Majesticare (Oak Lodge) Limited

Oak Lodge Care Home

Inspection report

Lordsleaze Lane
Chard
Somerset
TA20 2HN

Tel: 0146067258
Website: www.majesticare.co.uk

Date of inspection visit:
20 June 2018
21 June 2018

Date of publication:
16 October 2018

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

We undertook an unannounced inspection of Oak Lodge Care Home on 20 and 21 June 2018.

Oak Lodge Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Oak Lodge Care Home is registered to accommodate up to 47 people who require personal and nursing care. At the time of the inspection there were 27 people living at the home.

When the service was last inspected in October 2017 we found seven breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had failed to ensure sufficient improvements had been made in relation to the safe management of medicines, where there were identified risks to people, measures that could be taken to reduce these risks were not always in place or clear, exposing people to risk. No incident analysis was completed to identify patterns or trends to reduce any risks that may be present.

There were not enough staff consistently deployed to meet people's needs, poor staffing levels had resulted in people's care needs not being consistently met and their dignity being compromised.

The service had not met their responsibilities with regard to the Deprivation of Liberty Safeguards (DoLS), the service had not complied with the principles and legislation set out within the Mental Capacity Act 2005.

The quality and detail of people's care plans was inconsistent and the provider had failed to ensure that sufficient governance systems had been implemented to monitor the health, safety and welfare of people.

As a result of the findings of the inspection in October 2017, we served a notice of decision to vary the conditions of the provider's registration. We required the provider to report to the Care Quality Commission detailing their assessment of the dependency of the people living at Oak Lodge Care Home, and an associated staffing level assessment, and provide us with an audit confirming that appropriate and accurate assessments had been undertaken for people living at Oak Lodge Care Home. We also placed the service in special measures.

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

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of

preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

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

Whilst we found some improvements had been made since our last inspection, we identified the provider had not ensured there were sufficient improvements in relation to the safe management of medicines. Current practice did not ensure people were fully protected against all risks associated with medicines.

Although people told us they felt safe, two members of staff told us at times staff were using unplanned restraint for one person during personal care. Whilst staff knew how to recognise and report abuse, not all of the staff we spoke with felt confident to raise concerns relating to poor care.

Whilst we found systems had been implemented to improve the quality and safety of the service, we found these still weren't fully effective at identifying shortfalls and ensuring timely action was taken to address shortfalls.

Some improvements were still required to the processes in place where people lacked the capacity to make decisions for themselves.

There was a registered manager in post. The registered manager was not available during the inspection and they were currently absent from the home. There was a deputy manager in post who was also not available during the inspection, the provider had arranged for a covering manager from another service to cover in their absence. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The Head of Operations was also present during the inspection.

Improvements had been made to risk assessments and incidents and accidents were analysed for themes and trends.

Overall feedback from people, relatives and staff was that staffing levels had improved. The provider had procedures in place to ensure that suitable staff were recruited. Staff told us they received adequate training, supervision and support.

There were systems in place to ensure people were protected from the risk of the spread of infection. There were a range of checks in place to ensure the environment and equipment in the home was safe.

The provider had met their responsibilities with regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to

consent to treatment or care and need protecting from harm.

People commented positively about the food and they received and said they had enough to eat and drink. People's nutritional needs were assessed and their weights were monitored where required. People were supported to access healthcare professionals.

The premises were generally well maintained and safe. There were plans to improve the exterior of the home to make it fully safe for people to access.

People and their relatives spoke positively about the staff supporting them. Staff described how they supported people in a way that promoted their privacy and dignity. Staff spoke positively about the people they supported and knew them well.

There were a range of activities on offer for people to take part in. People, their relatives and staff had the opportunity to provide feedback on the service.

People and their relatives knew who the deputy manager was, and they felt able to approach them with any concerns. People, their relatives and staff commented they thought improvements had been made since our last inspection.

We found three continuing breaches of 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 the full version of the report.

The well led key question remains 'Inadequate' and the service therefore will remain in 'special measures'.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not fully safe

People's medicines were not consistently managed safely.

People were supported by staff who knew how to recognise and report abuse. Not all staff felt confident to report this.

Staff said they had sometimes used unplanned restraint when supporting a person.

Risks to people were identified and mitigated.

There were sufficient staff to meet people's needs.

Accidents and incidents were analysed to reduce risks.

People were protected from the risk of infection.

Is the service effective?

Requires Improvement

The service was not fully effective.

Some improvements were required to ensure people's rights were fully protected in line with the Mental Capacity Act 2005.

People were supported by staff who received enough training and support to carry out their role.

People received adequate nutrition and hydration.

People had access to healthcare professionals.

Is the service caring?

Good

The service was caring

People and their relatives spoke highly of the staff supporting them.

People's privacy and dignity was respected.

People told us staff sought consent before supporting them.

Is the service responsive?

Requires Improvement

The service was not fully responsive.

People's care plans required further details to ensure they reflected people's up to date needs. Reviews of people's care plans involved them or their representatives.

People and their relatives were aware of the complaints policy, where people raised complaints these were responded to.

People could be involved in activities at the service.

Is the service well-led?

Inadequate

Some aspects of the service were not well led.

The systems in place to monitor the safety and quality of the service were not fully effective in identifying all shortfalls in the service and ensuring improvements were made.

People, their relatives and staff commented positively about the deputy manager who was covering in the registered managers absence.

There were systems in place to receive feedback from people, their relatives and staff.

Oak Lodge Care Home

Detailed findings

Background to this inspection

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

This inspection 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. When the service was last inspected in October 2017 we found seven breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We did not request that the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, tell us what the service does well and the improvements they planned to make. We requested this information during the inspection. We reviewed the information that we had about the service including safeguarding records, complaints, whistleblowing information and statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

Some people in the service were living with a dementia and were not able to tell us about their experiences. We used a number of different methods such as undertaking observations to help us understand people's experiences. We spoke with 12 people who used the service and four people's relatives or visitors. We also spoke with 13 members of staff. This included the Head of Operations, the covering manager, the administrator, maintenance staff, kitchen staff, housekeeping staff, nursing staff and care staff.

During the inspection, we looked at 10 people's care and support records. We also reviewed records associated with people's care provision such as medicine records and daily care records relating to food and fluid consumption. We reviewed records relating to the management of the service such as the staffing rotas, policies, incident and accident records, recruitment and training records, meeting minutes and audit reports.

Requires Improvement

Is the service safe?

Our findings

At our last inspections in September 2016 and October 2017 we identified medicines were not being managed safely. During this inspection we found there were still shortfalls in the safety of medicines management.

We looked at all of the medicine administration records (MARs). Although there was a system in place for staff to check for any gaps or errors, this system was not fully effective because we saw two gaps where staff had not signed to indicate they had administered medicines as required. Despite this, on the dates in question, staff had signed to confirm all charts were complete, including the MARs.

Some people were prescribed medicines on an 'as required' basis (PRN). Although there were some protocols in place to inform staff when and why people might require these additional medicines, for seven medicines they were not in place. Additionally, when protocols were in place they were not person centred. For example, three people had PRN protocols in place for Paracetamol. However, the reasons for administering were limited to, "Pain and fever." There was nothing documented to inform staff if and where people regularly experienced pain. Additionally, there was nothing documented to inform staff how people who were unable to verbally communicate would indicate they had pain. The provider's medicines policy stated there should be a "Specific plan for administration [of PRN medicines]."

Seven people had been given pain relief on a regular basis despite the MAR instructions specifying, "when required." Although this showed that people did receive pain relief, there was nothing documented to show that staff had highlighted the need for regular pain relief to the GP to assess if there was any underlying concern. The provider's medicines policy stated, "If a PRN medicine is administered on a regular basis (best practice is no more than three days), a referral to the prescriber should be considered for a review."

Some people had been prescribed medicines for "agitation" on an 'as required' basis. Of the five charts we looked at, three people had protocols in place, and two did not. The three in place were all the same and did not provide staff with information on the signs of agitation each person might display, any triggers, or what steps should be taken prior to resorting to the use of medicines. When staff had administered these medicines there was nothing documented on the reverse of the MAR to indicate why they had done so. Information written in daily records was limited. For example, staff had written "Agitated. Given [medicine name]." This meant it was difficult for staff to identify themes, trends or effectiveness. The provider's medicines policy stated "Response to the PRN will be monitored." This issue was also raised during the previous inspection in October 2017.

One person had been prescribed medicine for when they had a seizure, but there was no protocol in place. This meant it was unclear if staff would know what to do in the event of a seizure.

One person was having medicines as recommended by a community psychiatric nurse. In the person's care notes it was documented on 29/05/2018, that the person should have 1mg of one medicine and two sleeping tablets at night for one week. The MAR chart for this person showed that staff had done this for

seven days. From the eighth day onwards they had continued to administer two sleeping tablets and half (0.5 mg) of an anti-anxiety medicine for three days and then returned to administering the previous higher dose. Although the nurse told us they had discussed this with the person's GP and they had agreed for the medicines to be continued, there was nothing documented in the records to show this had been discussed or agreed with the GP. Following the inspection, it was confirmed to the Inspector that the GP had instructed the changes and variations in medication doses were to continue from the eighth day, however the staff did not record this appropriately.

Another person was prescribed night sedation. The MAR instructions were, "For occasional use only." However, the person had been given the medicine every night for at least the past 24 nights. There was nothing documented to indicate that staff had discussed this with the GP to confirm it was safe to do so. We discussed this with the Head of Operations who following the inspection confirmed they had arranged for the GP to visit the home and review all 'as required' medicines people were receiving.

In one person's care plan staff had documented the person received their medicines covertly. This is when medicines are disguised in food or drink. Nursing staff confirmed the person did sometimes have their tablets hidden in yoghurt. However, there was no documentation in place to show that the person's mental capacity to agree to this had been assessed. There was also nothing documented to show how the decision to administer medicines this way had been reached or who had been involved in the decision.

At our previous inspection we highlighted the lack of medicines stock control. At this inspection we found the issue had not been completely resolved. For example, one person had been prescribed a medicine that had not been given on six occasions because it had been out of stock. Another person had been prescribed a food supplement drink that had not been given for 17 consecutive doses because it was out of stock.

Medicines were stored in locked trolleys. One of these trolleys was kept in a locked clinical room when not in use. The temperature of the room was monitored, but records showed the temperature had exceeded the recommended 25 degrees centigrade on several occasions. For example, we saw five occasions when the temperature was 27 degrees and one occasion when it was recorded as 28 degrees. There was nothing documented to indicate that staff had recognised the temperature was high or if they had taken any action to reduce it. We discussed this with the covering manager during our inspection and they arranged for two fridges to be moved to another room with the aim of bringing the temperature down. This issue was also raised during our previous inspection. The provider's medicines policy stated the temperatures of rooms where medicines are stored, "must not exceed 25 degrees centigrade." Storing medicines above the manufacturers recommended temperature presents a risk that the effectiveness of the medicines may be reduced.

Some people had been prescribed topical medicines such as creams or lotions. Records showed staff had signed when they administered these. Staff had also documented when people refused to have creams applied. However, the instructions for staff were not always clear. For example, in one person's plan it was documented a cream should be applied after personal care, but on the topical administration chart it was written "as required." There were no body maps in place to show staff where creams should be applied, despite the provider's medicines policy saying they should be used. This meant there was a risk, if people were supported by unfamiliar staff, they would not know where and how to apply the creams.

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

Staff told us, one person sometimes became anxious when they supported them with personal care. They

said at these times the person would hit out at the staff supporting them. The person's care plan stated they, "Sometimes refuse personal care." In response to this the care plan stated staff should use, "Leave and return methods", meaning they should leave the person and return after a period of time. Although a majority of the staff we spoke with told us they followed the care plan and used "Leave and return", two staff commented that staff at times physically held the person during personal care, because they were at risk of getting hit. This meant at times staff had used unplanned restraint and physically held the person against their wishes.

Other staff we spoke with told us they followed the guidance in place by leaving the person and they would return after a period of time to offer support. Whilst there was guidance in place for staff instructing them of the action to take if the person became anxious during personal care, there was no guidance in place for staff that stated restraint could be used for the person. The covering manager told us they were not aware that staff were using any form of unplanned restraint. They also told us they would inform all staff they should not be using any form of restraint and they raised a safeguarding alert to the local authority for the person.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We raised these concerns with the provider who following the inspection completed an investigation and was unable to find evidence to substantiate the concerns. They also confirmed the safeguarding team stated it did not meet the threshold for a safeguarding investigation.

People told us they felt safe living at Oak Lodge Care Home. Comments included, "I feel safe as there are plenty of people around", "I am in a safe environment. I like the people here" and "24/7 care. I have an emergency bell due to a medical problem. If any problems there is someone here to help me day or night."

Staff told us they completed training on how to protect people from avoidable harm and abuse, and staff spoken with confirmed the correct action to take if they suspected abuse. Whilst the majority of comments we received from staff stated they felt confident raising any concerns, not all staff said they felt confident to raise concerns about poor care. One member of staff said, "Any concerns, I'd report it. It's important to do that", another said, "I'm scared to speak up." Staff reported concerns about poor care to us during the inspection, which we shared with the provider and the local authority safeguarding team. This potentially placed people at risk of receiving unchallenged poor care.

We discussed this with the Head of Operations who told us they would re-issue the providers whistle blowing policy to all staff to encourage staff to raise any concerns and reassure them these could be raised in confidence. Following our inspection they confirmed they had given all staff a copy of the whistle blowing policy and they were going to send out a survey to people and staff to enable any concerns to be raised anonymously. They had also taken action in response to the concerns we raised to the local authority.

At our last inspection in October 2017 we identified steps to reduce or mitigate risks to people had not always been completed, placing people at risk of unsafe care. We also found accidents and incidents were not regularly reviewed and analysed for themes and trends, to enable measures to be implemented to reduce the likelihood of similar incidents.

During this inspection we found improvements had been made. Care plans contained risk assessments for areas such as mobility, malnutrition and pressure sores. When risks were identified, plans guided staff on how to reduce the risk of harm to people. For example, we looked at the plan for one person who had been

assessed as having a very high risk of developing pressure sores. The plan included details of pressure relieving equipment in place, and how often staff needed to change the person's position. Position change charts showed that people's positions were changed in line with care plan guidance. Air mattresses were checked daily to ensure they were set correctly. Air mattresses we looked at were all at the correct weight setting for people. When staff needed to use moving and handling equipment this was included in care plans. For example, hoist and sling details. We observed staff moving people using equipment and this was done safely.

We also found there was guidance in place for staff to follow in relation to people who were at risk of choking and people becoming unwell due to the medical condition diabetes. People had personal emergency evacuation plans detailing the support they would need to safely evacuate the building in the event of an emergency.

There were systems in place to analyse and review each incident or accident that occurred in the home. Staff recorded and reported these when they occurred. All incidents and accidents were transferred onto the provider's computer system. The system enabled the managers to review incidents and accidents for themes and trends. These were also reviewed weekly during a managers meeting and discussed to determine if all suitable measures had been implemented to reduce the likelihood of the incident or accident reoccurring.

At our previous inspection in October 2017 we received mixed feedback from people, relatives and staff, in relation to their being sufficient staffing levels in the home. People's care and treatment needs were not always consistently met due to insufficient staffing numbers.

During this inspection we found although people said there were occasions when they had to wait for assistance, overall improvements had been made to the staffing levels in the home. Comments from people included, "They never rush me", "Definitely enough staff on duty during the day. They seem to have plenty of time", "Not enough staff at times, especially upstairs where most people need two carers. You have to wait. They pop their head round the door and say sorry, busy at the minute, will be back", "In the mornings they could do with more staff. That's when it's busy for them", "Night times, long time before they answer bell. Day time is very good" and "Yes, plenty of staff." One person commented they had to wait when they were wet because staff were busy. We raised this with the a member of the leadership team who discussed this with the person and identified this was at a specific time of day, and the person was unable to wait until staff attended. The Head of Memory and Lifestyle Care told us they would amend the person's care plan to ensure they received assistance at the identified time.

Relatives told us staffing levels had improved. Comments included, "Greatly improved staffing levels" and "Definitely a lot better than it used to be."

Staff also told us the staffing levels in the home had improved. Comments from staff included, "Staffing levels are good, we are not short staffed, we have plenty [of staff]", "Staffing has got better, it wasn't so good back along, it's a lot better now", "Staffing has improved, they look at the needs of the residents and adjust the staffing levels to meet their needs" and "Staffing is ok most of the time, its busy in the mornings, we have enough staff at the moment."

Our observations were that there were enough staff available to meet people's needs. Staffing levels were calculated and reviewed regularly using a tool to assess the needs of each person living at the home. We reviewed the last four weeks staffing rota and found the required staffing levels were consistently met.

The provider had procedures in place to ensure that only suitable staff were recruited. These included inviting them for a formal interview and carrying out pre-employment checks. Within these checks the provider asked for a full employment history, references from previous employers, proof of staff's identity and a satisfactory Disclosure and Barring Service clearance (DBS). The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

There were gaps in the employment history of one of the staff files we viewed; another had a missing application form. The administrator had recently completed an audit of all of the recruitment files and had an action plan in place where there were any gaps identified. We noted they were taking action to ensure all relevant documentation was in place.

There were systems in place to ensure people were protected from the risk of the spread of infection. The provider employed a team of housekeeping staff to maintain a clean home. Staff had access to, and wore, personal protective equipment such as disposable gloves and aprons which also helped to minimise risks to people.

There were a range of checks in place to ensure the environment and equipment in the home was safe. Safety reviews and regular servicing of utilities such as electrical checks, regular fire alarm testing and drills were carried out. There was a new maintenance person in post and they showed us how the checks they undertook were logged in the provider's quality assurance system. They said that any issues that arose during the checks would be reported to the manager. We saw that actions arising from health and safety audits had been completed.

Requires Improvement

Is the service effective?

Our findings

At our last inspection in October 2017 we found consent to care and treatment was not consistently sought in line with current legislation and guidance. The principles of the Mental Capacity Act 2005 (MCA) were not always being followed.

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.

During this inspection we found there were still some shortfalls in the application in the MCA. Some of the staff we spoke with did not demonstrate a good understanding of the principles of the MCA and records showed that consent to care was still not always sought in line with legislation.

Some people had bed rails or sensor mats in place. Although these were in place to keep people safe and reduce the risk of them falling, people had not always been asked for their consent. When in place, bed rails restrict a person's free movement from getting out of bed and could also lead to a feeling of isolation. Bed rails risk assessments had been completed, but staff had not documented if any other less restrictive options had been considered. In one person's risk assessment staff had written, "Bed rails for safety." They had ticked a box to confirm the person had been assessed as lacking capacity to make the decision and the person's lasting power of attorney had signed the assessment to agree to them, but there was no formal capacity assessment in place. The MCA states that when care staff are involved in preparing a care plan for someone who has appointed a personal welfare attorney, they must first assess whether the person has capacity to agree to the care plan or to parts of it. If the person lacks capacity, professionals must then consult the attorney and get their agreement to the care plan.

We discussed this with a member of the leadership team, who following our inspection confirmed they had reviewed all care records in relation to people's capacity to make decisions. They confirmed capacity assessments and best interest decisions were in place for all significant decisions where required. They also informed us they had completed training sessions with staff to raise awareness and knowledge in relation to the application of the MCA.

At our last inspection in October 2017 we identified improvements were needed in relation to the delivery and monitoring of staff induction, training and supervision. During this inspection we found the provider had taken action make improvements in this area.

Staff told us they felt they received enough training to carry out their roles. We reviewed the training records and staff received training in subjects such as moving and handling people, infection control, safeguarding adults, fire safety, first aid, fluid and nutrition, dementia awareness and supporting people at the end of their lives.

Staff told us the training they received had improved, and we saw training statistics had improved. One staff member told us, "I had a two week induction that included training and shadowing staff, it was enough and if I had any issues I could go to the nurses." Other comments included; "We have regular training and it is good, enough to do the job", "The training is better now, we are updated regularly" and "We do online training, it is regular and I'm up to date, it's enough to do my job." Nurses said they had access to training and development in order to meet their professional registration requirements. One said, "We have a combination of face to face training and e-learning. They [the provider] provide us with internal and external trainers. I feel trained to do my job."

Staff told us they received one to one supervision with their line manager to review their performance and received feedback around their work, although some commented they had not received this for a while. Staff who told us they had not received supervision for a while told us they felt supported and if they had any concerns they would raise these with the senior staff or nurses. Comments included, "I haven't had a supervision in a while, but I know it's in the pipeline. I am able to go to the nursing assistants who are really helpful" and "I have supervision six monthly, its ok now, this year has been ok [name of deputy manager] is very supportive." Nurses said they had regular supervisions with their line manager. One nurse said, "I had a supervision last month." The Head of Operations confirmed there were planned dates for staff to have supervision if these had not be held in line with the providers policy.

At our last inspection in October 2017 we identified the provider had not met their legal responsibilities in relation to the Deprivation of Liberty Safeguards (DoLS). People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care services is called the Deprivation of Liberty Safeguards (DoLS).

During this inspection we found improvements had been made. The provider had a list of all of the DoLS applications they had submitted to the local authority. We saw evidence they were enquiring about the progress of the applications with the local authority.

At out last inspection in October 2017 we identified improvements were needed in relation to the monitoring of people's nutrition and hydration needs. At this inspection we found improvements had been made.

People had enough to eat and drink. People's nutritional needs were assessed and their weights were monitored. When people lost weight, advice was sought from the GP. When people had specific dietary needs, specialist advice had been sought from a speech and language therapist [SALT]. Recommended advice had been incorporated into people's care plans. This included information for staff on how to support people who needed assistance, any special cutlery that should be used and the positions people should be when eating or drinking. People's preferences for what they liked to eat and drink had been recorded.

Some people were having their food and fluid intake monitored. Although there was not always a clinical reason for doing this, the clinical lead said, "I like to know that people have had been given enough food and drink." Food and fluid charts we looked at had been completed in full.

Throughout the inspection we saw people regularly being offered drinks. When staff supported people with food or drink this was done sensitively. Staff sat beside people and we heard them having conversations with people as they helped them.

People told us they were happy with the food provided, although one person did comment they thought the

food was "Repetitive." Comments included, "Always a choice", "I enjoy the food and can always ask for something else", "Excellent, no complaint about the food" and "I prefer plain food but can always get alternatives." People received a diet to meet their needs. The cook had a list of people's likes, dislikes, dietary needs and preferences to ensure people received a diet that met their preferences.

Our observations of the mealtime experience was positive. There were two main meal options on the menu each day and if a person did not like what was on the menu they could choose something else. People had been asked in the morning which option out of the two they would like. If they didn't like the options, they were offered numerous alternatives.

We observed people being assisted with their meals in a way that respected dignity and at a pace led by the person. People were offered a variety of alcoholic and non-alcoholic drinks to accompany their meal. There was a nice relaxed atmosphere, a radio played quietly in the background. Staff and people chatted all through the meal. Staff were very attentive asking, "Is everything ok?" and "Would you like more gravy it looks a little dry."

People had access to on-going health care. Records showed people had been seen by a GP, chiropodist, optician, Community Psychiatric Nurse, and Speech and Language Therapist for example. GPs did not visit on a regular basis, although the clinical lead told us this was something they were in discussion with the local surgery to start. They said, "I think if the GP came regularly, we could use their time in a better way. We wouldn't have to keep ringing them."

The premises were generally well maintained and safe. The outside garden area was not safe for all people to use because there were some paving slabs missing which meant there was a risk of people falling. There were risk assessments in place for the outside of the home identifying the risks. The maintenance person told us they were in the process of getting quotes for the whole area to be repaved; this was due to be completed by the end of July 2018. The Head of Operations also told us there were plans to involve people and relatives in the design of a dementia friendly garden and that money had been assigned for the required work to be completed.

Good

Is the service caring?

Our findings

At our last inspection in October 2017 we identified people's dignity could be compromised, this was due to staffing levels and people having to wait for long periods for assistance.

During this inspection we found improvements had been made. Although people told us they had to wait for assistance sometimes, they were aware this was due to staff assisting other people. People told us staff responded to the call bells and explained if they were assisting another person. The overall feedback we received was that staffing levels had improved.

People told us staff were caring and friendly. One person told us, "Staff are very good to me, so are the cleaners, they all pass the time of day." Other comments included, "Staff treat me very well. Always call me by my name", "Staff are kind, friendly and jovial" and "They are comical, they have a laugh." A relative commented, "Definitely good care. They reassure [name] and will phone me and let me know if there are concerns."

Throughout both days we saw staff spoke to people respectfully and showed kindness and patience when supporting them. Staff supported people to move around the home, they did not rush people and offered encouragement and reassurance where appropriate. We observed staff from all roles interacting with people positively and encouraging conversations. For example we observed a maintenance person say to one person, "Hello [person's name]. Your hair looks lovely, have you had it done?" On another occasion a member of staff walked into the lounge and helped one person to choose a film to watch. They asked, "What about [film name]. Do you remember [name of actress]?"

On one occasion however, we saw staff talking to people and their visitors in the lounge. Other people were also sitting there. One staff member was talking about another person who was using the service even though they weren't present. Discussing a person in front of other people and visitors meant the person's confidentiality was not maintained because they were discussing the person by name. We also observed one person was being assisted to transfer from a wheelchair to lounge chair using a stand aid. Whilst staff were having a general conversation with the person, they were not explaining what they were going to do when lifting the person using the equipment. This meant the person would not be aware of when they were being moved.

People told us staff respected their dignity and asked for consent before supporting them. One person told us, "They [staff] always say things like, I am going to wash you down below is that ok." Another person commented, "Staff will ask me if I want any help." Other comments included, "They always put a towel over me when I have a strip wash" and "They try and keep me covered if I get washed in bed."

Comments from relatives included, "I've no complaints, they [staff] treat [name] with respect' and "Staff always say to [name], 'is it alright if I give you a wash'. Sometimes they realise [name] is tired and they leave them to rest and come back later." Staff described how they ensured people had privacy and how their modesty was protected when providing personal care. For example, closing doors and curtains and

explaining what they were doing. We observed staff knocking on people's doors during our inspection.

Staff had a good knowledge of the people they were supporting. One person told us, "They know what I like." Staff spoke positively about people and were able to tell us about people's likes, dislikes and what was important to them.

Care plans included details of people's likes and dislikes and how they needed staff to support them. Life history documents were also in place which provided staff with information on people's lives before they moved to the service. These were used to record information relating to the person's life history including their previous occupations, family details and their hobbies. Information such as this is important when supporting people who might have dementia or memory loss.

People were involved in day to day decisions about their care and support. One person told us, "They [staff] help me choose what to wear." Other comments included, "Staff will say 'do you want to get up now or shall I come back'" and "I said I wanted a shower alternate days and that what I got." During the inspection we observed some people chose to stay in their rooms; whilst others chose to spend time in the lounges.

The service kept a record of compliments they received. We reviewed a file that contained written feedback to the service to express their thanks. Comments included, "We would like to thank you all for the loving care and kindness you gave to [name]" and "Many thanks to you all for your kindness."

Requires Improvement

Is the service responsive?

Our findings

At out last inspection October 2017 we identified the quality and detail within people's care plans was inconsistent. We found it was not easy to understand people's needs due to the layout of the plans and the level of detail was poor and the care plans were not consistently person centred.

During this inspection we found the quality of care plans had improved; however, there were still areas for improvement. Some sections were person centred, but this was not seen consistently. For example, in one person's plan, details about how they liked to dress and their hair and makeup preferences were written. But in another person's plan their clothing preferences or whether they preferred a wet or dry shave had not been documented. Some people's night time routines were detailed, such as whether they preferred a bed side light on or not, but not all were.

Communication plans were of mixed quality. Some people had communication difficulties and in one person's plan the guidance for staff was clear, such as "Ensure face to face, speak slowly and clearly". One person's first language was not English and the plan included communication aids that staff should use. However, in another person's plan staff had written "Unable to communicate his needs at all", but the guidance for staff was limited to "Try to understand his body language". There was no explanation of what body language the person displayed or what it might mean.

Care plans did not always have the most up to date information regarding the use of sensor mats and bedrails. For example, one person had a sensor mat, but this was not referred to in the care plan. In another person's plan it was written they had a tumble mat and sensor mat in place. However, when we checked, the person had bed rails in place.

We looked at a wound plan for one person. Although the type of wound dressing to be used was written, there was nothing to inform staff how often this should happen. There were photographs of the wound in place, but the latest one was dated 25/05/2018. There was nothing within the plan to inform staff how often they should photograph the wound. Having up to date photos in place enables staff to easily identify if a wound is healing or not.

Plans in relation to people's anxiety were also of mixed quality. One plan we looked at was very detailed about how the person displayed their grief and how staff should support them. However, when people had been prescribed medicine to relieve agitation, this was not always documented within the plans.

Advanced care plans were in place. These are plans that detail people's choices about the care they want at the end of their lives. The plans we looked at were very detailed and included people's preferences for where and how they wanted to be cared for. For example, in one plan it was documented the person preferred that agency staff didn't care for them at the end of their life.

People and their relatives were involved in reviews. Plans had been reviewed regularly. One staff member said, "I speak to people and their families, find out what people like and involve them in care planning. When

I write end of life plans it's so important to know what people want."

People told us they were happy with and aware of the activities on offer and had the choice if they wanted to participate or not. One person told us, "I am aware of the activities, they always ask me if I want to go." Other comments included; "I go to whatever's happening", "The activity people really good" and "I like the music and singing.' One person told us they would like staff to support them to use their computer. Another commented they didn't join in with the activities and they would like someone to read the newspaper with them. We discussed these with the Head of Memory and Lifestyle Care. They told us they had spoken with the people and confirmed action had been taken to address these comments.

We observed a skittles session during the inspection. The activities co-ordinator who was very enthusiastic about their role, encouraged people's participation and we saw it was quite a lively session, which people seemed to enjoy. Other activities on offer included; nail painting, puzzles, music, singing, cooking, gardening, trips out in taxis. Communion was held once a month in the home. There was also a summer fete planned and we saw pictures of animals visiting the home including a donkey, insects, birds and dogs.

People said they would speak to a member of staff, or manager if they had a concern. One person told us, "I would speak to a carer and she would pass it on to the manager." Other comments included, "I would probably speak to the nurse in charge" and "I would speak to the lead nurse."

Most people we spoke with said they had no concerns. One person told us, "I have asked for a ramp outside my patio door as it's a big step and I can't access the patio. They said they are getting quotes, so I am waiting to hear." The Head of Operations confirmed they were in the process of obtaining quotes for this. Another person commented, "I complained about a hospital visit and I feel [name of deputy manager] listened to me.'

The service had received seven complaints since the last inspection. Records demonstrated complaints were recorded and responded to and when complaints were resolved the outcome was recorded on the providers systems. The Head of Operations told us all complaints were discussed weekly at the managers meeting. They also told us the Directors of the service were aware of and monitored all complaints to enable them to have an oversight.

Inadequate

Is the service well-led?

Our findings

At out last inspections in September 2016 and October 2017 we identified the systems to assess, monitor and improve the quality of service provided were not always operating effectively. During this inspection whilst we found there were improvements to the provider's governance systems, these still needed some further improvements to enable them to be fully effective.

There were a range of systems in place to audit the service, these included internal audits such as medicines, infection control and a monthly manager's report.

We reviewed the medicines audit completed in May 2018 which stated all medicines were stored between 22 -25 degrees, it had failed to identify the dates when the medicines room was running over 25 degrees. The systems in place to monitor medicines had failed to identify two of the medicines stock had run out. This audit had failed to identify 'as required' medicines protocols were not specific to the person and they lacked specific details of when staff should administer the medicines, it had also failed to identify the protocols did not direct staff to monitor the effect of the as required medicines.

Various member's of the provider's senior leadership team also visited the home regularly. During these visits they completed a range of audits and observations, and produced a report on areas of good practice and areas for improvement. Areas covered included; care plans, talking to people, relatives and staff, training, the environment, staffing and the mealtime experience. We reviewed the provider visit report from June 2018, medicines management had been reviewed as part of the visit and was noted as 'no issues'.

Whilst the provider reports identified no issues, this was not consistent with out findings at this inspection. In addition to the evident failure in the current medicines audits, the audits and observations had not identified other matters. For example, the inspection team identified areas in care planning where information that was out of date or did not reflect the person's current needs. We found one example where the impact on the person was that they did not get the assistance they needed to go to the toilet.

The registered manager also completed a 'mock inspection' which was linked to the Key Lines of Enquiry (KLoE) inspected against by the Care Quality Commission during a comprehensive inspection. We reviewed the mock inspection report from March 2018, this stated where a resident lacks capacity to make a decision that a best interest decision had been made in line with current legislation, which was contrary to what we found during the inspection.

During this inspection we found three continued breaches from the previous inspection in October 2017, two of these were also apparent at the September 2016 inspection. This meant the systems in place to monitor and improve the safety and quality of the service were not fully effective in ensuring improvements were made and sustained.

This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The mock inspection report did reflect some of the improvements we found during the inspection such as, improvements in staffing levels, improvements in the providers incident analysis, risk assessments, improvements to the menus, staff meetings and staffs overall knowledge of people's personal histories and preferences.

The provider visit report dated June 2018 had identified staff had not received 100% compliance with all training and an action point had been implemented for the administrator to chase staff to complete the required training. Care plans were reviewed, with improvements noted as them being much more up to date. The May 2018 provider report stated an action point was for the administrator to receive support to audit the staffing files, which we found had been completed.

We discussed the governance arrangements in place at the service with the Head of Operations. They demonstrated a system they had implemented since December 2017, following our last inspection. The system included monitoring and reviewing of a range of areas including, incidents and accidents, pressure ulcers, complaints and safeguarding. The system had a built in hazard detection system to highlight any immediate action required, if there was faulty equipment for example. It also analysed incidents and accidents for themes and trends. The Head of Operations told us these areas were discussed weekly in a mangers teleconference to review any actions required and who was responsible for completing them.

The Head of Operations also told us the Directors of the service received regular updates on the service via a board report. They told us the report included and overview of incidents, accidents, safeguarding, complaints and falls. The Head of Operations met with the Directors monthly to go through the report, this enabled the directors to have knowledge of the current situation of the home and action being taken in response to any concerns.

At our last inspection we identified Improvements were needed to ensure the provider met their full regulatory requirements in relation displaying the rating awarded to them by the Care Quality Commission (CQC). There is a legal requirement for a provider to display their CQC location rating 'conspicuously' and 'legibly' within the service and on their website (if applicable) where people will be able to see it. This is to ensure the public can make informed decisions on choosing a care provider. On arrival at the service, we identified the previous inspection rating was clearly displayed on the notice board in the reception area of the home.

We received positive comments about the management of the service. Most people knew who the deputy manager was and commented positively about them Comments included; "Good bloke, he comes in and sees me", "Yes, [name of deputy manager] is standing in and they are excellent", "My family member emailed the Director of the company to tell them how good [name of deputy manager] is", "[Name of deputy manager] is very approachable, jovial and knows the people here" and "Things have improved since [name of deputy manager] has been here." However one person told us they were "Not sure" who the manager was and another stated they, "Don't see the manager."

People and their relatives commented they thought the service had made improvements since our last inspection. People told us, "It's better than before" and "It's improving." Comments from relatives included, "It's much improved", "Definitely run better than it used to be", "Staff communicate much better now. I notice them having handovers, that's very important and reassuring" and "Problems in the past but improving now." People also commented that they thought there was a good atmosphere in the home. Comments included, "They are always smiling and happy" and "I hear them laughing. When they pass the door, they wave."

Staff felt there had been improvements since the last inspection, they commented positively about support they received and the culture of the team. Comments from staff included; "Generally, morale is so much better", "Head office have been very supportive", "Things have definitely improved since the last inspection, senior managers come in regularly, we can approach them if needed", "[Name of deputy manager] is approachable" and "[Name of manager] is very approachable and the deputy manager is very helpful too, I do feel supported. We have a culture of everyone helping each other."

Staff meetings were held which were used to address any issues and communicate messages to staff. One staff member told us, "We have staff meetings, we talk about the residents and how we can improve, you can speak up and are listened to." Meeting minutes reviewed demonstrated items discussed included; staffing levels, suggestions on how to improve, team work, recording, confidentiality and delivering person centred care.

The Head of Operations told us how the home had implemented a, "Dementia roadmap strategy." This involved a senior manager (Head of Memory and Lifestyle Care) completing an audit of the service with the purpose of identifying areas of good practice and areas for improvement in relation to supporting people living with a dementia. The audit covered areas such as staff training, observations, family involvement, care planning and the environment. One of the actions was for there to be a 'family tree' with staff pictures, names and roles available. We observed this in the reception area of the home. We noted positive feedback from a family member with regards to the tree. They commented, "The family tree is very helpful for relatives to identify the staff and recognise who is on duty." We reviewed the action plan that had been implemented as a result of the audit and the on-going reviews, this demonstrated progress was being made against the identified actions.

There were a range of systems in place for people, their relatives and staff to give feedback on the service. These included a quarterly survey; we reviewed the results of the surveys which demonstrated overall feedback was positive from people, relatives and staff.

Resident and relatives meetings were also held to enable people to discuss matters relevant to the home. One person told us, "I have attended residents meeting we were asked our opinions about what we thought about the home and did we have concerns. I felt we were listened to." A relative commented, "I have attended residents meeting. Discussed what they are working towards. Found it very useful." We reviewed the minutes of the latest meeting and saw items discussed included, management arrangements, the environment, activities and the new chef. We noted relatives commented on how they thought the morale within the home had improved.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Medicines were not consistently managed safely. 12(1)(2)(g).

The enforcement action we took:

We imposed a condition on the providers registration.

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
Treatment of disease, disorder or injury	Some care and treatment was provided in a way that included acts intended to control or restrain. 13(4)(b)

The enforcement action we took:

We imposed a condition the providers registration

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	There were not effective processes in place to assess, monitor and improve the quality and safety of the services provided. 17 (1) (a)

The enforcement action we took:

We imposed a condition on the providers registration