summer. I would like to go to the park," "I amuse myself with reading. They have the library visiting and I love this. Also they will buy me books and I use my iPad and watch TV. There are activities upstairs and they are okay. I would like to cook and go to the theatre. We have film days and groups sometimes come in," "I like the music times and I like the garden" and "I like playing games and they show me how to play new games."

A relative commented, "I help with two other relatives to organise activities and fundraisers. We organise groups to come in to entertain and trips and we fund these through charitable grants and events. We pay for movie night and sweets or a theatre group to come in and things for the home like bird feeders for the garden. Activities are getting better, more planned and organised and they vary them." Another relative commented, "You rarely see anyone miserable or just sitting on their own. Everyone is kept an eye on. It is generally busy but stimulating and music playing."

However, we did not see a planned programme of activities displayed in the service for people's information, although the provider did write the planned activity for the day on a chalk board in the lounge. The manager also used a calendar to record activities that had taken place, as well as specific activity sessions planned in advance by the provider or the Friends of Threen House. People's care records included very few mentions of any activities taking place. On both days, people sat in the lounge or the conservatory for long periods with little stimulation. They ate their meals in the same areas and only moved around the

service when staff supported them with their personal care.

This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People using the service had a plan of care that included details of their health and personal care needs and how nurses and care staff in the service would meet these. We saw that, following our last inspection, the manager and clinical lead for the service reviewed and updated each person's care plan. Areas covered in people's care plans included personal care, mental health, nutrition, medicines, continence and end of life care. Care plan files we saw included a life history and information about significant dates, events and people so staff had information about things that were important to people using the service. The manager reviewed each area of the care plan monthly and made changes where necessary, for example referring people to specialist medical services where their health care needs changed.

Care plans for personal care did not always indicate how often people should be offered a bath or shower but the daily care records showed most people usually had a bed bath or wash. Some people were resistive to personal care, however it was not clear from the daily care records if they had been offered a bath or shower and had refused. We discussed our findings with the provider and manager and they told us they would ensure care staff recorded in the daily care notes when people were offered a bath or shower and whether or not they accepted.

Care plans included information about treating people with respect. For example, one person's care plan said staff should "give own choice of clothes according to the weather" and "ensure privacy and dignity at all times." A second care plan said staff should "always treat [person's name] as a person and encourage positive feelings of self" and "staff to always maintain her privacy and dignity."

People told us they were involved in planning the care they received. Their comments included, "I don't remember much but we chatted about how much I needed help" and "Yes, they listened to everything I asked and requested. [The provider] explained everything here very well to us."

Not everybody told us they could choose the gender of staff who cared for them. One person said, "Yes I can say, but I don't mind" but a second person told us, "No, you can't choose, you get whoever is available." A relative commented, "Yes you can. Mum likes a female to help and they know that."

People also told us their cultural and faith needs were met and staff were aware of the need for equality. Their comments included, "I think we are all treated equally here," "I do think diversity is honoured and everyone is treated the same," "Yes we are able to celebrate the things we want to like Easter and birthdays and we are able to read the Bible, specialist magazines or papers are sometimes around and God is respected" and "You are not held back in believing in whatever you want to." A relative commented, "Yes it is respected in all ways, food, activities, festivals are acknowledged."

The provider had asked people for their views on the service and taken action to respond to some suggestions. For example, a survey of people using the service in April 2016 was largely positive and where people had made suggestions for change, the provider had responded. One person had said their room was too hot at night and the provider amended their care plan to remind staff to turn down the heating when the person went to bed. The provider also asked visiting healthcare professionals for their views on the service in June 2016 and all commented positively.

The provider had a complaints policy and procedures they had reviewed in April 2016 but they needed to

update these to include the current legislation and regulations. People's views on the provider's response to complaints varied. One person told us, "No, I've never complained but I would if I needed to" but a second person said, "Yes you can complain but they don't get listened to. There is a box for suggestions but I have never seen any evidence of them being taken on board." A relative commented, "There is an open door policy with the management so I will pop my head in for a chat. Things do get dealt with if they know there is an issue." A second relative told us, "If I had any complaints I'd speak to [the provider] but my [family member] is happy and that's the most important thing."

Requires Improvement

Is the service well-led?

Our findings

At our last inspection of the service in November 2016 we found the provider had improved the management of medicines, but there were still concerns about the standard of care planning and risk management, staff training, staff recruitment and the provision of activities that the provider had not identified through their monitoring of the service. The provider was unable to show us any evidence of audits of care plans, risk assessments or medicines. In their action plan, the provider told us, "Reports made by the quality and systems auditor will identify any shortfalls and include an action plan with timescales." However, at our inspection in November 2016 the provider was unable to show us any quality monitoring reports they, or the independent quality assessor, had completed.

At this inspection we found the provider and manager had improved standards of care planning and risk assessment and management. People's care plans and risk assessments were up to date and the manager reviewed these monthly. However, we continue to have concerns about the provider's arrangements for staff training, supervision and appraisal. We also saw reports from the provider's quality and systems auditor following visits in December 2016 and January 2017. These showed progress in some areas, including the introduction of choices at meal times and a music and movement session. However, other recommendations the auditor made had not been actioned by the provider. For example, they had not displayed a programme of activities or appointed a food champion for the service.

The service did not have a registered manager. The provider is registered with the Care Quality Commission (CQC) as an individual and does not require a registered manager. However, the service had always had a registered manager as the provider did not have the qualifications to manage a care home providing accommodation for people who require nursing or personal care. The previous registered manager left the service following our inspection in January 2016 and another manager appointed by the provider in May 2016 left in July 2016. The provider appointed a manager in August 2016 but they had not applied for registration with the CQC at the time of this inspection. Following this inspection the manager confirmed that they had submitted an application to register with CQC.

The provider did not always notify the local authority or CQC of significant events or incidents affecting people using the service. For example, the provider had not informed the local authority of possible safeguarding incidents.

The provider carried out some checks and audits to monitor quality in the service but these were not always up to date or effective. For example, the annual development plan for the service the provider produced was dated 2012 and audits had not identified gaps in staff training, supervision and appraisals.

These were continuing breaches of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they knew who the new manager was. Their comments included, "Yes, I know the manager, he is quite new," "Yes I know the manager and the owner too" and "Yes, the manager is the new chap."

People's relative told us, "Oh yes we all know the new manager. He is in the home all the time and has time for chats with everyone. When he isn't here, [the provider] is" and "Yes, there's an open door policy and it works well. Changes are happening for the better"

When we asked people if they were able to suggest changes to the service they told us, "We all sit with [the provider] and chat about what we would like. We had a BBQ which I suggested would be nice" and "They do have meetings and I have been to them. They just talk about what you would like to eat and any new things you would like to do." A relative told us, "Communication is good. If anything happens they speak to me or leave a message."

When we asked people what the service did well and what could improve, they told us, "The food is good and they get your papers and chat about them with you," "[The provider] is a good man. He cares even though he is so busy. He takes you to appointments which is a nice personal touch and it has a homely feel to the rooms" and "The garden is nice." A relative commented, "They do lots of things well and are trying very hard to make changes and employ long term staff" One person said, "More staff would be nice so they can spend more time with you and assisting you. Some more stimulating activities and trips would be great." A relative added, "Employing more reliable staff who would like to stay, but to be honest I think they are doing very well and trying harder"

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered provider did not inform CQC without delay of any abuse or allegation of abuse in relation to a service user. Regulation 18 (2) (e).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The care and treatment of service users was not always appropriate and did not meet their needs or reflect their preferences. Regulation 9 (1) (a; b and c).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The registered person did not operate systems and processes effectively to investigate any allegations or evidence of abuse. Regulation 13 (3).

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not manage medicines safely. Regulation 12 (2) (g).

The enforcement action we took:

We issued a Warning Notice and gave the provider two months to comply.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person did not operate effective systems to assess, monitor and improve the quality and safety of the services provided. Regulation 17 (2) (a).

The enforcement action we took:

We issued a Warning Notice and gave the provider three months to comply.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Persons employed in the service did not receive appropriate support, training, supervision or appraisal to enable them to carry out the duties they are employed to perform. Regulation 18 (2) (a).

The enforcement action we took:

We issued a Warning Notice and gave the provider four weeks to comply.