

Care and Residential Homes Ltd

Barham House

Inspection report

Barham House Nursing Home
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 12 September 2017 and was unannounced.

Barham House is registered to provide nursing and personal care for up to 23 people. There were 19 people using the service during our inspection; who were living with a range of health and support needs. These included; diabetes, catheter care, dementia; and people who needed support to be mobile.

Barham House is a detached house situated in the village of Barham near Canterbury, Kent. The service had a very large communal lounge available with armchairs and a TV for people and a separate, quieter lounge, where people could entertain their visitors. There was a secure enclosed garden to the rear of the premises, with far-reaching views across open countryside.

A registered manager was in post. A registered manager is a person who has registered with the care Quality Commission to manage the service. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Barham House nursing home was last inspected in January 2017. At that inspection it was rated as Requires Improvement overall but Inadequate in the well-led domain. Following that inspection we served the provider with a Warning Notice.

At this inspection we found an improving picture overall. However, further work was needed to continue to improve the quality and safety of the service people received.

There were not enough staff to meet people's needs during the inspection and on some dates prior to it. Risk assessments varied in quality and detail; and actions to reduce risk were not always carried out in practice. Some unexplained injuries had not been discussed with the local safeguarding authority to allow them to consider independent investigation of them.

The laundry floor and walls remained chipped and difficult to clean to a hygienic standard.

Not all people received support to eat in line with care plan directions and special dietary needs were not always observed. The principles of the Mental Capacity Act (MCA) 2005 were not consistently applied to ensure people's rights and choices were respected. Deprivation of Liberty Safeguards (DoLS) had been applied for by the registered manager where necessary.

Staff were not always considerate of people's choices or the impact of what they said to them. . There were not enough activities to offer people social stimulation.

Complaints were well-recorded but actions arising from them were not in evidence during the inspection.

Care plans were person-centred but had sometimes been over-written which made them confusing.

Auditing had improved overall and was now more effective in highlighting shortfalls. Feedback had been sought in a variety of ways and actions had been taken when issues were raised. Staff reported good teamwork and improved leadership and people said the registered manager was visible and approachable.

Medicines were managed safely and environmental risks had been assessed and minimised. The service was clean and tidy; with no odours present.

Recruitment processes were robust and staff training had improved since our last inspection. Staff received regular supervision and appraisal.

People's health care needs were monitored and met; including their weight. Meals appeared nutritious and plentiful and people received enough to drink. People's independence was promoted through the use of special equipment such as plate guards.

We found a number of breaches in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

There were not always enough staff deployed to keep people safe.

Safeguarding processes had not been robustly operated.

Individual risks to people had been assessed, but actions to minimise them did not always happen in practice. Other assessments however, were detailed and risks to people reduced.

The service was clean but surfaces in the laundry room were not suitable to prevent the risk of the spread of infection.

Medicines were safely managed.

Recruitment processes were robust and helped ensure the suitability of applicants.

Environment, equipment and fire safety checks had been regularly undertaken.

Accident and incidents were properly recorded and preventative actions documented.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People did not always receive the diet assessed as necessary for them, or the support they needed at mealtimes.

The principles of the Mental Capacity Act (MCA) 2005 had not always been followed in practice. Deprivation of Liberty safeguards (DoLS) applications had been made when necessary.

Staff training was generally effective but required further input around nutrition. Staff received regular supervision and appraisal.

Records of food intake had improved and people received enough to drink.

People's health was monitored and their needs effectively met.

Is the service caring?

The service had improved in this area.

All spoke kindly to people but were not always mindful of the impact of what they said.

Staff knew people engaged well with them when they had time.

Information about people's end of life care had been improved and staff had received recent training in this area.

Staff encouraged people to be independent when they were able.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

There had been no improvement in the activities on offer and people had nothing to do for most of the day.

Actions in response to complaints were not consistently effective.

Care plans were person-centred and documented individual needs; but were sometimes hard to follow because of handwritten additions.

Staff knew people very well and people had been involved in their care planning where possible.

Requires Improvement ●

Is the service well-led?

Oversight of the service had improved but there was more work to do.

The majority of actions arising from the Warning Notice issued had been completed, but one area still needed to be addressed.

Not all requirement actions from our last inspection had been fully met.

Auditing had significantly improved.

Requires Improvement ●

Feedback had been sought from people and relatives and was acted upon.

The registered manager was approachable and visible in the service and staff said they could speak to them with concerns.

Barham House

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 12 September 2017 and was unannounced. Two inspectors carried out the inspection.

Before our inspection, we contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at any safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We met with eighteen of the people who lived at Barham House. Not everyone was able to verbally share with us their experiences of life in the service. We therefore spent time observing their support. We inspected the home, including the bathrooms and some people's bedrooms. We spoke with one agency nurse, three care workers and the registered manager; who was also a nurse.

We 'pathway tracked' seven of the people living at the service. This is when we looked at people's care documentation in depth, obtained their views on how they found living at the home where possible and made observations of the support they were given. This allowed us to capture information about a sample of people receiving care.

During the inspection we reviewed other records. These included three staff training and supervision records, three staff recruitment records, medicines records, risk assessments, accidents and incident records, quality audits and policies and procedures.

Is the service safe?

Our findings

People told us they felt safe living in the service. One person said "I have bed rails to stop me falling out of bed. They make me feel nice and safe at night". Another person told us "Everyone's so lovely here, I'm very happy and can tell staff or [Registered manager's name] if anything's troubling me".

At our last inspection, staffing levels did not consistently meet people's needs. At this inspection we continued to have concerns about the level and deployment of staff. The registered manager told us that five care staff plus a registered nurse worked on the morning shift and four care staff and a registered nurse in the afternoons. Two care staff and a registered nurse worked from 8pm to 10pm, and then one registered nurse and one care staff covered from 10pm until 7am. Most people were supported by two staff with their care and some people were nursed in bed. People had conditions such as dementia, stroke, arthritis, Parkinson's and diabetes. Many people had continence needs. The registered manager carried out dependency scoring which had determined these levels of staff as necessary to meet people's needs.

On the day of our inspection there was an agency nurse and three care staff on duty in the morning to support 19 people. The registered manager told us they had been unable to cover the shift for one staff member they knew was unavailable to work; and a further staff had not attended work at short notice. The remaining staff on duty were clearly pressured by the lack of colleagues and were overheard telling people "I'm dripping with sweat because there aren't enough staff on" and "Don't ask me how I am; dead on my feet with all this running about".

The registered manager supported staff where possible but there remained frequent periods when there were no staff in the lounge with people; who as a result received little interaction at these times. One person's care plan said that they should not be left unattended while eating due to choking risks; but they were left with yoghurt and no staff in the vicinity to ensure their safety. A choking risk assessment had been carried out for this person, which gave guidance to staff in the event the person choked. However, this was of limited use if staff were not around to notice the person choking. Another person was calling out from their room that they were "Soaking wet" for several minutes before staff were able to respond to them. The registered manager was made aware that this person was calling out, as there were no staff in the vicinity. They arranged for staff to support the person and after the inspection we were told that the person had not been wet and had received support with toileting.

The agency nurse had only worked once before in the service about two years previously. They administered medicines to people but the morning round took until after 10:30 to complete because the agency nurse was unfamiliar with people's needs and routines. The lateness of the medicines round had a 'knock on effect' because the agency nurse was having to keep separate notes of the actual times people had received their medicines; to ensure there were suitable gaps between doses and had to go back to different people at different times to give these; prolonging the rounds even further. Staff told us that there were generally enough staff but "They don't always turn up". This impacted on activities being offered and staff said there was not enough for people to do when they were short staffed. One staff said that they had "Lots of tasks to do but people don't get the quality time".

Rotas showed that the number of staff on shift in some days prior to our inspection did not meet the levels assessed as necessary by the registered manager. There were three shifts which were short by one care staff on 27 and 30 August and 2 September 2017. There was also one shift where there had been no registered nurse available; on 4 September 2017, and the registered manager had to step in to cover this. Following the inspection, the provider told us that contingencies had been put in place to redeploy laundry and kitchen staff to support care staff on those days. However, during the inspection the registered manager did not make us aware of this. The registered manager told us that they were actively recruiting staff to address this issue but the lack of staff meant there was a risk that people's needs would not be met.

The lack of sufficient staff is a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the registered manager contacted us to confirm in writing that staffing numbers had met assessed needs levels since our visit.

Processes for protecting people from possible abuse or neglect had not been robustly operated. Incident and accident reports for two people documented unexplained bruising which had not been discussed or referred to the local safeguarding authority by the registered manager. Some of the bruising was quite extensive and the registered manager contacted the local authority during the inspection after we raised our concerns about it. Staff had all received training about protecting people from abuse and neglect and told us they would report any issues to the registered manager. This process fell down however, because the registered manager had not always recognised when some matters should be escalated to the relevant authority.

The lack of a robust safeguarding process designed to protect people is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection, actions to reduce risks were not always carried out by staff, leaving people exposed to potential harm. This related to regular checks not consistently being made on people who were unable to use their call bell, people not being supported to reposition when their skin was at risk of breaking down. At this inspection these issues had been resolved and records showed that people were checked at least hourly when in their bedrooms and supported to reposition regularly when necessary to relieve pressure.

However, further work was needed to ensure that known risks were consistently minimised so that people were kept safe. One person was supported to mobilise in a wheelchair but their feet were not placed onto the footplates. This created a risk that their feet could drag on the ground and become injured. Staff said that the person was unable to use the footplates because of stiffness in their legs but the registered manager confirmed that footplates should have been used. Some of the risk assessments we reviewed did not clearly identify the risks to people and the mitigating actions that staff should practice, while other assessments were more detailed. This is therefore an area for improvement.

At our last inspection, medicines were not always stored securely and there were occasions when staff had not signed medicines administration records (MAR) to confirm that people had received their prescribed medicines. Charts to evidence that pain relief patches had been applied to different sites on people's skin had been inconsistently completed. At this inspection all these areas of concern had been fully resolved and the management of people's medicine was now safe. Medicines trolleys were kept locked between administrations and thickening granules for drinks were stored securely. MAR were clearly and consistently completed and staff waited with people to ensure they had swallowed their medicines, before signing off the MAR.

Temperature recordings of the medicines room and fridge were made daily and monitored to ensure they were within acceptable limits so that medicines remained effective and safe to use. All medicines were within their individual expiry dates and liquid medicines such as eye drops had been dated on initial opening to staff would know to dispose of them within the manufacturers' guidelines.

At our last inspection the service was not clean to an acceptable standard and there were risks associated with the control of infection. At this inspection all of the areas we highlighted had been addressed and were satisfactorily resolved; except the laundry room, where no changes had been made despite this being specifically mentioned on the warning notice served on the provider. The laundry room had painted brick walls which were chipped and the floor was uneven and worn in places. These surfaces were not easily washable and posed a risk that they could become contaminated through dirty and soiled items. The registered manager told us that plans had been made to improve the laundry and we saw that special paint had been purchased for the walls and floor. However, work on the laundry had not commenced at the time of our inspection. This is however, an area which still requires improvement.

All other areas of the home were clean and fresh, including sluice rooms, bathrooms, communal rooms and furniture. Slings used with hoist equipment had been regularly laundered and personal protective gloves and aprons were readily available for staff who were observed wearing them when carrying out care tasks.

Robust recruitment processes were in operation so that the provider could be assured that only suitable staff were employed to work with people. This included background checks through the Disclosure and Barring Service (DBS) and the seeking of references from past employers. Application forms listed all former jobs held and any gaps in employment had been explained in writing. This helped ensure a full picture of applicants' work histories was explored. Interview notes were retained which evidenced that the registered manager had asked meaningful questions of prospective staff to assess their suitability and aptitude for working in the service.

The safety of the premises and equipment had been regularly assessed and monitored. Professional contractors had undertaken safety checks on gas and electrical supplies, appliances and equipment. This included special baths, the lift and hoists which had been routinely serviced along with fire-fighting equipment and emergency lighting.

People had personal emergency evacuation plans (PEEPs) which showed the level of support they would need in the event they needed to urgently leave the premises. This information included the number of staff each person required to support them and any equipment such as walking aids that would be necessary. All staff had received up to date training about fire safety and regular fire alarm tests and drills were recorded. The registered manager regularly tested staff knowledge about fire exits and evacuation points and routes to ensure they remained aware and could effectively support people in a fire.

Accidents and incidents had been properly documented by staff. Records showed the follow up actions taken to prevent further occurrences. For example; one person had experienced falls during the night when trying to visit the toilet. This situation had been remedied by staff supporting this person to the toilet at regular intervals during the night and there had been no further falls.

Is the service effective?

Our findings

People who were able to speak with us said the service was effective and met their needs. One person said "Staff always lift me with a hoist from my bed to chair" and another told us "If we're unwell at all, they get the doctor in, no trouble".

At our last inspection people did not receive enough support with eating and drinking. At this inspection some people received support or prompting to eat and drink, but due to the staff shortages on the morning shift not everyone received enough attention. For example, one person was left alone to eat when their care plan said they should be supervised and another received no prompts from staff and was confused about their meal.

People's individual nutritional needs were not always met appropriately and professional advice about people's diets was not consistently followed in practice. For example, one person had been assessed as needing a soft diet but we observed them eating biscuits given to them by kitchen staff. This could present a choking risk and we made the registered manager aware of our concerns. The registered manager told us that this person was not at risk from choking on the biscuits and that it was only meat that presented them with a swallowing problem. However their care plan documented that their 'Diet needs to be soft'. This person was also given a pureed rather than soft meal at lunch and told us "I don't know what it is, but it's not mine". This conflicting information about the person's needs could place them at risk of being given unsuitable foods.

Another person was given a chocolate mousse instead of biscuits because kitchen staff said the person needed a soft diet; which was correct. However, the person told kitchen staff that they should not be eating the mousse because they were diabetic. The mousse contained 14g of sugar and after the person raised the issue, the registered manager intervened and provided them with yoghurt to replace the mousse. Kitchen staff told us the registered manager had told them it was "Ok" to give the person the chocolate mousse but when they checked with them again they had suggested yoghurt would be better. This person's care plan stated that they should be encouraged to make healthy food choices due to their diabetes. Kitchen staff were not fully aware of the types of food suitable for each person.

Risks to people associated with their diet had not been properly mitigated, which is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Food and fluid charts were fully completed and gave enough information to allow staff to monitor people's intake effectively. We observed people receiving plenty of drinks throughout the day.

People told us they liked the food on offer in the service. One person said "It's always nice and filling and tastes good too" and another person commented "Lovely meals; they really try to feed us well here". There was a choice provided at mealtimes. One person told us "We get a choice and I like fish and chips or the full grill". Kitchen staff kept a list of people's likes and dislikes and any allergies so that wishes could be accommodated and safety maintained.

We looked to see if the principles of the Mental Capacity Act (MCA) 2005 were being followed in practice. The MCA is designed to protect people who lack mental capacity, and maximise their ability to make decisions or participate in decision-making. Records showed an inconsistent picture about people's capacity to make their own decisions. For example; some care plans documented that people lacked capacity for certain choices such as the use of bedrails and relatives had been asked to sign consent on their behalf. However, there were not always individual capacity assessments associated with those decisions to demonstrate that people's ability to be involved with them had been properly considered.

The failure to adhere to the principles of the MCA is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had all received training about the MCA and were observed offering people choices during the inspection, for example about what people would like to drink. Verbal consent was sought from people so that their preferences were taken into account, for example about wearing food protectors when eating. People who were able to speak with us confirmed that their choices were listened to. One person told us "I just have to say when I want to go to bed, and sometimes I like a little rest in the afternoons too".

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 are called the Deprivation of Liberty Safeguards (DoLS). The registered manager understood their responsibilities around (DoLS) and had made a number of applications to the proper authority.

At our last inspection some staff had not received training about nutrition. At this inspection the numbers trained in this area had significantly increased. However, we continued to find that people's assessed needs around food were not consistently met in line with care plan guidance; for example one person was given biscuits when they were supposed to have a soft diet and another person was given a high sugar chocolate mousse when they had diabetes. This is therefore an area for continued improvement.

Many of the staff were trained to National Vocational Qualification (NVQ) level two or three in health and social care; or were working towards this. NVQs have been renamed Diplomas and are work based qualifications which recognise the skills and knowledge a person needs to do a job. Staff had received a wide range of training in mandatory and other subjects. They had also had guidance and regular input since our last inspection from specialist care home advisors working on behalf of the local Community NHS Trust. The registered manager and staff said they felt this had been especially beneficial to them and people told us they felt confident in staff's knowledge and abilities. One person said "They know what they're doing and I'm happy to let them get on with it".

Staff received regular supervision from the registered manager. Records of these sessions showed that discussions had taken place about training and personal development, commitment to improvement and highlighted staff's achievements. One staff told us "I like supervision as a chance to talk about what I'm doing well and where I can get better". Since our last inspection the registered manager had received clinical supervision from an NHS community nurse advisor; which they said they had found "Incredibly useful".

At our last inspection people's health care had not always been well-managed. We had concerns about wound care and the lack of detail in diabetes care plans. At this inspection, records about skin care showed that people had been appropriately referred for specialist input where necessary and healing processes were monitored and reviewed frequently. Where people needed support to reposition so that pressure was relieved this happened consistently, and people had equipment such as special cushions to provide further

relief.

Diabetes care planning had improved to provide clear guidance to staff about the safe upper and lower limits of people's blood sugar levels. Since our last inspection, staff had received training about diabetes and there was evidence that the GP had been contacted when there were any concerns about people's condition. People who live with diabetes are at increased risk of certain conditions affecting eyesight and circulation; which can cause foot problems. Regular optician and foot checks were documented and future appointments booked.

Other aspects of people's health care had been addressed so that their well-being was maintained. For example; people were weighed regularly and any losses were closely monitored. Referrals had been made to the dietician when advice was needed about people's intake and supplement drinks were provided as prescribed. People told us that the GP was called in for them if they were unwell. One person told us they had been feeling poorly but that staff had made sure the GP saw them quickly and that they received any prescribed medicines promptly.

Is the service caring?

Our findings

People gave us positive feedback about the way staff cared for them in the service. One person told us "They really do care for us and do everything they can to make us comfortable". Another person said "We're alright here; everyone's kind and I feel lucky and looked after".

At our last inspection some staff were brusque with people which was not respectful of them. At this inspection staff spoke kindly with people but on occasions did not consider the potential impact of what they said. For example, staff openly told people that the service was running short staffed and passed comment about how this affected them personally, for example, causing them to sweat or be "Dead on my feet". This was not appropriate and one person told us "I don't like to ask them to come in to me again; they're so busy".

Pop and rock music was played on the radio almost continuously in the main lounge during our inspection. People who were able to speak with us said they liked big band music for example. One person said "Oh I like James Last". We heard music by Beyoncé and Jon Bon Jovi being played and people said they had not been asked if they liked the radio station selected, which was not considerate of their preferences.

Administration staff sometimes worked at a desk in a corner of the main lounge. However, this was positioned so that staff had their back to people and made interaction difficult and limited. There was a missed opportunity to involve people more by placing the desk so that administration staff could see and speak with people while working.

Some people shared a bedroom and told us how they liked this arrangement. One person said "The manager talked to me about it to make sure I was happy and I wouldn't change a thing". Staff knocked on people's bedroom doors and called out to them before entering. They were discreet when reminding people to use the toilet and covered people's legs to make sure their dignity was protected. People had been supported to be well-presented. One person said "Staff help me to wash but I choose my own clothes".

Staff interacted well with people when they had time. At one point the cook came into the lounge and engaged people in chat and laughter, which they seemed to enjoy. Many of the staff had worked in the service for a number of years and knew people very well. This meant they were able to reference people's families or backgrounds in conversation and created a friendly, homely atmosphere. One person told us "They do look after me you know and they're so kind –I have to spend most of my time in bed". Another person commented "It's lovely here. The manager is very good to us and does my shopping for me".

At our last inspection, staff had not received up to date training and guidance about end of life care, and individual care plans about this were scant. At this inspection staff had had recent training and could tell us about what they had learnt. One staff said "It's about giving people the most comfortable and pain free death, remembering their wishes too". End of life care plans had been updated to document everything known in advance about people's individual choices for when the time came. This included preferences for funeral arrangements but went further in recording what people had asked for by way of clothing to be worn

for their final journey and special comforts they would like at the end of their life. This meant people's rights and choices could be honoured by the service and staff could be sure of acting in accordance with people's expressed wishes. We read a thank you card from relatives of a person who had passed away. It said 'To all the wonderful staff at Barham House; thank you very much for the love and care you gave our lovely Mum- we will be forever grateful'.

People were encouraged to be as independent as possible. One person said "Although I can't do too much now, I like to help staff out where I can". We observed that another person had a plate guard on their meal. This is a plastic rim which fits to the edge of a plate and prevents food being pushed off the plate. This enabled the person to continue to feed themselves without needing support. Care plans highlighted the ways in which staff should encourage people to help themselves. For example, one person's plan said that staff should provide them with a bowl of warm water and a flannel and prompt them to wash themselves, unless they required assistance.

Is the service responsive?

Our findings

At our last inspection, there had been very limited activities on offer to people. At this inspection there had been limited improvement. The registered manager told us that the activities staff had left and they had been unsuccessful in recruiting a replacement at the time of our inspection. They said that a member of care staff was usually rostered to deliver activities to people, but they were not at work on the day we visited. This meant there were no organised activities or entertainment at all for people and, due to another staff member being absent there was little opportunity for staff to spend time with people either.

Throughout the day of our inspection, people sat in the main lounge, the area by the kitchen or stayed in their bedrooms. There was a TV in the lounge but this was not on and the radio played pop and rock music. Some people had items on their tables that they could touch and feel, but aside from this there was nothing at all for people to see or do and most slept; except at mealtimes. In a recent survey of people and relatives, activities had scored below average, but the situation had not been adequately addressed to provide people with greater stimulation and social interaction. One person told us "I do get bored and could do with something more to do". Another person added "We don't do a lot, but I don't always want to".

The lack of appropriate activity to meet people's needs for stimulation is a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager showed us an 'Activity tree' in the foyer. People had painted leaves to place on the tree and was a work in progress. Some people said they played bingo occasionally and armchair exercise sessions had been booked.

People's care plans were written and presented in a person-centred way, documenting people's individual preferences and choices about all aspects of their care, such as times to get up and go to bed, what people liked to eat and how they liked their care delivered. However, care plans had many hand written entries added to them, which were not always easy to read and sometimes made it difficult to see which was the most up-to-date information. This is an area we have identified for improvement.

Care plans detailed step by step guidance for staff and provided sensitively-prepared information about people's lives and achievements before they lived at Barham House. The staff team consisted of many staff who had worked in the service over a number of years. They knew people very well and were able to describe people's likes, dislikes and personalities, along with their care needs. Staff told us that knowing about people helped them to offer support if they became distressed or upset and to provide distraction or comfort at other times.

People's needs had been assessed and reviewed on a regular basis to ensure that care was appropriate and relevant. Given that staff and the registered manager knew people so well, they were able to promptly recognise when people's needs changed or increased. This helped to ensure that people received input from the GP or other professionals in a timely way when necessary. For example, when people had lost weight they were referred for dietician advice and podiatrists and tissue viability nurses were called upon if

people developed skin wounds.

Daily nurse reports were completed which highlighted any clinical concerns and listed people's medical conditions and main care needs. These were handed over between staff shifts to make sure nurses held current information about people's care and treatment and any actions required. The reports also documented whether people had Do Not Attempt Resuscitation (DNAR) orders in place so that these directions would be followed, their preferred names and whether they had mental capacity to make their own decisions.

The recording and response to complaints had been thorough, but actions taken to address them were not consistently effective. Three complaints had been received since our last inspection; one of which was from a relative, dated June 2017, stating that their loved one did not receive sufficient support to eat and drink. Although we did not observe this person receiving their lunch, we did notice that other people did not receive as much support or prompting as was detailed in their care plans.

The registered manager kept a folder in which all complaints were recorded along with the date received, immediate actions taken, details of the investigation and a copy of the letter of response. People told us they were comfortable in raising concerns with the staff or registered manager. One person said "I'd speak to [Registered manager]; no trouble and she would sort me out". A copy of the provider's complaints protocol was on display in the foyer and gave instructions about how complaints could be raised.

A number of compliments had been received by the service. One thank you card read 'Please accept this as a thank you for all the help and kindness you've shown over the past four years' and 'Thank you for helping [Person's name] celebrate their birthday'.

Is the service well-led?

Our findings

There had been an improvement in the way the service was led since the last inspection, although further work was needed in some areas.

At our last inspection in January 2017, the service was rated as Requires Improvement for safety, effectiveness, caring and responsiveness but rated Inadequate in the well-led domain. We issued requirement actions in response to some breaches of Regulation and served the provider with a Warning Notice in relation to breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The Warning Notice stated that improvements must be made, including regular checks on people who were unable to use a call bell, supporting people to reposition when they were at risk of skin breakdowns, the management of medicines and cleanliness and hygiene. All of these areas had been addressed and remedied at this inspection, except for changes to the wall and floor surfaces in the laundry. The registered manager assured us that materials to rectify the poor surfaces had been purchased and were ready to be applied.

Although the terms of the Warning Notice had been largely met, the requirement action about staffing had not, because there were not enough staff to meet people's needs appropriately on the day of our inspection and some other days leading up to it. The lack of appropriate staffing had also led to activities being insufficient to meet people's need for social stimulation. However, the registered manager provided information following our visit to show that assessed staffing levels had been fulfilled since the inspection. In other areas where requirement actions had been made, for example about people's nutrition or their dignity, some improvement was seen but further input was necessary to continue to make standards of care better in these areas.

Auditing and oversight had improved; especially around medicines where frequent checks had ensured that people's medicines were now managed safely. The registered manager had implemented audits on food and fluid charts, repositioning records and hourly checks on people. These had been effective in improving the standard of their completion. Checks made on the cleanliness of the service had identified any shortfalls so they could be rectified before they became a problem. There still needed to be greater management oversight however of staff interaction and support provided at mealtimes to ensure these areas improved.

Feedback had been sought from people and their relatives. Administration staff spoke with people individually to gain their views on the service. We read records of the most recent feedback given in August 2017. This was mostly positive and gave people an individual opportunity to speak about any concerns or highlight the things they liked about the service. Actions taken in response to any issues raised during these one to one sessions were documented. Resident and relative meetings had been arranged but the registered manager said these had not proved particularly successful with low attendance. They said they would continue to publicise the meetings but make them quarterly. A staff survey had not been issued but the registered manager had prepared one for staff to complete at the time of our inspection. People, relatives and staff all said that the registered manager was visible and approachable. One relative said "She is a diamond; nothing is ever too much trouble and her staff really respect her". Staff told us that

they felt able to speak openly with the registered manager with any suggestions or concerns. They reported good teamwork and that, although they were busy, "We get the job done".

The registered manager told us that they shared ideas and best practice with the registered manager of another of the provider's services. This helped them to keep abreast of developments in the social care arena. The registered manager is a registered nurse and kept up her registration with regular validation. They had received clinical supervision from a specialist nurse advisor from the local NHS community health care trust to explore any training or development needs.

Registered persons are obliged to notify the CQC about certain events and incidents. The registered manager was aware of their responsibility to do so and had submitted statutory notifications in a timely way.

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
Diagnostic and screening procedures	People's needs were not consistently met
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Diagnostic and screening procedures	The principles of the MCA were not consistently observed.
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	People did not receive consistently safe care and treatment
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment
Diagnostic and screening procedures	People were not always safeguarded from abuse due to failure to report incidents to the local safeguarding authority.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There were not enough staff deployed to meet people's needs.
Diagnostic and screening procedures	
Treatment of disease, disorder or injury	

The enforcement action we took:

A warning notice was served.