Mrs B F Wake

Carnalea Residential Home

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

About the service:
Carnalea Residential Home is a residential care home providing personal care to up to 55 people aged 65 and over. There were 44 people living at the service at the time of inspection. People had varying care needs, including, living with dementia, Parkinson's disease, epilepsy and diabetes. Some people could walk around independently and other people needed the assistance of staff or staff and equipment to help them to move around.

For more details, see the full report which is on the CQC website at www.cqc.org.uk

People's experience of using this service:
Meaningful activity to meet people's individual needs to support their well-being and prevent the risk of social isolation was sometimes limited. One person said to us, "The lovely girl who does the games is frightfully jolly but there is often not much offered that I fancy joining in with, so I tend to stay in my room and feel a little cut off."
Some people continued to wait long periods in the dining area before their meals were served. One person commented, "I would say there is quite a bit of waiting around for meals." Some communal areas of the service were noisy, and people told us they were not happy with this.

Records to show how decisions were made on behalf of people who lacked capacity did not always evidence how particular decisions were made in their best interests.

Care records were not always accurately kept, and monitoring procedures did not always pick up where areas needed action taken to improve.
Improvements were needed to the recording of some individual risk assessments.
Processes used to check the suitability of new staff were not always robust enough to make sure only suitable staff were employed.

Staff did not always update their training in a timely manner to make sure their skills remained up to date. We have made a recommendation about this.
People's personal toiletries were kept in communal bathrooms, increasing the risk of spreading infection. We have made a recommendation about this.

People could be assured their medicines were managed in a safe way.
Staff protected people's privacy and dignity and supported and encouraged people to maintain their independence.

The provider now had enough staff to meet the needs of people living in the service, following a period of being short of staff.
The response to complaints had improved and a more positive approach was now taken by the provider

and registered manager.
People said they felt confident to speak to the registered manager and raise any concerns they had.

Rating at last inspection: Requires Improvement (Report published 11 September 2018). This service has been rated Requires Improvement at the last two inspections.

Why we inspected: We inspected this service earlier than planned as we had received information from more than one whistleblower since the last inspection, raising concerns about people's care.

Follow up: We will continue to monitor this service and plan to inspect in line with our inspection schedule for those services rated Requires Improvement.

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 Details are in our Safe findings below.	**Requires Improvement**
Is the service effective? The service was not always effective Details are in our Effective findings below.	**Requires Improvement**
Is the service caring? The service was not always caring. Details are in our Caring findings below.	**Requires Improvement**
Is the service responsive? The service was not always responsive Details are in our Responsive findings below.	**Requires Improvement**
Is the service well-led? The service was not always well-led Details are in our Well-Led findings below.	**Requires Improvement**

Carnalea Residential Home

Detailed findings

Background to this inspection

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

Inspection team:
The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service, older people and residential care.

Service and service type:
Carnalea Residential Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
The inspection was unannounced.

What we did:
We reviewed information we had received about the service since the last inspection in July 2018. This included details about incidents the provider must notify us about, such as abuse, serious injury or when a person dies. The provider was not able to complete a provider information return as we inspected early so this was not asked for prior to the inspection. This is information we require a provider to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when inspecting the service and made the judgements within this report.

During the inspection we looked at the following:
Seven people's care records and a sample of people's medicines records. We checked the environment, including the communal areas, bathrooms and people's bedrooms.
A selection of the provider's records including, records of accidents, incidents and complaints, monitoring and audit records. We also looked at four staff recruitment files, staff supervision records, staff training records and staffing rotas.

We spoke with fifteen people living at the service and three relatives who were visiting. We used this feedback to inform our report. We spoke with the provider, the registered manager and five staff, including care staff, activities staff, domestic staff and a cook to incorporate their views.

After the inspection the registered manager sent us additional information we requested in a timely manner.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

RI: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection, in July 2018, we rated the service as requires improvement in safe. We found a breach of Regulation 12, in relation to the assessment and management of individual risks and fire safety. At this inspection, improvements had been made to fire safety procedures, fire drills had now been carried out. Improvements had also been made to the identification and assessment of risk, however, some further improvements were needed to make sure records were accurate to keep people safe from harm. We also found concerns with recruitment processes.

Staffing and recruitment

● Recruitment processes were not consistently robust. All applicants for a role at Carnalea Residential Home had completed an application form and Disclosure and Barring service (DBS) checks had been completed which helped prevent unsuitable staff from working with people who use care services. Evidence was not available to show that all applicants had provided proof of their identification, completed a health declaration or provided suitable references. Some applicants had completed part of the process but not all of it.

● No interview records were available to show that the provider and registered manager had met with applicants to check their suitability to work at the service. The two references provided for one staff member were not from a previous employer as stated but from previous colleagues. The dates given on one reference did not match the dates the staff member gave for that employment on their application form.

●These issues had not been checked out by the provider or the registered manager so they could be assured they were employing only suitable staff to work in the service.

The failure to ensure robust recruitment procedures are in place is a breach of Regulation 19 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

● There were suitable numbers of staff employed to provide the care and support for people living at Carnalea. We had received concerns about staffing levels which had allegedly impacted the care provided. The registered manager told us they did have a problem with staffing levels last year, however, these had been resolved. Recruitment had been successful in employing new staff and the registered manager confirmed they had no staff vacancies at the time of inspection. A member of staff told us, "I think that there is enough staff most of the time, this has improved and if we need help (Registered manager) never minds helping out."

● The provider and registered manager had looked at ways to deploy staff in different ways to support the busiest times. A member of staff was employed to cover the breakfast time, so they could make sure people got their breakfast when they wished and did not have to wait when staff were busy supporting other people. The change was because of feedback from some staff. The night staff shift did not end until 8.45am

so day and night staff worked together for over one hour in the morning which helped support people wanting to get out of bed as well as ensuring a good handover period.
● The registered manager told us agency staff were used if regular staff were not able to cover absences, although this was only occasional since staff numbers had increased. Domestic staff, laundry staff and cooks were employed so staff could concentrate on providing people's care and support.

Assessing risk, safety monitoring and management
● Although individual risk assessments were in place when people were at risk of harm, some of these had not considered people's changed needs. One person had been assessed as being at risk in a number of areas. A moving and handling risk assessment said they needed minimal assistance getting in and out of bed, turning in bed and standing. However, other parts of their care plan recorded that their mobility needs had changed significantly in recent months. This was not reflected in the risk assessment.
● A pressure area risk assessment was reviewed monthly and the last review, in January 2019, stated there were no changes to the condition of the person's skin. However, in January 2019, a body map showed the person had red areas on their skin and a referral had been made to the district nurse. On 9 March a care plan review record recorded that an air cushion was put in place for the person to sit on as their skin was breaking down. Following this, district nurse records showed visits were made by them and the area had deteriorated further. This change was not reflected in the risk assessment.
● Although health care professionals had been contacted, care records had not been amended to make sure people were protected from harm. The appropriate management plans were not in place to take account of the person's changing needs. leading to a risk to their health and well-being. This is an area that needs further improvement.
● Another person had a falls risk assessment dated 12 May 2018. The person had a fall on 12 February 2019. This was recorded on the review sheet, stating the moving and handling risk assessment had been updated to show two staff should be used for transfers. However, the falls risk assessment had not been updated. This meant staff, particularly new or agency staff, may not be aware of the full guidance to prevent future falls.

The failure to ensure accurate records were kept to keep people safe from harm is a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

● People told us they felt safe living at Carnalea. One person said, "The staff are wonderful, and I feel very safe. If I didn't like the care, I would not hesitate in telling the manager." Another person told us, "I do feel safe and I don't need to worry about falling or being lonely too much." Relatives were also confident of their loved one's safety, one relative commented, "At least I know he is safe now and in the right place. His every need is catered for."
● At the last inspection, the provider and registered manager had not undertaken fire drills to test whether staff understood the fire procedures and people could be evacuated to a safe area. Fire drills were now carried out regularly and staff confirmed this. People had personal emergency evacuation plans (PEEPs) to make sure staff had the information they needed to support people to evacuate to a safe area in the event of a fire or other emergency. All the necessary fire safety checks were carried out regularly to keep people safe. This meant the provider was now compliant with this part of Regulation 12.

Preventing and controlling infection
● A range of different personal toiletries were kept in the communal bathrooms, in bathroom cabinets and on open shelves. Other personal items that individual people used in the bath were left on the side of the bath in one bathroom. This presented an infection control hazard as people may share toiletries or staff may use the same products for different people. This could impact on the control of infection.

We recommend the provider and registered manager take advice from a reputable source to develop effective systems to prevent the spread of infection.

● Staff had access to personal protective equipment to help prevent the spread of infection. There were no unpleasant odours present. Domestic staff were employed to provide cleaning services. They had a schedule of cleaning and recorded the tasks carried out on a daily basis.

Systems and processes to safeguard people from the risk of abuse

● Staff understood their responsibilities to protect people from abuse. They had received training to make sure they had the information they needed to keep people safe. The staff we spoke with could describe what abuse meant and how they would respond and report if they witnessed anything untoward.

● Staff told us the registered manager was approachable and they were confident they would listen and take action where necessary, so they would have no hesitation in raising any concerns they had. Staff felt sure action would be taken, however, they knew where they could go outside of the organisation to raise their concerns if necessary.

Using medicines safely

● Prescribed medicines continued to be managed in a safe way. Some people were prescribed medicines to take when necessary (PRN), for example, painkillers. Some people's PRN medicine did not have guidance in place to make sure staff knew what the medicines were prescribed for, any side effects of the medicine and the amount people could safely take in a 24 hour period. The registered manager rectified this immediately and all PRN guidance was in place by the end of the inspection.

● Medicines were ordered, stored and recorded safely. Staff were trained in medicines administration and the registered manager made sure their competence was checked regularly.

● We carried out a random audit of medicines in stock and all the medicines we counted tallied with the medicine's records.

Learning lessons when things go wrong

● The provider and registered manager had worked with the local authority when safeguarding concerns had been raised. Accidents and incidents had been recorded by staff and monitored by the registered manager to try to prevent similar incidents being repeated. Preventative action was discussed with staff in staff meetings and one to one supervision meetings.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

RI:□The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

At our last inspection, in July 2018, we rated the service as requires improvement in effective. We found a breach of Regulation 9, in relation to people's needs and preferences not being met at mealtimes. We also found concerns regarding the layout and design of the property which could have been confusing for people living with dementia. The recording of consent to care and treatment needed some improvement. At this inspection, improvements had been made to the layout and design of the property and further work was planned. Although some improvements had been made to the mealtime experience, this continued to be an area that needed improvement. We found continued concerns in relation to protecting people's rights and consent.

Ensuring consent to care and treatment in line with law and guidance

● 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The registered manager had made appropriate DoLS applications to the local authority and kept these under review.

● People had signed consent relating to their care and treatment. However, where it was recorded that people lacked capacity, the consent form did not always include a best interests decision making process around the area of consent sought. Some consent forms had been written but there were no signatures, from people, their representatives, or staff, to evidence the person had given their consent.

● Capacity assessments had been completed where it was understood a person lacked capacity to make a particular decision and a reference had been made to best interest decision making. However, the information was limited so it was unclear if people's rights had been upheld within the principles of the MCA. Records did not show if relevant people had been involved in the decision, such as loved ones. For example, '(x) has been asked to take part in decision making and is compliant with care. It is in (x) best interests to remain at Carnalea'.

● Some people shared a room. There was no evidence that they had been consulted about this and given their consent. A mental capacity assessment had not been completed where people's capacity to give their consent to sharing a room was in doubt. Evidence that a process had been followed to show why it was in a

person's best interests to share a room was not available. This meant people's rights may not have been upheld when decisions were taken on their behalf.
● A notice by the side of a door leading to the back garden was intended for one person, as their name was on the notice, reminding them not to go outside. We asked the registered manager about the notice and they told us this was to support the person, who was at risk overnight when they wandered around. They had wandered out into the garden at night on one occasion. The reminder notice helped them to remember not to do this at night, to protect them from potential harm. The registered manager said the notice was only displayed at night. However, the notice remained in place throughout the inspection as staff did not remove it. This meant the person may be deprived of using the back garden independently as they may be deterred from going out by following the reminder notice addressed to them personally.

The failure to ensure people's rights were upheld within the basic principles of the Mental Capacity Act is a breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Supporting people to eat and drink enough to maintain a balanced diet
● At the last inspection we found that people were waiting for long periods of time in the dining room before their lunchtime meal was served and again after their meal had finished. Although the registered manager told us changes had been made to the arrangements at mealtimes, we saw a similar situation.
● People were taken to the dining room to be seated as early as 11.30am. Lunch was served at 12.45am. Some people were still sitting waiting to be assisted to move from the dining area after lunch at 1.30pm.
● There was no evidence to show that it was the preference of individual people to go to the dining area early, before the meal was ready to be served.
● People told us there was a lot of waiting around at lunchtime. One person said, "We do seem to wait around for our meals to be served" and another person commented, "I would say there is quite a bit of waiting around for meals." We asked staff about the lunchtime routine and one staff member said, "Lunch, we start by taking people to the toilet about 11.30, then take them in about 12, the lunch is 12.30 to 12.45."

The failure to ensure people receive a service that is individual to their needs and preferences is a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

● At the last inspection, some people had said they would like to have a cooked breakfast but were told they could not in case it ruined their lunchtime meal. At this inspection, we found that the breakfast arrangements had improved. As well as employing a member of staff to deal only with people's breakfasts, people were able to have whatever they wished to eat, including a cooked breakfast.
● The people we spoke with had mixed views about the food provided at mealtimes. The majority of people were not complimentary about the food, with comments such as, "The food is pretty boring. Same old same old menu"; "We don't go hungry here, meal times are meal times nothing fancy and nothing to look forward to"; and "We don't go hungry, but we don't ask for more either." The chef had started in post since the last inspection and said they were getting to know what people liked and what worked well.
● The chef had a good understanding of the different diets and recommended foods people required. They told us they currently provided diabetic diets and soft diets. The chef said the Speech and Language Therapy (SaLT) team had given advice to follow regarding two people and other people chose to follow a particular diet, such as vegetarian.
● Photographs were available of food choices on the meal menu to help people to make their decision. Not all meals were represented in a photograph format and work was continuing on this. Photographs of the meals offered each day, if available, were displayed in the dining area.

Staff support: induction, training, skills and experience

● Not all staff had updated their training as regularly as expected by the provider and registered manager or as recommended by the training provider. For example, some staff did not have up to date fire training, health and safety training and infection control training.
● Although new staff had started their initial mandatory training, they had still not attended some courses, such as food hygiene, health and safety and fire safety.

We recommend the provider and registered manager seeks guidance from a reputable source to create robust training systems.

● Staff received one to one supervision with the registered manager, supporting their development and success in their role.

● New staff shadowed more experienced staff to get to know people and familiarise themselves with the providers policies and procedures.

Adapting service, design, decoration to meet people's needs
● At the last inspection, we made a recommendation about the layout and design of the premises to support a more dementia friendly environment. At this inspection, the registered manager had displayed easy to read signs around the service, directing people to bathrooms and communal areas.
● Although the layout of the main lounge areas remained the same, the provider and registered manager told us they were starting work on one lounge the following week after the inspection. They said they had new lounge furniture being delivered and planned to enhance the environment to make sure it was more dementia friendly

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● Initial assessments were undertaken with people, and their relatives where appropriate, before a decision was made for them to move into the service. This meant the registered manager was able to assess if they had the numbers of staff who had the skills necessary to provide the support people needed.
● A range of care plans and risk assessments were developed to provide people's care and support in the way they needed. Care plans included, social interests and hobbies, cultural needs, cognition, mental well-being, physical needs, mobility and eating/drinking. The care planning system used was organised well into clear sections making it easy for staff to find the information they needed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Where people required support from healthcare professionals, this was organised by staff.
Information was handed to other agencies if people needed to access other services such as the hospital.
● GP's and district nurses visited the service regularly to help people to maintain their health. People were supported to access services such as dentists, chiropodists and opticians.
● Relatives told us they were kept informed if there were any concerns about their loved one's health and that their health needs were met. One relative commented, "We are kept up to date with the comings and goings here and anything we need to know."

Requires Improvement

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

RI:□People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

At our last inspection, in July 2018, we rated the service as requires improvement in caring. We found a breach of Regulation 10, in relation to the arrangements put in place by the provider restricting access for people's visitors. At this inspection we found improvements had been made and people's visitors could now visit them at any reasonable time; the provider asked that visitors try to avoid visiting at mealtimes. We found improvements needed to be made in the communal lounge areas to involve people in decision making to take account of their individual preferences.

Supporting people to express their views and be involved in making decisions about their care

- Although people had been given the opportunity to share their views, and the notes of regular meetings had shown this, people told us they felt their views had not always been heard and acted upon.
- Televisions were on in the main lounge areas. One lounge was an L shape and had two televisions. Both televisions did not always have the same channel on and both had the volume turned up loud at times. A staff member turned the televisions on in the morning without asking the people sitting in the lounge area if they wanted it on. People had not been asked their view or been involved in decision making within the communal area, about whether the television should be turned on or what they wanted to watch.
- We received many comments from people about the television, these included, "I hate the constant noise of the television all day every day"; and, "I think they ask us what we like to do but I am not sure they listen to our answer as no one ever says I would like to sit in front of the television all day."
- We spoke to the provider and registered manager about the two televisions in one lounge area and the volume control. They said some people may not be able to see the television if there was only one due to the shape of the lounge. They also said some people liked to hold the remote control. They agreed this arrangement may be difficult for some people and would try to improve the situation.

The failure to ensure people were supported to make choices and decisions within communal areas that affected their well-being and personal preferences is a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Ensuring people are well treated and supported; equality and diversity

- At the last inspection there were restrictions on the times people could have visitors and where they could see their visitors. At this inspection, the provider had lifted restrictions but asked visitors if they could avoid visiting at mealtimes. People told us they could now have visitors at any time and the relatives we spoke with confirmed this. They felt the request to avoid mealtimes was reasonable.
- People thought the staff were caring and treated them well. One person said, "The staff are kind and do stop for a chat if they have time". Another person commented, "The staff are really jolly good and jolly kind."

A relative said, "We always find the staff polite and very good."

Respecting and promoting people's privacy, dignity and independence

● Staff told us how they supported people to maintain their privacy and dignity. They described, for example, that they made sure curtains were closed as well as people's bedroom doors and always helped people to remain as covered up as possible when providing their personal care. One member of staff said, "I would make sure that the person's curtains and door are closed I would keep them covered with a towel while washing them. I would talk to residents sensitively when asking if they want to go the toilet as well."

● People were supported to maintain their independence by doing as much as they could for themselves. Staff were patiently walking by the side of people when moving from one part of the service to another to give encouragement and support. One staff member commented, "I give people help to do things for their self. If I put toothpaste on the tooth brush they can wash their own teeth or wash their body if I put the soap on, but I would do what they can't."

● Confidentiality was supported. Information was locked away as necessary in a secure cupboard or filing cabinets. Computers used by the provider and staff were password protected to keep information secure.

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

RI:□People's needs were not always met. Regulations may or may not have been met.

At our last inspection, in July 2018, we rated the service as requires improvement in responsive. We found breaches of Regulations 16 and 17, in relation to the handling of complaints, and the accuracy and review of people's care needs and life experiences within their care plans. At this inspection, we found that the response to complaints had improved. People's care plans now included personal information about their life and history. Some areas of people's care plans needed further improvement to make sure their personal preferences were met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Daily records focused on the personal care people had been given. Staff did not record personal details about people, such as how their mood was or what they chatted about, to pass on information about their well-being and social interaction.
- One person spent the day in bed and they were low in mood. They occasionally did this and this was recorded in their care plan. However, clear direction was not available in the care plan to describe how the person preferred to be supported at these times to help them to recover and to avoid social isolation. Staff recording in the daily record concentrated on their refusal of personal care and lack of appetite. However, staff did not record why the person had chosen to stay in bed, what their mood was, or if staff returned later in the day, to encourage with personal care, eating or to spend one to one time with them.
- On the day the person stayed in bed, we saw little staff interaction with the person and little encouragement to eat and drink, creating a risk of potential social isolation.
- Some people told us they did not have much to keep them occupied and interested through the day and said they were bored. The comments we received included, "The lovely girl who does the games is frightfully jolly but there is often not much offered that I fancy joining in with, so I tend to stay in my room and feel a little cut off"; "It is too difficult for me to get around and I have to wait too long for help, so I don't go out and about"; "I would like to do something, anything but sit here and watch them all sleep the day away"; and "I am bored."
- Although the activity coordinator planned group activities and events for people to join in, and we saw people enjoying a group activity, there was little activity for those who were cared for in bed or who chose to stay in their room.
- Activity records were clear and well set out, so easy to follow and monitor. However, records to show the one to one time spent with people who did not spend time in the communal lounges recorded limited interaction. The activity coordinator did not have the time available to meet each person's needs in relation to providing meaningful activity.
- One week, one to one sessions with 14 people had been recorded as taking place and another week only five sessions, with one of those five people having four sessions and another person two sessions. One person's activity schedule we looked at was blank with no activity recorded for a whole week. This meant not every person had access to meaningful activity to avoid social isolation.

● One member of staff said, "I get them out but I get called away, there is just not enough time. I wish we had more time to do things with the residents".

The failure to ensure people receive care and support that meets their individual needs and preferences is a continued breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

● The activity coordinator had spent time with people, getting to know their life histories, interests and hobbies so they could add this to the care plan. It was clearly recorded who preferred to spend time in their rooms and who liked to join in with a group in the communal lounge. A staff member said, "We care for a person as an individual, by knowing their likes and dislikes, some people like a routine when they go to bed or get up. It's about doing things the way they want."
● People had been asked about their cultural and spiritual needs and if they needed staff support and this was recorded in their care plan. Many people expressed a religious preference but did not wish to attend a place of worship or need staff support with their spiritual needs.
● People's communication needs were identified and recorded in their care plan so all staff had the guidance needed to understand where people had difficulties, such as a stammer, or needing time to process information slowly before responding.

Improving care quality in response to complaints or concerns
● At the last inspection, we found that complaints had not been responded to and recorded in order to learn lessons to prevent other people having similar experiences. At this inspection, the response to complaints had improved with a more positive approach by the provider and registered manager. People and their relatives were reminded about how they could make a complaint in the monthly newsletter.
● Complaints had been received since the last inspection and these had been recorded. The provider and registered manager had responded appropriately, following their complaints procedure. Outcomes were positive, showing they had listened to the complainant and acted accordingly, by changing how they did things or by apologising. Lessons were learnt as complaints and the outcome were shared with staff to prevent similar concerns being raised again.
● People who were able to speak with us said they knew how to make a complaint if they needed to. One person said, "Oh yes I know how to complain alright and I sometimes do. I complained about the food and they listened straight away and got me something else"

End of life care and support
● No people were receiving end of life care at the time of our inspection although some people were frail and cared for in bed. However, people did have an end of life care plan which highlighted if people had special wishes they wanted to share such as whether they wanted to be buried or cremated. Some people's end of life care plan recorded that their loved ones knew their wishes and would take care of arrangements.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

RI:Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

At our last inspection, in July 2018, we rated the service as requires improvement in well led. We found a breach of Regulation 17, in relation to the monitoring of quality and safety and listening to people's feedback in order to make improvements. At this inspection, although improvements had been made, people had more opportunity to give their views, there continued to be areas of quality assurance and record keeping that needed more work.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People told us they were bored and there was not enough meaningful activity to interest them. Although the activity coordinator did plan group events, these did not suit everyone and many people felt they could not, or did not want to, engage in these. This meant people did not always have the opportunity to engage in areas that interested them or supported their contentment.
- Some people felt the television was on too long and the volume was too loud in the communal areas, without their having agreed to it or being able to avoid it. The provider and registered manager had not considered the impact of this on people's well-being.
- Staff did not always evidence how they provided a holistic approach that met people's individual and changing needs to maintain their well-being and to avoid social isolation.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There were inconsistencies in the recording of care plans. Although changes in people's care needs was referred to in some parts of the care plan, other parts of the care plan had out dated information.
- One person had been referred to Speech and Language Therapy (SaLT) due to concerns with their appetite and swallowing. Staff were aware of the guidance given. When the care plan had been reviewed, the change in advice by SaLT was referred to on a separate review document. However, staff may not refer to the review sheet. The care plan had not been updated which meant that the person was at risk of new staff or agency staff following the wrong advice and placing them at risk of choking.
- We spoke with the registered manager about this and they said they had picked this up in their regular audits. The registered manager had recorded in the care plan audit on 12 February 2019 that care plans and risk assessments had not been updated with changing needs. They had spoken with senior care staff and instructed them to ensure they needed to be updating care plans whenever a change in need was identified.

- The registered manager showed us one care plan they had updated, however, we found none of the care

plans we looked at had been updated.
● The provider had a range of audits to monitor the quality and safety of the service provided. Regular audits included, care planning, infection control, medicines and health and safety. However, these had not been effective in picking up the areas of concern we found in these areas. Some areas had been identified as needing improvement in some audits, however, these had not always been followed through and completed. An infection control audit in December 2018 recorded that the registered manager would discuss infection outbreak plans with the provider within a month. However, the same action continued to be recorded in the March 2019 audit so had not been completed in the time given, with no explanation why.

The failure to ensure accurate record keeping and that effective systems are in place to monitor the quality and safety of the care provided is a continued breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

● Registered managers are required to notify CQC about events and incidents such as abuse, serious injuries and deaths. The registered manager had understood their role and responsibilities, had notified CQC about all important events that had occurred and had met all their regulatory requirements.
● It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed a copy of their ratings in the main entrance to the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● At the last inspection concerns were found regarding people's views not being listened to and followed up at resident's meetings. At this inspection, notes of meetings held showed how people were asked their views and what action had been taken to address issues raised. The registered manager and activities coordinator held regular meetings with people to ask them their views and if there was anything people wanted to change. Areas discussed were mainly around food and meals and activities.
● At the last inspection, people did not have a means of identifying their bedroom doors, which may lead to confusion. Improvements had been made in this area. The activity coordinator had asked each person if they wished to have their name, or a photograph, on their bedroom door. Some people responded yes to this and others said no. We saw that those people who had responded yes, now had their name and/or photograph on their door.
● The provider and registered manager produced a newsletter each month for people and relatives. The newsletter provided updates or changes in the service, people's birthday, upcoming events and reminders about how to raise a concern. The April 2019 newsletter included a poem written by one person living in the service.
● Some people did feel they were listened to, one person said, "I do feel that I am listened to, but I am lucky because I can make sure that I am." However, as reported, some people felt their views had not been sought on day to day important decisions such as the control of the televisions and activities.
● Relatives felt comfortable raising issues or having a chat with the registered manager. One relative told us "I never have a problem with the manager and she is always available to chat to if I have a concern."
● The registered manager held regular staff meetings. This gave them the opportunity to update staff, provide them with information needed and to discuss areas for improvement. Staff were able to contribute and share their views or ideas as well as aiding communication and team development. One member of staff said, "I find the manager very supportive and easy to talk to and I think we work well as a team and support each other too".

Working in partnership with others

● The provider and registered manager attended local provider forums and kept in contact with other providers in the local area, sharing good practice at times. They worked closely with visiting professionals such as GP's, specialist nurses and district nursing teams.

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 The provider and registered manager failed to ensure people's individual needs and preferences were met. Regulation 9 (1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider and registered manager failed to ensure people's basic rights were upheld within the basic principles of the Mental Capacity Act 2005. Regulation 11 (1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider and registered manager failed to ensure accurate records were maintained and effective processes were in place to monitor the quality and safety of the service provided. Regulation 17 (1)(2)

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

The provider and registered manager failed to ensure robust recruitment processes were in place to make sure only suitable staff were employed.

Regulation 19 (1)(2)