RochCare (UK) Ltd

Coniston House Care Home

Inspection report

Coniston Road
Chorley
Lancashire
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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?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

The inspection took place on the 9 and10 August and was unannounced. This means the home did not know we were coming on the day we arrived to inspect.

Coniston House is a large, two storey purpose built detached property in Chorley. The property has large communal areas on both floors and can provide residential support for up to 42 people. At the time of the inspection there were 35 people living in the home. The kitchen and main dining area is on the ground floor of the building and both floors are accessible by a lift and stairs.

The registered provider is RocheCare (UK) Ltd which also has two other care homes and a domiciliary care agency.

The provider had a registered manager who was registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, Registered Managers are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At the last inspection the service was rated inadequate overall and inadequate for three key questions, these were safe, effective and well led. Caring and responsive were rated as requires improvement. At the last inspection there were 10 breaches to the Regulations identified. Seven of these were given requirement notices and three were classed as a greater risk and the provider was issued with warning notices. The Regulations where warning notices were issued were Regulation 12 (Safe Care and Treatment), Regulation 13 (Safeguarding Service Users from Abuse and Improper Treatment) and Regulation 17 (Good governance).

The manager in place at the last inspection was not registered with the Care Quality Commission and was removed from post during the inspection. At the time of the last inspection the provider was in the process of recruiting an area manager. As concerns were identified the provider and area manager were very proactive in identifying the actions they were to take to address the issues raised. The CQC raised a number of safeguarding alerts to ensure people were safe. We took assurances by the placement of the area manager and other competent managers in the home, that the risks to people in the home, would be managed going forward.

The provider began recruiting for a new manager as soon as the last one was removed and the manager currently in post has registered with the CQC. Since being in post the new manager has begun work on all of the areas identified as a concern. Some areas have been completed but others require more time to embed

to enable us to identify if improvements are sustained. The introduction of a new electronic care planning system and a new electronic medication system have both shown improvements but also identified where more work is required.

At this inspection we have identified the home have met five of the 10 previously breached Regulations. Five of the Regulations remain in breach and a number of recommendations have been made to ensure improvements are sustained.

At the last inspection we issued a warning notice for Regulation 13, (Safeguarding). This has now been met. There are some concerns under Regulation 13 but these do not constitute a breach of regulation and two recommendations have been made. These are for the home to ensure all staff receive prompt training in safeguarding and the Mental Capacity Act and for the home to ensure everyone has a consistent message with regard to locking people's bedroom doors.

We also issued a warning notice for Regulation 12, (Safe Care and Treatment). There are a number of aspects to this regulation including medication. The home had been in continued breach of the safe management of medication at the last inspection. At this inspection we found a number of steps had been taken to improve medication management including the use of a new electronic medicines system. However there are some issues, which have mostly been newly identified, that have resulted in a regulation breach. At the last inspection we found concerns with systems the home had in place to manage emergencies, these have all now been rectified and action has been taken. Regulation 12 also covers risk assessments. We found at this inspection a set of approximately 20 risk assessments had been completed and were about to be rolled out to the staff. The assessments covered health and safety aspects of the home and specific scenarios for staff and people in the home. With reference to individual risk assessments we found that these were not routinely updated when risks changed and we have set a recommendation to ensure the provider addresses this. We were assured through other developed systems, including the deputy manager twice daily meetings to review people in the home, that risks were managed effectively.

At the last inspection we found breaches in Regulation 10 which promotes people's dignity and respect, Regulation 14 which ensures people receive enough nutrition and hydration and Regulation 16 which ensures complaints are managed. We found the home was now meeting these regulations.

At the last inspection we found there was not enough suitably trained staff to meet the needs of people living in the home. At this inspection we found staffing had increased and the home had taken steps to ensure everyone completed an immediate induction to the role. We have found the provider has met this regulation but steps should be taken to ensure the dependency tools used to identify the staffing levels are reviewed and changed as people's needs change. We have also recommended the home's training schedule is reviewed, to ensure the frequency of training is relevant and allows for changes in the regulations and best practice guidance.

We also issued a warning notice at the last inspection for Regulation 17 which addresses Good Governance. It was found at the last inspection that there were not any methods to identify and manage poor quality. Audits and monitoring systems were not used and there were not any routes for feedback, for the home to assure itself, people were happy with the service they received. At this inspection we found the home had taken steps to address these concerns. Questionnaires had been developed and distributed, the home manager had resident meetings and an open office evening and the activities coordinator assessed people's satisfaction. We also found a new suite of audits had been developed and were being used monthly and quarterly and the new area manager also completed an audit. However, these audits had not had time to embed and they had not identified some of the concerns we found during the inspection. At this inspection

we also found there was an issue with how records were kept and maintained. This was primarily because a number of new systems and records were now being used and as above they had not had time to embed. The system required further thought and evaluation to ensure it continued to satisfy the needs of the Regulation. For this reason we have found a continued breach in Regulation 17.

There were three further continued breaches in Regulation 11 (Consent), Regulation 9 (Person Centred Care) and Regulation 19 (Fit and Proper Person's Employed).

We found the home had not appropriately completed assessments on people's capacity and as such had not acquired appropriate consent.

The home had taken steps to ensure people's primary needs were met but more work was needed to ensure people were supported specifically for their individual needs. People at the home were living with some form of dementia. The home needed to assess people's specific needs in this regard and ensure those needs were met. This would require additional training for staff at the home to best meet people's needs. We have also recommended the provider reviews current best practice guidance for the environment to ensure it best meets the needs of people living with dementia.

The final regulation we found the home to be in continued breach of was Regulation 19. We found the home had not always acted on information they received in respect of employees in an appropriate way. We saw the manager started to take action on this on the day of the inspection but this needed to be completed routinely and embedded in the homes recruitment and retention procedures.

At the last inspection the home had an overall rating of inadequate and was placed in special measures. After six months we have re-inspected and one key question remains as inadequate. As a consequence the service remains in special measures.

This service will continue to be kept under review and, if needed we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This could lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This action 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.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe.

The home had developed emergency planning including risk assessments and evacuation plans.

There was enough staff on site at the time of the inspection but more work was needed to ensure the home had accurate dependency levels for people living in the home.

The home had developed assessments for the risks to people living in the home and were about to roll out risk assessments for the health and safety of the building, staff and residents. However not all individual assessments were not updated to include the most recent information.

There were ongoing concerns with the management of medication. These included audits that did not identify and address issues with the process.

When staff had been recruited steps had not been taken to ensure they were suitable for the role.

Is the service effective?

Requires Improvement

The service was not always effective.

People were supported with correct diets for their needs and were weighed regularly. However when people required more support, monitoring was poor.

Consent was verbally sought before interactions but more formal consent was not acquired. The home had not appropriately assessed people's needs in line with the Mental Capacity Act 2005. As a consequence the electronic system used by the home had not identified more work under the Act was required to lawfully and effectively support people to give consent.

Staff told us they were much better supported than previously and we could see staff had all received appropriate induction. However more training was required to ensure staff had the required knowledge to complete their role.

Is the service caring?

Requires Improvement

The service was not always caring.

The home had made good steps to involve people and their families in the development of their care.

Staff treated people with respect when they were directly engaging with them. However staff needed more training in how best to support people with dignity who lived with dementia. People's specific dementia related needs were not being met.

We saw people had choices in what they wanted to eat and were told they could get up and go to bed when they choose. The chef was taking action to ensure they knew what people liked to eat and was to incorporate this into the menu.

Is the service responsive?

Requires Improvement

The service was not always responsive.

A new activities coordinator had been recruited working five days a week. They were completing weekly music therapy sessions which the people in the home told us they enjoyed.

We saw some examples of person centred care within the home but records were not always reflective of this. This meant this was not consistent. Some staff had good knowledge around the electronic care plan system others did not.

The home had a new complaints procedure which was accessible around the home. We saw the home kept records of complaints and responded to them within the required timescales. However records were not always completed.

Is the service well-led?

Requires Improvement

The service was not always well led

A suite of audit and quality monitoring tools had been developed and were being utilised. However these were not always identifying shortfalls in provision. Actions were identified but these were not always signed off.

The views of people in the service were to be sought via the newly developed surveys and questionnaires. Resident and family meetings had been taking place.

The policies and procedures were in need of review. We noted

different and better systems were being used within the home than those identified within the policies. The policies were out of date and had not been updated since the 2014 change in regulations.

Coniston House Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 9 and 10 August 2016. The first day was unannounced. The inspection team consisted of two adult social care inspectors including the lead inspector for the service.

Before our inspection, we reviewed the information we held about the home, requested information from professionals and updated our knowledge from the information provided to the Quality Improvement Programme QuIP). The provider had signed up to this programme following the last inspection. The QuIP is a multi- agency forum designed to give care and nursing homes specific support to improve the quality of the service.

During the inspection we spoke with 10 staff including the manager and area manager, senior carers and carers, the chef, handy man and a domestic. We spoke with six people who lived in the home and two visiting relatives.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed accident and incident records and records used to monitor falls; we reviewed paper records used to support people with personal hygiene and pressure area support. We reviewed electronic records for five people in detail and for 14 others looking at specific things within their records. We observed a medicines round and observed how staff and people in the home interacted including how support and specific interventions were provided.

We looked at management information including personnel records and monitoring and audit information used by the manager for quality assurance.

We looked around the home including all communal areas and a number of the bedrooms used by people in the home.

Inadequate

Is the service safe?

Our findings

People we spoke with told us they felt safe. One person told us, "Things are different now; there are not so many people in one place which I prefer." Staff told us, incidents between people in the home had reduced now people were supported over two floors. Another person told us, "Yes I am safe, definitely."

We observed a medicines round and saw people were told what the medicines were for and had an opportunity to refuse. Over the two days of the inspection someone with Parkinsons refused their medication on a number of occasions. We discussed this with staff who showed us that the person was still receiving and taking their slow release medicines. We were told when the person refused for five days they would contact the GP for a review. We noted this person became more agitated during the inspection and would recommend going forward that the home contacted the GP to discuss with them when they should be contacted, if the person refused their medicines. This would help ensure the person was kept safe.

We also noted one person was on warfarin medication and required regular blood tests to monitor their International Normalised Ratio (INR) levels. This is a test that shows how long people's blood takes to clot and helps monitor the correct dosage of warfarin as a consequence of the results. One person in the home was to have their INR levels checked every two weeks but had not had them checked for over five weeks. We highlighted this to the staff member who told us the person's family member used to take them for the tests but no longer did so. We were assured the home had contacted the District Nurse team but to date they had not come to test the person's INR levels. We informed the home the test needed to be organised by the time the inspection was over or they would be required to raise a safeguarding alert. The district nurse team visited later that day.

Each person in the home had a plastic tub in the medicines cabinet with all their medicines in. We looked at a number of these tubs of medicines to review the safe storage of them. We noted a number of creams and cartons were not dated upon opening. We also noted some eye drops were still in use after their best before date. We also noted two consolidations of medicines out of the four we completed were incorrect. This meant there were more or less medicines available than was recorded on the system. We also noted some medicines could not be found or had run out of stock. This was primarily paracetamol. We were assured the people would not go without their medicines as there was always stocks of paracetamol in the homely remedies stock. However it could not be explained how the medicines had run out.

We looked at the fridge temperature recordings and found the home had only been recording the actual temperature on the fridge at the time of recording it. The fridge was of a new design and the latest guidance recommends the highest and lowest temperatures are taken for each day to ensure the cold chain for the medicines is not broken. The recorded temperatures showed the fridge had been above recommended safe storage temperatures for the last 24 hours prior to the inspection and at times in the month preceding the inspection. We asked the home to contact the pharmacy and seek advice on how to manage the medicines including their disposal if required.

We looked at how the home stored Controlled Drugs (CD). Controlled drugs are medicines that require

tighter controls due to their strength or possibility for misuse. There are separate regulations for the safe management of CDs, namely the Supervision of Management and Use Regulations 2013 (SI 2013/373).

We found the home stored these drugs as they should, in a lockable double sealed cabinet. We looked at how the home managed, recorded and administered controlled drugs. We found records for the CDs were not as comprehensive as was required. Double signatures were not apparent when new CDs had come into the home and some CDs were not accounted for within the records. We were assured the CDs had gone home with a family member on respite but there was not any record of this within the CD register.

Medicines were being audited up to twice a week but unfortunately the audits and monitoring had not identified the issues we found on the inspection. The manager told us they were going to contact the medicines optimisation team to get some more support in this area.

We found the home had not taken all the steps required to ensure medicines were managed safely and found the home was still in breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home had a new electronic system for administering medication which was aimed at reducing errors. We saw the system had a number of fail-safe mechanisms built into it including; staff could not administer medicines if they were not due, low stock was highlighted and daily reports were sent to the management team for them to review the day's activity.

The electronic MARs (Medicines Administration Record) held a picture of each person, their known allergies and a list of their medicines, including any instructions for their administration. We saw there were no gaps on the MARs and each refusal was noted as to the reason why.

We saw the system for the disposal of medicines and were told how the home accepts the monthly medicines and checks them into the home. We were told at the time the medicines were being checked in electronically onto the system but were also still being done manually to double check any shortfalls or errors. This practice would stop once the home and staff had more confidence in the electronic system.

We saw the system had a separate log on for each staff member relinquishing the need for a signatures list and enabling management to better audit and remedy any errors and consequent training issues. No one in the home administered their own medication.

We saw the home managed people with diabetes much better than at the last inspection. Every staff member we spoke with knew who was living with the condition and the chef supported people with the management of their diabetes through specific diets.

Staff we spoke with told us they had received a competency test in the new medication system and we saw records to support this. A new policy and procedure had been developed which staff had signed to say they had read and understood the contents.

At the previous inspection we found a breach in the regulation around safe recruitment. At this inspection we looked at the detail in four personnel files. We found information to ensure the safe recruitment of staff was not consistent. We saw there were two occasions where staff had been recruited without effective checks on their suitability to work with vulnerable people. All staff had a DBS check identifying they were not barred from working with vulnerable groups but information within information collated at the point of recruitment needed further exploration.

One of the four files did not have any photographic identification and two of the four files needed to include further risk assessment to ensure staff were suitable for the work which they were employed. We discussed this with the manager and area manager and work was undertaken on the day of the inspection to gather further support for the staff's employment.

We found that appropriate checks and required risk assessment had not been completed at point of recruitment which posed a risk unsuitable staff could be employed. We found the home had continued to breach Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Each person in the home had a one page profile available in the office for all staff to read the high level support and risks associated with everyone in the home. We reviewed the risks as identified within the one page profiles. We found two of the eight profiles we looked at did not correlate with the risks and needs as associated to people on the dependency assessment tool. For example one person's one page profile identified one person as mobile and their dependency assessment identified them as fully dependent for their mobility. We discussed this with the manager who told us the one page profiles needed to be updated and they would do them as a priority.

The home had introduced a comprehensive system to monitor and support people with accidents specifically falls. This included an individual record of the accident or fall and then a monthly and annual collation of all falls to ensure the correct action was taken to support the person. We found the information within the records differed and did not correlate. For example one record showed one person having three falls in June and the monthly account showed them having only one.

We reviewed the information in people's care files on falls and mobility and found assessments were not updated when people's circumstances changed. But we did see that people were referred to the falls team and specialist services when extra support was needed. We also saw the home introduced additional support measures when recommended by outside professional teams.

Following the last inspection the home had been issued with a warning notice for Regulation 12 (Safe Care and Treatment). At this inspection we saw that some aspects of the notice had been met but not all. We could see that action was being taken to support people but associated risks were not appropriately assessed or reviewed. The electronic care plan system was causing difficulty in the audit of this information as it was not easily accessible and understood by all the staff in the home. This increased the risk of people not receiving the correct support at the right time. This risk was being managed by the deputy manager undertaking two daily update meetings with staff and ensuring referrals for additional support were made as required. This showed us that people were being supported appropriately in spite of the current recording system but not because of it.

We found the home did not keep an accurate and contemporaneous record of the support provided to people in the home. This is a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We saw Personal Emergency Evacuation Plans (PEEPs) had been completed for people who lived in the home. This gave staff information on how best to support people in the event of an emergency. The home also had a comprehensive contingency plan which included details of potential risks to the business and how these could be practically managed. Risk included fire, loss of power and infection.

The home regularly tested the fire equipment and we saw records had been developed to address any shortfalls. The fire department had attended the home and were due to return to follow up on concerns

raised. On the day of the inspection we saw works were being completed to fix a fire door. Fire drills took place and staff had all received fire training. The home were in the process of identifying suitable fire marshals to take the lead in the event of a fire.

We saw all the professional testing of equipment had been completed including the hoisting equipment and gas and electrical installations. This ensured the building and equipment were safe to use.

The home completed dependency assessment profiles for all the people who lived in the home. We reviewed the profiles and ensured they were reflective of the people in the home. We found the profiles were not accurately completed as they did not accurately identify the level of need for people. The tool identified 15 people in the home as low risk with low level needs. However when we looked at the information used to develop the profiles there were in fact only three people with low level needs and low risk. The dependency tool did not have a high risk category and therefore was not reflective of the profiles used. We recommend the provider ensures the dependency tools are an accurate reflection of the needs of people in the home. This would give the provider assurances there were enough staff on duty to meet the needs of people in the home.

However people we spoke with in the home and staff in the home both told us there were enough staff and that numbers of staff had increased since the last inspection. We did not identify any shortfalls in this area on either days of the inspection.

The provider had an ongoing recruitment programme and whilst they were currently using agency staff to cover the rota the same agency staff were used and they received appropriate support from the home to fulfil their role.

At the last inspection we found people were subjected to restrictive practice without the appropriate assessment. This included the door to their room being locked after they had left the room in the morning. We found more conversations had taken place with people about this and only a few rooms we tried were locked. We looked in the files of the people whose doors were locked and found three of the four had capacity to make this decision. One person we spoke with confirmed they wanted their door locked.

We saw within staff meeting minutes of a meeting in January 2016 that staff had been informed to lock people's doors after they were up and out of their rooms. We could not see any written and formal confirmation this situation had changed but we noted this was not happening on the day of the inspection. We recommend the registered manager ensures all staff are aware of the current procedure for locking people's doors and if and when this is done, it is done, within the confines of the Mental Capacity Act 2005 and is appropriately assessed as the least restrictive option.

The home had a comprehensive safeguarding policy. The policy was long and had not been reviewed for some time. The policy did not have a productive definition of restrictive practice and the terms within which it could be used lawfully and in people's best interest to support them. We recommend the safeguarding policy is reviewed to address the most up to date procedures for restrictive practice.

Staff we spoke with had a good understanding of safeguarding procedures and all told us they would report anything they saw of concern. This had been evidenced by an appropriate response to safeguarding concerns following the last inspection, with appropriate reporting to both the CQC and the Local Authority Safeguarding team. Some staff had not received safeguarding training for some time and we recommend the provider ensures staff are all trained in the principles of safeguarding and the Mental Capacity Act as soon as possible.

At the previous inspection the provider had been issued with a warning notice for the breach of Regulation 13 (Safeguarding service Users from Abuse and Improper Treatment). We found at this inspection the provider had taken steps to address the concerns within the warning notice we had issued.

The home had been audited by the local infection prevention and control team and areas for improvement had been identified. The home's manager had begun to take steps to address the concerns. On the day of the inspection we did not find any areas for concerns in relation to the cleanliness of the home and it was clear steps had been taken to ensure improvements in this area.

Requires Improvement

Is the service effective?

Our findings

We asked people if their needs were met and if they felt supported. One person told us, "It's better, I don't know how but it's better." Another told us, "Staff are alright, but they change all the time, some of the agency staff are not very good."

We saw the home had completed capacity assessments for all the people in the home. However many of those assessments were incorrectly completed. As the home worked from an electronic care planning system, the completion of certain parts of the system would open up other parts for completion. For example if the assessment for someone's capacity showed the person lacked capacity specific risk assessments then information around best interest decisions was made available. If the assessment was completed incorrectly then the other parts of the system did not indicate they needed completion. As a consequence the system may dictate everything that was required was completed when in fact it was not.

The provider had a comprehensive policy for capacity and consent and clearly stated the decision around someone's capacity should be made by a suitably qualified clinician. The policy did not allow for the assessment of capacity to be completed by the home's staff. With the appropriate training staff would be able to complete capacity assessments to determine if people in the home were able to consent to their own care and treatment under the Mental Capacity Act 2005.

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.

We found some good examples of DoLS applications which were decision specific and assessment specific. They included risks and best interest decisions. However the applications and assessments did not correlate to the assessments within the care files

We reviewed the assessments in people's files to ascertain if people had the capacity to give their own consent. We saw assessments were disjointed and contradicted other assessments within the system. For example the dementia assessments may say that someone's dementia had a minor impact on their daily life and the MCA assessment stated the same person didn't lack capacity and then a request for consent stated the person was unable to give consent.

We looked in the care plans to see if people had given any consent to the care and treatment they received and found no formal consent had been acquired. However we did see staff frequently asked people for their consent before providing support.

At the last inspection the provider was in breach of the regulation around consent at this inspection we found the service was still in breach of Regulation 11 of the Health and Social Care Act HSCA 2008 (Regulated Activities) Regulations 2014.

We checked the available records to show us staff had received appropriate support to complete their role. We saw each staff member in post had received an induction which included time shadowing other staff. We also noted staff had a period of probation to show they were equipped for the role they were undertaking. We reviewed the documentation evidencing the support was in place. We were told the induction paperwork was being reviewed and was being signed off at the next area managers meeting. The new paperwork better reflected the support provided.

We reviewed the training records for staff at the home. We saw most staff training had a three year frequency. Most staff had completed some training in the last 12 months. When training has a greater frequency in-between expected due dates, staff can miss out on important changes in regulations and best practice guidelines. It can also mean more than refresher training is required. We recommend the provider ensures the delivery of their training programme and reviews the suitability of the frequency of training, including key training that is affected by regulation and best practice guidance.

Regular staff meetings had begun to take place and staff were now receiving supervision from the manager. Staff we spoke with were aware of the responsibilities of their role and felt they received appropriate support. We were told they could request support from the manager at any time if they were unsure of anything.

All staff administering medication had been competency tested and staff had received fire safety training. Other fundamental training, including safeguarding, was scheduled to take place.

Coniston House accepts people with a diagnosis of dementia. The home is not registered as a dementia service as services are no longer registered in this way. However if everyone in the home has a diagnosis of dementia then we would anticipate the environment to be specifically designed for those people living with dementia. This is not the case at the home. People's quality of life could be improved with some adaptations. We were shown the home had completed dementia friendly environment audits but these had not been completed in a way that reflected the current environment at Coniston House. We recommend the provider reviews current guidance on dementia services and adapts the environment to better meet the needs of the people living within it.

At the last inspection we had concerns people were not supported appropriately with their nutrition and hydration. We found there had been improvements in how people were supported at this inspection and the provider was no longer in breach of this regulation.

We saw assessments were completed to identify if people were at risk of weight loss. The new electronic monitoring system helped the home ascertain those that were becoming unhealthy as a consequence of their weight loss and took into account their body Mass Index. This is a calculation that balances someone's weight against their height to ascertain if they are a healthy weight.

We saw weights were completed weekly or monthly as required and this was monitored by the home's

manager. When people lost weight the home would monitor their food and fluid intake to ensure appropriate support could be offered. However when we reviewed the records we saw they were inconsistent. Some records were very good but others were very poor. We were particularly concerned about one person's fluid intake where the records showed one person's was consistently low over the course of one week. We discussed the records with the manager and area manager who assured us the staff who had completed the good records were to be asked to become champions and support other staff in better completing the records.

The home referred people on as required to more specialist teams when additional professional support was required with their nutrition and hydration.

There was information about people's diets held on the one page profiles and also on the wall in the dining room and within the kitchen. We compared this information with the information held in people's care plans and assessments. We found this information differed. For example one said one person had a fork mashable diet and another said they had a pureed diet. We discussed this with the manager who assured us they would update the records with the correct diets.

We looked in people's care plans to ascertain the impact this was having on people in the home. We were told the care plan information should be up to date and the correct information. We found this was the case with people's diets and were assured that the chef had the correct list of people's dietary needs.

The home had a new chef who was knowledgeable in running a kitchen and had good knowledge of people's support needs. However as stated above we found the information on people's required diet was contradictory. We were assured the chef had the correct information and we saw people ate their meals without difficulty.

There was one choice of meal at meal times but we were told if people didn't like the option then something else would be prepared. The chef was about to revisit the menus including information on people's preferences.

Since the last inspection the home had developed better relationships with external professional agencies. We saw a system of good referral for additional support for people as required and saw visiting opticians and dentists also attended for people in the home.

The new electronic care planning system included a hospital passport which detailed the high level information any person should take with them if visiting the hospital. This included a list of their physical and mental health needs as well as their medication requirements.

Requires Improvement

Is the service caring?

Our findings

We could not talk with many people in the home about how they felt about living in it but the few people we did talk with were positive, one person told us, "It is good." And when we asked if people were happy they mostly said yes. Two people told us they would like to get out more and one person told us they had been told they would be able to get out more shortly.

We observed interactions between staff and people in the home on both floors. It was clear that those people living on the first floor had higher care needs than those on the ground floor. We completed an observational exercise on the first floor during lunch. The exercise helped us to identify how people perceived the support they received when they could not verbalise this to us.

We closely observed how three people were supported over 30 minutes. We saw that interactions between staff and people in the home required improvement. We saw one person had a meal, two drinks of juice and a cup of tea all on a small lap table. The person clearly needed support to eat their meal and had been assessed as lacking in capacity. After a few minutes a staff member asked them if they wanted some help and sat along-side of them. When another staff member came in the initial staff member providing support requested the second staff member take over as they had to go somewhere. The second staff member was unsure of how to support the person and just kept saying do you want some more. The person had not finished their dinner within the half an hour we observed the lunch time routine. The person had been supported by three different staff, including at one point two staff at the same time. One member of staff was cutting up their food and the other putting the food in their mouth. The dinner trolley was taken away before the person could finish their meal and therefore they were not offered a desert.

When people lack capacity they can be confused by their surroundings and what is expected of them, research shows that people should be offered limited options at meal times. For example a drink, then their meal and then a drink. We saw this person was confused with the choices in front of them.

We also observed and heard staff talking over the heads of people in the home about their personal lives and chatting to other staff whilst supporting someone with their meal. We also saw one staff member standing next to someone they were supporting with their lunch. We recommend staff receive more training in working in a dignified manner whilst supporting people living with dementia.

In general though the home was calm and predominantly a peaceful environment. We saw staff engaging in pleasantries with people in the home and laughing was heard regularly.

We found throughout the inspection that staff had the best of intentions when supporting people in the home. However it was clear the vast majority of people in the home were living with a form of dementia. As such the staff team required specific and more specialised training to understand and meet the needs of the people living at Coniston House. At the last inspection we found the home was in breach of the regulation associated with person centred care. At this inspection we found the regulation was still breached in that staff did not understand the needs of people living with dementia and how to meet them in a person

centred way. We found there was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home had taken steps in an attempt to involve the relevant people in developing care plans for people. We saw the home had written letters to family members asking them to join the home's staff in the next review of their family member's care. The new activity coordinator was working with people in the home to gather their views on the care they received.

The activity coordinator and the chef were gathering information about people's preferences in how they wanted to spend their time and their preferred meal choices. People told us they could go to bed and get out of bed when they choose.

We saw a record of when people had baths or showers. There was a note on the record to say baths and showers were to be given at the weekend. We recommend the activity coordinator or care staff ensure they seek people's preferences as to when they have a bath or shower.

At the last inspection we found the home in breach of the regulation associated with dignity and respect. People were not supported with the aids they needed to ensure they were as independent as possible. This included hearing aids and glasses. At this inspection we reviewed this situation with four people in the home and saw those that were prescribed glasses had them on and those prescribed hearing aids were wearing them. We noted the home had developed a system where this situation was reviewed twice daily. The deputy manager had two ten minute meetings each day to ensure people were safe and their needs were being met. This included that people who required prescribed items for vision and for hearing had them.

We saw staff knocked on doors and people were spoken to with affection. Toilets and bathrooms had privacy locks to ensure people were not interrupted whilst being supported with their personal care.

Requires Improvement

Is the service responsive?

Our findings

We asked people about the activities at the home. People told us there was a new activities coordinator at the home, who they liked. One person told us, "There is more going on and I like the music." We saw one person had a gallery of drawings outside their room which they had painted. They told us, "I did most of them a while ago but I still like to draw."

We looked at the records the home used to ensure people were getting the care they received. Everyone living in the home had a one page profile identifying their primary needs including detail of their diet and mobility needs. We reviewed seven of these profiles and looked at the associated care plans and other records in the home to ensure records were consistent. We found this was not the case. For example one person's one page profile identified them as requiring a pureed diet and their care plan stated fork mashable. Another profile said one person was fully dependent with their personal care needs and another said they required support. The one pager profiles were used by agency staff to get a picture of each person living in the home. When these were inaccurate there was a risk people would not get the support they needed. At the time of our inspection agency staff were being used on a regular basis.

We looked at the new electronic system which held assessments of people's needs and the associated care plans. We saw there was an inconsistent approach to completing documentation on the system. Staff that were knowledgeable on the system were recording entries of good quality which were person centred and included enough detail upon which to develop good plans of care for supporting people in the home. However there were not many staff that had this knowledge in using the system. As a consequence most records were task specific and didn't have the detail to ensure people's needs were met. For example we reviewed care plans for people's nutrition and falls. The plans had been reviewed monthly and most stated no change. Because of the way the system was developed if assessments had not been completed accurately or had not been updated at point of changing need then care plans would not be updated.

We looked at records used to monitor the support people required with any additional needs including pressure relief and risks of malnutrition. Records were again inconsistently completed, with some days no records being kept.

We found consistently poor records due to a lack of understanding of the electronic care planning system. Providers and homes are required to keep accurate and contemporaneous records of the care needs and support provided for people living in the home. We found this was not the case and a breach of Regulation 17 of the Health and social Care Act (Regulated Activities) Regulations 2014.

We were assured the home were meeting the needs of people they supported. Communication amongst the new management structure had improved and staff and the deputy met daily to discuss the needs of the people in the home. We recommend the manager ensures the care provided is reflected in the records

Since the last time we were at the home the manager had taken steps to develop feedback routes for families, professionals and people in the home, this included resident meetings and open office evenings

once a week for families to make contact directly with the manager.

We saw feedback had been received from Professional's since July 2016 which was positive and identified improvements in the home. Some visiting professionals did not know who the manager was and the manger reassured us they were going to take action to ensure everyone visiting the home knew who was responsible for the home.

At the last inspection the home did not have an active complaints procedure. Complaints we knew had been made to the home had not been recorded or responded to in line with the home's policy. At this inspection the procedure was displayed and available to people in the home and their families. We saw the home had responded to complaints as required and records were kept on actions taken. However the most recent complaint did not have a recorded response. We were assured the response was available on the homes computer.

Requires Improvement

Is the service well-led?

Our findings

The home had appointed a new registered manager since the last inspection. The last inspection identified 10 breaches to the regulations. Actions the provider and new area manager took at that time assured the CQC the breaches were of equal concern to them as to the commission. The new registered manager had been in post approximately six months prior to this inspection. At the time of their appointment there were still concerns about the safety of people in the home.

Since being in post the manager has opened communication with the team of staff. Staff that were unsuitable for the role had been dismissed and all staff had received an induction to the role they were undertaking. Work had begun to address all of the breaches identified and the home had successfully met five of the regulations they were previously in breach of.

All the staff we spoke with were happier in their role and each acknowledged an improvement in how people in the home were supported. There were now regular staff meetings and staff were receiving one to one supervision and appraisal

Better relationships had been built with external professionals and the home had worked with the Local Authority Quality Improvement Programme (QuIP) to help drive up quality at the home.

The home had a set of policies and procedures which were purchased from an external professional company. Many of the procedures had not been updated since the new regulated activities regulations came into force in 2014. The provider was working with the external company to ensure the policies were updated in line with the contract they had with them. On the day of the inspection we found the home was working to improved procedures than those within the policies including accident and incident recording and falls management.

Staff were aware of up to date procedures including whistle blowing and since the last inspection staff had ensured they and their peers were working to protect people in the home.

At the last inspection we found the home did not have a set of quality monitoring and audit tools to ensure provision was of a suitable standard. At this inspection we saw a comprehensive suite of audits had been developed and were in use. However we found those audits did not identify the issues found by the inspection team. Audits of the electronic care planning system focused on numbers and dates rather than the quality of the completion of the record. As identified earlier if one section was not completed accurately then others were not identified for completion. As a consequence key assessments were not completed and care plans were not met. We discussed this at length with the manager and area manager. It took longer than the six months since the last inspection to develop and embed a suite of quality monitoring, audit and improvement planning. As a consequence it was found the home was still in breach of the regulation 17 of the health and Social Care Act (Regulated Activities) Regulations 2014.

The home had taken steps to ensure the people living in the home were happy with the service they

received. The new activity coordinator was seeking the views of people in the home and ensuring where they wanted things to change that steps were taken in this direction. This included one person who wanted to get into the community more often. The activity coordinator was arranging for this to happen.

The home had also developed and distributed a welcome pack for new people coming to live in the home. The pack included details of how to complain and how to feedback to the management on the home on the provision of the service received.

The foyer included leaflets and information on where to access additional support including advocacy services and specialist dementia services.

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 9 HSCA RA Regulations 2014 Person-centred care People were not in receipt of person centred care that meet their specific needs with respect to living with dementia.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent People's capacity was not effectively assessed and as a consequence appropriate consents were not gained.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment medecines were not managed safely

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Contemporaneous records were not kept of the support being required or received. An effective system of audit and quality monitoring was not embedded.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

Appropriate action was not taken at point of recruitment to ensure people were suitable for the role.