

Care UK Community Partnerships Ltd

Muriel Street Resource Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 25 and 26 January 2017. The inspection was carried out by four inspectors and an expert by experience over the course of two days.

Muriel Street Resource Centre provides nursing care to men and women with a range of needs including physical disabilities, dementia and mental illness. The home is able to accommodate a maximum of 63 people over three floors. There were 49 people using the service on the day of the inspection.

The home did not have a registered manager. However, there was an interim manager in post at the time of our inspection that had begun the process of applying to the Care Quality Commission for registration. 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.

We conducted a focused inspection at Muriel Street Resource Centre on 29 September and 11 October 2016 as a result of concerns that we received and an increased level of safeguarding adult's notifications since April 2016. The concerns related to medicines management, falls management, skills and knowledge of staff in relation to supporting people with mental health conditions and dementia and the general quality of the care being provided at the home. We found significant shortfalls in the care provided to people and identified breaches of regulations 9, 12, 18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches related to infection control, monitoring of staff to ensure they remained fit to carry out their roles, staffing and person centred care.

We undertook this fully comprehensive inspection before the completion date of the action plan that resulted from the last focused inspection in September 2016, as we remained concerned at the level of issues being raised about the support being provided to people at the home. These included safeguarding concerns and complaints. We conducted a review of all the five domains, including safe, effective, caring, responsive and well-led to ensure the service provided was meeting people needs.

After the last inspection we received an action plan relating to the four breaches identified. The dates for completion of the actions were between the end of February and March 2017. At this inspection we found an overall improvement in most aspects of the care and support provided at the home. Management oversight of the home had improved as well as staff morale.

In the action plan, sent to us following the last inspection, it stated that improvements in relation to Regulation 18, staffing, would be completed by March 2017. From evidence we saw, improvements had begun in relation to staff receiving supervision. As this inspection was in January 2017, the actions were not fully completed, particularly in relation to appraisals and training therefore the effective domain still required improvement. The manager told us it was envisaged that they would be completed by April 2017.

There had been a slight decrease in the amount of staff who had received face to face moving and handling training, although three staff had recently completed a train the trainer course and plans were in place for them to start delivering the training to staff in early February 2017. Other mandatory training was up to date and there were systems in place to flag up when refresher training was due.

People were supported to eat, drink and maintain a balanced diet. People received the support and supervision they needed to eat safely. However, we noted one person's eating and drinking assessment identified them as being at risk of choking and a recommendation was made for a referral to be made to the dietician. Staff could not confirm to us whether this referral had been made since there was no record of a referral available for us to see. Action was taken by the clinical lead to address this immediately by ensuring an urgent referral was made.

There were systems for storing, administering and the monitoring of medicines and controlled drugs. Staff had the necessary competencies and were trained in medicine administration. However, staff were not always recording the administration of topical creams appropriately.

Staff attitudes were largely positive, however, on occasions some staff were observed to be responding insensitively to the needs of people they were supporting. The interim manager confirmed action would be taken in this area and be monitoring would be on going via the performance management systems at the home.

There was a mixture of care records stored electronically as well as hard paper file copies. However, the hard paper file copies were not always up to date with available information for staff and other health and social care staff to access. This may have led to confusion in terms of accessing up to date information regarding the care and support needs of people at the home.

At the last inspection, we saw there was a high use of agency staff and that staff deployment in the home was ineffective. Planning for people's appointments did not always happen and staffing numbers at the home were often left short whilst staff accompanied people outside of the home. At this inspection, there were sufficient staff to support people at the home and rotas we saw confirmed this. Arrangements had been put in place to ensure staff were deployed effectively to meet people's needs. We saw this requirement had been fully addressed.

At the last inspection the provider did not have in place on-going monitoring of staff to ensure they remained able to meet the Disclosure and Barring Scheme (DBS) requirements and they did not have appropriate arrangements in place to deal with staff who may no longer be fit to carry out the duties required of them. At this inspection we saw this issue had been fully addressed. The interim manager was able to show us the electronic system now used to monitor DBS checks as well as a flagging system that identified when new checks were due. There were also safe systems in place and recruitment checks carried out before staff started working at the home.

At the last inspection the provider was not ensuring that the required standards were in place in regards to assessing the risk of, and preventing, detecting and controlling the spread of infections, including those that associated with health care. At this inspection the issues had been fully addressed. We saw that hand sanitizers had been replenished and staff were washing their hands as appropriate. Clean, individual pots were used for each person for administering medicines and Infection control measures were in place. We saw staff using gloves and protective clothing appropriately.

Risk assessments formed part of the person's agreed care plan and covered risks that staff needed to be

aware of to keep people safe.

People had a Personal Emergency Evacuation Plan on their record (PEEP). Their PEEP identified the level of support they needed to evacuate the building safely in the event of an emergency.

People had access to a visiting GP at the home. We saw evidence on care records of multi-disciplinary work with other professionals.

There were systems in place to safeguard people from abuse and staff had a good understanding of the different types of abuse and how they would look out for signs.

Staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). They were able to describe people's rights and the process to be followed if people were identified as needing to be assessed under DoLS.

Aspects of people's unique needs relating to this were included in people's care plans, including ethnicity and religious beliefs. Staff told us this was an important part of supporting people and ensuring their needs were met.

We saw the system for recording complaints and compliments. There had been a total of twenty six complaints raised in the six months prior to our inspection. We discussed that high level of complaints with the interim manager who told us and we saw from records that there had been five unrelated complaints since she came to the home in November 2016. The remaining complaints were raised before November 2016 and were mainly in connection with staff practice issues and, as we have seen throughout this report, action is being planned and undertaken to address the issues and improve staff performance. Recent complaints had been followed up appropriately, according to the provider's policy.

There was evidence of regular audits and checks undertaken by the management team. These included the checking of care records, medicine audits, infection control and the analysis of accidents and incidents. However these checks were not always fully effective.

At the last inspection, we saw from a recent completed survey from relatives that the general satisfaction level had declined in all areas since the previous survey in 2015. Although an action plan had been devised to target and monitor improvements in these areas, the service were waiting for a new survey to be completed in order to hear more current views of people and their relatives.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. There were not always suitable arrangements in place for the safe recording of medicines.

Staff knew how to report concerns or allegations of abuse to ensure appropriate procedures were used to keep people safe.

Individual risk assessments were prepared for people and measures put in place to minimise the risks of harm.

There were sufficient staff available to meet people's needs and they were deployed effectively.

Requires Improvement ●

Is the service effective?

The service was not always effective. Staff did not always receive sufficient training and appraisals to ensure they had the appropriate skills and knowledge to support people effectively.

People were supported to eat drink and maintain a balanced diet. However, referrals to specialist for appropriate support for people at risk of choking had not always been made in a timely manner.

People had access to a GP and were assisted to receive on-going healthcare support.

Staff had a good understanding of the Mental Capacity Act 2005 and how to support people using the principles of the Act.

Requires Improvement ●

Is the service caring?

The service was not always caring. Staff did not always provide support in a sensitive manner.

Information from assessments about people's beliefs, preferences and history were included in care plans to ensure equality and diversity was upheld.

There were advance care plans on some people's records. This included instructions by the person as to how and where they wished to be treated at the end of their life.

Requires Improvement ●

Is the service responsive?

The service was not always responsive. Up to date care records were not always available in hard copy formats which may have led to confusion.

Regular handovers between night staff and day staff took place, to ensure staff were responsive to people's needs for each shift.

Staff knew how to support people to make complaints and policies and procedures were in place to ensure complaints were addressed effectively.

Requires Improvement ●

Is the service well-led?

The service was not always well-led. Although improvements were seen with regards to management oversight, further time was needed to address the remaining outstanding issues as outlined in the action plan the provider sent to us after the last inspection as well as shortfalls identified in this report.

A survey completed in 2016 from relatives showed that the general satisfaction level had declined in all areas since the previous survey in 2015. Records showed and observations made during the inspection, demonstrated that the service had made improvements against the action plan implemented.

There was evidence of regular audits and checks undertaken by the management team. However, we saw that they were not always fully effective.

Requires Improvement ●

Muriel Street Resource Centre

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 25 and 26 January 2017 and was unannounced. The inspection team included four inspectors and an expert by experience over the course of two days. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed the information we held about the service including people's feedback and notifications of significant events affecting the service. We also spoke with local commissioners.

During the inspection we spoke with five people who used the service and four relatives. We spoke with six care staff, two catering staff, two nurses, two clinical leads, the deputy manager and the manager. We also spoke with two visiting healthcare professionals.

We reviewed eight care records, six staff records as well as policies and procedures relating to the service. During the inspection we observed interactions between staff and people using the service as we wanted to see if the way that staff communicated and supported people had a positive effect on their well-being.

Is the service safe?

Our findings

People told us they felt safe and relatives we spoke with said they thought it was a safe service. Some of the comments from people when asked about whether staff knew how to keep them safe and identify potential risks, included, "Yes I think so, they are all pleasant" another said, "Yes all very good" and a relative said, "The staff seem like they are on the ball; very observant".

At the last inspection we found two breaches in the safe domain in relation to Regulation 12 safe care and treatment and regulation 19 fit and proper persons employed. At this inspection we found that the actions taken to meet these requirements had been fully met.

At the last inspection the provider was not ensuring that the required standards were in place in regards to assessing the risk of, and preventing, detecting and controlling the spread of infections, including those health care related infections. Staff were not always washing their hands appropriately or using the correct techniques when dealing with laundry. Hand sanitizers were not always kept replenished and managers were not aware of people's Methicillin-resistant Staphylococcus Aureus (MRSA) status.

At this inspection the provider had fully addressed the issue. Staff were able to tell us there were no people at the home who were MRSA positive. All of the hand sanitizers we tried were full and there was now a system in place to ensure they were kept replenished. The housekeeper based at the home was responsible for this task and staff were aware of how to request that sanitizers be refilled. The home was clean and we saw it being cleaned throughout the day by domestic staff. Infection control measures were in place and we saw staff using gloves and protective clothing appropriately.

At the last inspection we also observed an agency nurse administering medicines using the same spoon for a number of people. At this inspection people were given a clean medicine pot each time medicines were given and there were enough supplies for each person.

At the last inspection the provider did not have in place on-going monitoring of staff to ensure they remained able to meet the Disclosure and Barring Scheme (DBS) requirements and they did not have appropriate arrangements in place to deal with staff who may no longer be fit to carry out the duties required of them.

At this inspection, we saw the issued had been fully addressed. The interim manager was able to show us the electronic system now used to monitor DBS checks as well as a flagging system that identified when checks were due to be reviewed. There were appropriate systems in place to review any positive DBS checks.

There were safe systems in place and recruitment checks carried out before staff started working at the home. Staff files contained completed application forms which included their employment history and explanations for any breaks in employment. Records had in-date DBS, two references, and proof of identification. In addition, where relevant, records contained evidence of a person's right to work in the UK.

We noted that a person's cream used to maintain their skin integrity was not available. This was raised with the clinical lead and we were informed on the second day of our inspection that a prescription had been e-mailed from the GP to the pharmacy. We were also shown documentation that confirmed an order for the prescription had been raised a week earlier with the pharmacy but had not been actioned. We saw that there was inconsistent recording of the application of topical creams for one record we looked at. There was no record of evening application for over four weeks. However staff we spoke with confirmed that they knew that cream needed to be applied in the evening but they believed staff were forgetting to sign the MAR. These issues were raised with the clinical leads and the managers and we heard this being discussed in the "Take 10" meeting on the second day of the inspection. These meetings were attended by the interim manager, deputy manager, clinical leads, nurses and the unit managers from each floor. Unit managers and team leaders were given instructions to conduct an audit and check that care staff were recording when creams had been applied to people and also to check systems for re-ordering. We saw on the second day that this audit had taken place on each floor of the home. Systems had been put in place to address the issues that we found with the ordering and recording of creams as well as checking by senior staff that this had been done, in order to prevent a similar situation from happening again, although the systems required embedding to ensure that a recurrence could be prevented.

We observed medicine administration on each floor of the home. There were individual Medicine Administration Records (MAR) for each person using the service, their photographs, details of their GP, and information about any allergies they may have. The MAR sheets were up to date, accurate and no gaps were evident, our checks confirmed that people were receiving their medicines as prescribed by health care professionals.

Where a person was on pain management patches, we saw there was an additional system of recording this as well as on the MAR. Staff clearly marked where they positioned the patch on a body map. We were told this was to ensure that the positioning of the patch was changed each time, as per guidance. We asked staff about the spacing between each medicine round as the morning round finished on the second floor at around 10am. Staff confirmed that after the morning medicines they were administered again at around 2pm after people had finished their lunch. This meant there was at least a four-hour gap between each medicine round and people were not receiving medicines too close together. Medicines, including controlled drugs, were stored securely in a locked cabinet.

There were safe systems for storing, administering and monitoring of controlled drugs and arrangements were in place for their use. We saw a controlled drugs record book. This had been signed by two members of staff each time a controlled medicine had been administered to people using the service. They also signed the MAR. We saw how the balance of stock of the controlled drug was recorded after each dose and this correlated with what remained of the drug in the cabinet.

We looked at the drugs return book and saw this was completed accurately and those drugs for return were recorded and stored appropriately until collected by the pharmacy. Other medicines such as specific creams and insulin were kept in a locked fridge at the recommended temperature. We saw the fridge temperature was recorded daily.

There were risk assessments in each of the care records we looked at, as well as on the electronic recording system. These assessments were specific to the individual, for example, where a person was known to present with behaviours which challenged, the risk assessment stated that there must be two care workers to assist at all times. We observed this person receiving care and saw there were always two workers in attendance. A care worker told us they always adhered to this. We subsequently saw a note on the daily record made by a care worker where they explained to the person there would be a slight delay in

responding to their request as they needed to get a colleague to assist them.

Risk assessments were being updated at monthly intervals or when circumstances changed. We saw a person had been involved in a physical altercation with another person at the home and a risk assessment identified that it was very likely that a similar incident could happen again. The risk assessment stated that hourly checks should be undertaken by staff to ensure the safety of the person and other residents. A chart was being completed by staff to record the hourly checks.

People had an up to date Personal Emergency Evacuation Plan (PEEP) on their record. Their PEEP identified the level of support they needed to evacuate the building safely in the event of an emergency. As part of the PEEP assessment, there was a system in place that identified people's ability to evacuate their rooms safely in the event of a fire and identified the people that needed assistance. This system displayed a green or red dot on each person's door. At the last inspection we noted that not all staff on duty were familiar with the dot system and what it meant. At this inspection, staff we spoke with were aware of the system and what it meant in the event of needing to evacuate the building.

At the last inspection, we saw there was a high use of agency staff and that staff deployment in the home was ineffective. Planning for people's appointments did not always happen and staff numbers at the home was often left short whilst staff accompanied people outside of the home.

At this inspection, there were sufficient staff to support people at the home and rotas we saw confirmed this. Systems had been put in place to ensure staff were deployed effectively including during handover and implementation of handover sheets, where staff were allocated responsibility for supporting people with scheduled appointments.

People told us they thought there were enough staff to assist them. One person said, when asked how quickly staff respond to the call bell, "Yes they are? not bad." However, one relative told us that some time ago they witnessed two people involved in an altercation in the lounge area and there were no staff around. This was discussed with the interim manager who told us staff deployment was something the new management team had been addressing through the allocation of staff responsibilities during handover as well as reminding staff to be aware of observing people when they were in the lounge areas. She told us there was also a thin line between ensuring people had enough privacy and being too intrusive and that staff needed to strike a balance.

Although staff were busy, they made sure people had everything they needed and received support in a timely manner. Scheduled appointments were noted in the daily handover and on the handover sheet. The nurse in charge told us, "This helps me to plan in advance so that I know which staff need to accompany the service user." Care workers told us they were able to accompany people to appointments if family members were not able to do so. They told us this was anticipated in advance on the rota. However, some staff we spoke with felt that although there were sufficient staff currently whilst the home was not full, there might be a staffing problem again once more people were admitted to the home. We discussed this with the interim manager who assured us that staff numbers were under constant review and were based on the dependency levels at the home.

We heard from the manager that there had been several staff transferred to Muriel Street from another home managed by the provider that had closed. This meant that there was mainly permanent staff employed at the home. She went on to say she was in the process of developing a pool of bank workers to cover any absences rather than use agency staff. One staff member told us there were, "Plenty of staff and the good thing is most of them are permanent." A senior member of staff told us how the use of fewer

agency staff meant that there was, "Greater consistency in the delivery of care which has increased the safety of residents."

We were told, and we saw from records that all new agency staff were invited into the service in advance of them commencing work. They were on site between two and three hours and this was paid for by the provider. They were taken through an induction which included orientation of the building, health and safety and policies. In the case of nursing staff, their nursing and medication skills were explored. The clinical lead and registered manager told us this system was introduced three months ago and had proven to be very effective. They told us there was a noticeable improvement in general safety such as reduced medicine errors and better awareness of the profiles of those who used the service. They said, "We have a responsibility to do everything we can to ensure residents are safe." During our inspection, we saw a group of (domestic) staff taken around as part of this induction.

We saw only one agency nurse on the first day of the inspection. She had appropriate identification and appropriate checks had been undertaken. There was an agency profile available with a photo and PIN number present. She told us that she had been providing support at the home for a number of years and was familiar with the residents and other staff.

Staff received training in safeguarding adults and keeping people safe. They were able to describe the process for identifying and reporting concerns and were able to give example of the types of abuse that may occur. They explained that if they saw something of concern they would report it to the manager and were confident that they would act on any concerns that were raised. One care worker said "I would always report my observations, no matter how small they might seem, to the manager." Staff understood how to whistle blow and one staff member said, "I would not stop until I got to the very top [CQC], to ensure any concerns were addressed."

The manager had devised a safeguarding adults tracking system to monitor the progress of all safeguarding adults alerts. We saw on the day of the inspection that a video interview was being conducted with regards to a report of alleged abuse. The interim manager had ensured that the person being interviewed was supported at all times as well as taking into account their specific needs in relation to the interview.

Is the service effective?

Our findings

People and their relatives told us they thought the service was good and staff had the knowledge and skills to support them effectively. One person said when asked the question, "Yes very good not bad at all". Another said, "Yes, they are busy girls". A relative told us they thought staff were knowledgeable and understood their role.

At the last inspection, staff were not always appropriately supported through supervision and training to enable them to carry out the duties they were employed to perform. They did not receive regular supervision and appraisals and some had not received the appropriate mandatory training. This resulted in a breach of regulation 18. The provider sent us an action plan to advise that the required actions would be completed by March 2017. Although improvements were seen, there were still some outstanding actions and therefore this area still required improvements.

Improvement had been made with regards to staff receiving supervision. In November 2016 eight supervision sessions were conducted with staff and in December 2016 there were five. In January 2017 thirty two sessions had been completed. However, the number of staff receiving appraisals remained less than 10% in the last twelve months. We discussed this with the interim manager who told us that, as there were many new staff and a new management team. Appraisals would be conducted after April 2017 in order for the management to undertake a fair appraisal of staff at the home.

Staff we spoke with had mixed views on supervision. One staff member said, "I have supervision every three months with the unit manager and we do get feedback about how we are doing." Another said, "I am supervised by the deputy manager but this will soon change to the new clinical lead." Others we spoke with were unclear about the purpose of supervision. One told us, "I do not have individual planned supervision meetings with my staff; they know they can come to me at any time for advice and support. Another told us "I don't think supervision is for me, I think it is only for the senior workers and nurse." This was discussed with the manager who explained as part of the improvements for the home, there would be sessions arranged and led by the management team that would explain to staff the purpose of supervision and what would be expected from the supervisor and the supervisee.

Regular staff meetings, clinical meetings and the daily 'Take Ten' meetings were taking place and staff told us they found them useful and supportive.

At the last inspection we saw that only 52% of staff had received the face to face fire safety training and 59% received face to face moving and handling training. At this inspection, we saw 71% of staff had now received face to face fire training and 51% had received moving and handling face to face training; a slight decrease. We discussed this with the interim manager who confirmed that three staff had recently attended a train the trainer course for moving and handling. They would now be expected to deliver training to the staff at the home. The first session was planned for 5 February 2017.

Other mandatory training was up to date and there were systems in place to flag up when refresher training

was due. We saw there had been some specialist courses added including wound care, pressure area care and diabetes awareness. The manager had also introduced staff champions in dementia, health and safety and moving and handling. We noted that the action plan sent to us following the last inspection stated that improvements in relation to regulation 18 would be completed by March 2017. From evidence we saw, improvements had begun. However they were not fully completed, particularly in relation to appraisals and supervisions. It was envisaged that they would be completed after April 2017.

Some people had eating and drinking guidelines in place from a speech and language therapist. Staff followed these guidelines and food and drinks were served at the correct consistency. Food and fluid charts and weight charts had been completed to monitor people identified as being at risk of malnutrition. However, we noted one person's eating and drinking assessment identified them as being at risk of choking and a recommendation was made three months prior to this inspection that a referral be made to the dietician. Staff were aware of the risks of choking and were taking the appropriate precautions. However, they could not confirm to us whether this referral had been made since there was no record of a referral available for us to see. The clinical lead told us this would be addressed as a matter of urgency. We confirmed later with the interim manager that this had been addressed.

People told us they enjoyed the food. One person said when asked about the food, "Yes not bad at all, they have a choice". Another said of the food, "It tastes good".

We saw that the home observed the rule of 'protected meal times' during all meal time experiences. This meant that people were not disturbed to take medicines or for any other reason. There were pictorial menus displayed in the dining rooms which showed the choice of meals on offer. However, on day one of the inspection, there were no menus displayed on the tables on the second floor. The food arrived to the dining room from the kitchen on a hot trolley and it remained at a steady temperature for the duration of the lunchtime. We saw people eating with enthusiasm and there was very little wastage at the end of the meal.

People received the support and supervision they needed to eat safely. However there was one occasion when we observed staff talking over people and being quite loud during the lunch period. This was reported to the interim manager who assured us that the staff would be spoken to about this practice and performance would be monitored.

Food was appropriately stored in fridges and was wrapped and dated. We looked at records of all checks carried out on a daily basis, including temperatures of fridges and freezers and temperatures of food served. We saw that all areas of this had been signed as completed on a regular basis. There was a plentiful supply of fresh and frozen food, including fruit, vegetables and dry stores.

We discussed people's dietary needs with the chef. They told us that relevant information was passed on by nurses. We saw this information was added to the large whiteboard in the kitchen. For example, food consistency, high or low fat diet and diabetic information was indicated beside a person's name. We were told that specific cultural and religious needs could and were catered for. We saw a chart for a person whose religious needs prevented them from eating a range of foods and the chef preparing their meal in accordance with this chart.

The chef showed us a list of weights for each person. It was explained that the clinical lead submitted a monthly printout, which "Helps me to judge whether I am going in the right direction for the person who, for example, may need to lose or gain weight."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf for

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 lacked mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff were familiar with the Mental Capacity Act 2005, and the need to obtain consent from those who used the service. They had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). They were able to describe people's rights and the process to be followed if they were identified as needing to be assessed under DoLS.

We saw people being offered choices during meal times, where two plates of food were shown and explained what they were and time was given for the person to make their choice. In the lounge we heard staff asking people if they wanted the curtains to be opened and what they would like to watch on the television.

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 procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

DoLS assessments and approvals were in place and the Care Quality Commission (CQC) had been notified of each authorisation. We noted in one case that the DoLS had been approved for a time limited period whilst a person was unwell and was rescinded once that situation had been resolved. We saw that DoLS were not viewed as a usual requirement but only sought based on a person's current mental capacity rather than assuming they needed to be applied purely on the basis of a diagnosis, for example dementia.

Do Not Attempt Resuscitation (DNAR) orders were in place for people as appropriate and these had been reviewed and updated within the last six months. The forms stated that the GP had discussed the DNAR with the person and their families as appropriate.

People had access to a visiting GP at the home. We saw evidence on care records of multi-disciplinary work with other professionals including a consultation with speech and language therapists around concerns about a person's swallowing reflex. There was also evidence of engagement and visits from the palliative care team, dentist and podiatrist. Regular clinical meetings and the daily 'Take 10' meetings addressed people's health care needs and relevant referrals for intervention were made.

Is the service caring?

Our findings

People and their relatives told us staff were caring. One person said when asked about the care and support provided, "I am very happy here." Another told us they were happy at the home and staff talked to them regularly about their family and their interests. One relative said when asked about the support their relative received, "Yes they do an amazing job; they have a lot of patience." However, one person said they felt staff were very good but that on occasions some staff could be "moody". They put this down to the fact they may have been called into work on their day off. We raised this with the interim manager who told us that staff did not have to come into work on their day off and that if they were short of staff they may ask staff but they did not have to agree. She agreed to talk to staff about how their attitudes could be perceived by people using the service and the need to remain professional at all times.

Staff knew how to communicate with people effectively most of the time. Throughout the course of our inspection day, we noticed how staff took time to engage with those who used the service. We heard lots of conversations and laughter between staff and those who used the service. This was particularly evident during a residents meeting when people were making all kinds of suggestions to staff about the activities they would like to see. People were relaxed, laughing and joking between themselves and the staff. However, we saw during one interaction that two staff did not support a person sensitively when they were incontinent in the lounge area.

During lunch time on the second day of the inspection we saw a person with their head resting on the table and they were not approached by a staff member for at least ten minutes to check to see how they were feeling. This was raised with the interim manager who agreed it was unacceptable and told us they would be identifying the staff and discussing the incidents with them as well as raising the issues in staff meetings with a view of managing staff performance to ensure positive change took place.

There was detailed information in people's care plans on how to interpret their specific vocalisations and signs. One person's facial expressions were explained and there was guidance for staff about how best to speak with the person. We observed during the morning handover that each person's room was visited and staff said 'good morning'. Where people were up already and not in their bedroom the night staff member told colleagues where they were. They were visited and spoken with either in the lounge or dining area. Staff spoke with people politely and were relaxed in their approach. We saw that the team leader was particularly diligent and noted that two people during the handover required some assistance and attended to them immediately.

Staff gave us examples of how they respected people's dignity by making sure they were covered during personal care activities. One told us that, "Privacy and dignity is so important and we must remember that it is essential to show this to the people we support." Another told us how they spoke with the person they supported and explained to them everything they were doing for them. Staff understood the importance of promoting independence and this was reinforced in people's care plans. They also told us they encouraged independence, "No matter how small." Care workers told us how they worked to build up relationships with people. One care worker said, "I find it is easier to do an activity alongside a resident. That way, our chat brings us closer together."

We saw there were advance care plans on some people's records. This included instructions by the person as to how and where they wished to be treated at the end of their life. The manager told us they ensured advance care plans were always discussed with people and their families when people came to the home.

Aspects of peoples unique needs relating to diversity and equality were included in peoples care plans, including ethnicity and religious beliefs. Staff told us this was an important part of supporting people and ensuring their needs were met. We saw that the activity coordinators were introducing life history books for each person and from the information gathered they had arranged for a church service to be held at the home every two weeks for people who wanted to continue to practice their faith. We saw that only seven staff had received training in diversity and communication. The interim manager informed us that she was be planning team building sessions with equality and diversity as a theme as she felt this type of learning would be more effective for this subject area.

Is the service responsive?

Our findings

At the last inspection, we saw that care plans were not always person centred to people's needs and preferences. At this inspection we saw that improvements had been made to facilitate more person centred care. The actions the provider advised would be undertaken to improve the service had been completed.

Whilst all records viewed within the database showed up-to-date daily recording for each person, there was a mixture of records stored electronically and hard paper file copies. The hard paper file copies were not always up to date and available for staff and other health and social care staff to access. This may have led to confusion in terms of accessing up to date information regarding the care and support needs of people at the home. We discussed what we had found with the interim manager. She acknowledged that this was an issue and told us it was largely due to the lack of printing facilities. She said that this situation was almost fully resolved and updated copies of care plans would be added to the paper record to avoid any confusion. We saw from training records that care staff had been provided with training around care records and documentation and the interim manager said this was on going.

Care plans, risk assessments, MCA assessments and incident reports were included in each person's record. These were updated at monthly intervals and a monthly pen picture care plan summary was printed and placed in a smaller daily care planning record folder in each person's bedroom. However, one care worker told us that whilst people's care plans were generally informative, "I think we need more training to do better daily record write-ups; some of the information can either be confusing or not descriptive enough." Each care record highlighted as a flag on the front page whether DNAR, DoLS, diabetes, epilepsy or other medical / physical healthcare conditions were present. These were only highlighted as and when applicable so staff could see the current situation for each person.

We saw a person with their wrist in plaster after sustaining a fracture. The risk assessment was updated and a referral to the falls clinic had been made, although no date for an assessment had been made as yet. A positive aspect was that this person used a walking aid, in the form of a walking frame and on the day of this inspection an alternative walking frame had been obtained that allowed this person to move around providing more support. Staff were seen encouraging them to use this and had stored the previous frame in another room to avoid this person using that instead. They were seen using the frame during the day and staff were walking with them when they were doing so to observe how familiar they were using it.

We observed a handover between night staff and day staff. This was carried out by moving from bedroom to bedroom, which ensured that all those who used the service were seen by the next shift coming on duty. The discussion was recorded on a handover sheet and covered aspects of the person's care needs such as their nutrition, skin integrity, mobility, falls risk and level of support required. At the end of the walk around and speaking with people staff went to the nursing station. Care workers were allocated lead roles for the day regarding activities, infection control and overseeing the meals service for the day. Specific support tasks were also allocated and any appointments checked in the diary. A shift plan was compiled by the nurse for the day.

A monthly activity plan was displayed on the notice board of each floor in the home. However, it was in really small print and difficult to read. This was brought to the attention of the activity co-ordinator who told us that they had recently changed from a weekly plan to a monthly plan but realised it wasn't working so they were going to change it back or use a more appropriate system to display the activity programme. We saw activities taking place during our inspection. For example, there were film shows on each floor of the home, music to movement, chair based exercise programme and painting on canvases. There was lots of interaction, laughter and smiles coming from the groups and people appeared to be enjoying themselves.

We spoke with two activity co-ordinators during the inspection. One said, 'We have befrienders and volunteers and a multi-sensory trolley, music, TV and we can give them hand massage. We have audio books which are changed every two weeks. We have a multi-sensory room which we class as a spa afternoon' 'hand foot soak' and also have a knit and natter club as some residents do knit." She said about plans for the future, "We are looking for a men's club and we are having a tea room built which leads out into the garden."

There was a resident's meeting taking place on the day of the inspection. There were nine people attending the meeting although some left half way through. The topics on the agenda included, Meal times, activities, laundry service upcoming events including Valentine's Day. It was often difficult to engage people but staff tried hard to get people's views.

Other ways of ensuring people's voices were heard included individual key worker sessions between keyworkers, people using the service and their relatives where appropriate. A keyworker is a member of staff who is designated to work with a person and is a focal point for them and their relatives/visitors. They would try and ensure that their personal requirements were not overlooked in the busy day-to-day environment.

Staff told us that if anyone wished to make a complaint they would advise them to speak with the manager as usually any concerns could be addressed by them promptly. People and their relatives told us they knew how to make a complaint if the need arose.

We saw the system for recording complaints and compliments. The service had received a large number of complaints (26 in total) in the six months prior to our inspection. We saw that recent complaints had been followed up appropriately, according to the policy. We discussed that high level of complaints with the interim manager who told us and we saw from records that there had been five unrelated complaints since she came to the home in November 2016. The remaining complaints were raised before November 2016 and were mainly in connection with staff practice issues and as we have seen throughout this report, action is being planned and undertaken to address and improve staff performance. A quarterly complaints audit had been developed by the interim manager when she joined in October 2016. This was to identify any patterns and trends in terms of the types of complaints that had been raised, as well as using the information as a tool for learning and making improvements.

Is the service well-led?

Our findings

The last registered manager left the service in December 2015. Since this time there had been significant management turnover and the home had had three interim managers since that time. We were advised at the last inspection that recruitment was underway for a permanent registered manager and that the provider was awaiting final recruitment checks. At this visit, a new manager was in post and had recently applied to CQC to become the registered manager. She told us that the Disclosure and Barring Scheme check had been completed. There was also a new deputy manager and clinical lead in post.

Whilst there had been improvements since our last focused inspection in September 2016, we found at this inspection there were improvements required across a range of areas at the home. These included the recording of topical creams, staff training, referrals to specialist and further improvements required in staff receiving supervisions and appraisals. We also found that although staff attitudes were largely positive, some staff were observed to be responding insensitively to the needs of people they were supporting.

People and their relatives told us they thought there had been improvements at the home and the management were more responsive to any concerns they raised. They felt things were more stable but that it was early days.

Staff morale had improved and staff told us, "Things have improved so much since the new management team has come in; for example, there is now a plentiful supply of basic supplies and the environment has improved so much." Other comments included, "This is a supportive environment and the management team is very visible and approachable." "It is now a pleasure to wake up and come to work." Others remained cautious and felt there was more work to be done to ensure the positive changes were sustained.

At the last inspection health and social care professionals and commissioners raised concerns generally about the management turnover and high use of agency staff and all expressed their concerns about the impact it was having on the care and support provided as well as staff morale. They were also concerned about the communication between the home and the multidisciplinary teams. Recent feedback from health and social care professionals and commissioners was more positive and highlighted improvements in terms of the use of agency staff as well as communication with the home. There were a number of initiatives underway where the staff at the home were working alongside professionals to improve their skills and knowledge. For example, we saw that the management team were working hard to build positive relationships with health and social care and hospital teams. We also saw they were working closely with the lead nurse for clinical standards from a local NHS trust around clinical training and clinical pathways for all nurses at the home. The interim manager had also been pro-active in reporting issues to the hospital teams in relation to difficulties with discharges in the hope of addressing the issues for people and improving their experiences in relation to hospital admissions and returning to the home.

At the last inspection we received feedback from relatives and friends regarding communication with the home and in particular when trying to telephone the home to speak with a manager. Although this was reported as improving, one relative was concerned that they had been called several times to the home by

staff to address issues and when they arrived, the staff on duty were not able to tell them what it was about. This led to a great deal of frustration for the relative.

Systems had been put in place to improve communication amongst the staff team as well as communication generally. For example, we saw that regular 'Take 10' meetings had been reinstated. These meetings took place every day, including at the weekends. They were attended by the manager, deputy manager, clinical leads, nurses and the unit managers from each floor. The activity co-ordinator attended and stayed for parts of the meeting that were relevant. During the meetings we observed, events of particular significance relating to people using the service were discussed, action required was noted and senior staff were informed what action was required for the day to address any issues or chase up actions, for example referrals to other services for assessment. Activities, diarised events, staffing matters, 'resident of the day' and any other business were also discussed. Resident of the day see's people at the home having a special day. Time is allocated for staff to spend time with the person to discuss and update their records and people are encouraged to pursue an activity that they enjoyed.

There was evidence of regular audits and checks undertaken by the management team. These included the checking of care records, medicine audits, infection control and the analysis of accidents and incidents. We also saw an observation audit of the mealtime experience which identified that staff were engaging in conversation with one another rather than fully focusing on the needs of people. This confirmed our findings on the inspection. An action plan had been put in place to discuss this with staff and monitor their performance.

However, the audits did not pick up the issues we identified regarding staff not recording that creams that had been administered and the referral to the dietician that had been delayed. On the second day of the inspection the interim manager had picked these issues up in the 'Take 10 Meeting' and instructed the senior staff to carry out an audit as well as to add the checks to the daily handover sheets in order for these issues not to be missed in future. These changes, whilst positive, will take time to be embedded.

At the last inspection we saw from a survey completed by relatives in 2016 that the general satisfaction level had declined in all areas since the previous survey in 2015. Areas for improvement included smells of urine and faeces in the home, the lack of engagement by care staff supporting people, laundry going missing, lack of activities and a general mistrust of management and staff. An action plan had been devised to address these issues and we saw from records and our observations that improvements had been made and were on-going.

Since the last inspection the new interim manager, the deputy manager and clinical lead had demonstrated their commitment and belief in improving the service for people at the home as well as for the staff team. Managerial oversight of the service had improved and areas of good practice were being developed. Staff morale had improved and they were much more positive about the future. However, further time was needed to address the remaining outstanding issues as identified in this report and for the service to demonstrate that improvements that had already been made were fully embedded in day-to-day practice and were sustainable over the long term. This would be checked after the dates for completion identified in the action plan we received at the last inspection.