

Eastgate Care Ltd

Belle Vue Lodge

Inspection report

680 Woodborough Road
Nottingham
Nottinghamshire
NG3 5FS

Date of inspection visit:
13 November 2018
14 November 2018
21 November 2018

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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

We carried out an unannounced inspection of the service on 13, 14 and 21 November 2018. Belle Vue Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. This service supports older people.

Belle Vue Lodge accommodates up to 59 people in one building. At the time of our inspection there were 31 people living at the home. This is the service's third inspection under its current registration. At the previous inspection on 2 and 3 May 2018 we rated the service as 'Requires Improvement'. For the question, 'Is the service Well-led?' we rated this as 'Inadequate'. We also identified four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Due to the seriousness of the issues we identified, we issued the provider with a warning notice and a deadline by which they needed to make changes to address the immediate risks to people's health and safety.

During this inspection we found some improvements had been made, but further improvements were still needed. We identified two breaches of the Health and Social Care 2008 (Regulated Activities) 2014. These were continued breaches from the previous inspection. Overall the rating for this service will remain as 'Requires Improvement'. The rating for the question, 'Is the service well-led?' has improved from 'Inadequate' to 'Requires Improvement'.

A registered manager was not present during the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. The operations manager was currently managing the home alongside a newly appointed manager. 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.

Risks to people's safety were not always appropriately assessed and acted on.

We have made a recommendation for the provider to take action to address to the assessment of the risks to people's safety.

People were supported by staff who understood how to protect them from avoidable harm. There were enough staff in place to support people and to keep them safe, but there were delays in providing people with timely care. People's medicines were administered safely, but storage and recording procedures were not always appropriately followed. The home was clean and tidy and staff understood how to reduce the risk of the spread of infection. However, cleaning products were not always stored safely. Accidents and incidents were reviewed, assessed and investigated.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. Improvements

were needed in the way conditions placed on DoLS authorisations were recorded and checked to ensure they were carried out.

People's physical, mental health and social needs were mostly assessed and met in line with current legislation and best practice guidelines. Staff received regular training and their practice was assessed. Staff felt supported by the registered manager. People were supported to follow a healthy and balanced diet; however, people did not always receive their meal in a timely manner. People had access to external health and social care agencies. The home environment was generally well maintained and had been adapted to support people with a physical disability. However, the layout did not fully support people living with dementia.

People liked the staff and found them to be kind and caring. However, people did not always receive timely, person-centred care and support from staff. People were unable to recall if they had been involved with care planning and records showed limited examples of people's involvement. People told us they felt staff treated them with dignity and respect. There was little space for people to speak with family and friends in private. People were encouraged to lead as independent a life as possible. People were provided with information about how they could access independent advocates. There were no restrictions on people's friends or relatives visiting them. People's records were handled appropriately and in line with data protection laws.

People did not always receive care that was appropriate, person centred or met their needs. Care records used on each unit at times did not reflect what had been recorded in people's care records. People's diverse needs were discussed with them when they commenced using the service. However, we found one person's needs had not been acted on. People did not always have access to meaningful and engaging activities. Records showed formal complaints had been dealt with appropriately, however people and relatives did feel that more needed to be done to address less formal complaints. People were supported to make decisions about how they wished to be cared for at the end of their life.

The operations manager had made some improvements to the service since our last inspection. People were no longer at risk of serious harm, however more needed to be done to improve the quality of the care and support provided for all people. A new manager was in place and they will work with the operations manager to make the required improvements. Quality assurance processes are in place to assist with this improvement; however, we are unable to assess the sustainability or effectiveness of them at this time. The operations manager responded to concerns raised during the inspection and acted to reduce the risks identified. Staff felt the home had improved since the last inspection.

You can see what action have taken in relation to the breaches at the end 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?

The service was not consistently safe.

The risks to people's safety were not always appropriately acted on. People did not always receive timely care. The management of people's medicines was not always effective. The home was clean and tidy although cleaning products were not always stored safely. Staff understood how to protect people from avoidable harm. Accidents and incidents were appropriately investigated.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

People were supported to make choices and if then staff followed appropriate legislation to support them. Improvements were needed in the way conditions placed on DoLS authorisations were recorded and checked to ensure they were carried out.

People's physical, mental health and social needs were mostly assessed and met in line with current legislation and best practice guidelines. Staff received regular training and their practice was assessed. Staff felt supported by the registered manager. People did not always receive their meals in a timely manner. People had access to external health and social care agencies. The home environment was generally well maintained but did not fully support people living with dementia.

Requires Improvement ●

Is the service caring?

The service was not consistently caring.

People did not always timely, person centred care and support. People had not always been involved with planning their care. People had limited space for private discussions or reflection. People liked the staff and found them to be kind and caring. People were encouraged to lead as independent a life as possible. People were provided with information about how they could access independent advocates. There were no restrictions on people's friends or relatives visiting them. People's records

Requires Improvement ●

were handled appropriately and in line with data protection laws.

Is the service responsive?

The service was consistently responsive.

People did not always receive care that was appropriate, person centred or met their needs. Care records used on each unit at times did not reflect what had been recorded in people's care records. People diverse needs were mainly met, but one person's needs had not been acted on. People did not always have access to meaningful and engaging activities. Records showed formal complaints had been dealt with appropriately, but people had concerns about less formal complaints being responded to. People were supported to make decisions about how they wished to be cared for at the end of their life.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

Some improvements had been made since our last inspection. More needed to be done to ensure people received appropriate care and support that met their needs. The effectiveness of the quality assurance processes could not yet be assessed. Staff felt things had improved since our last inspection.

Requires Improvement ●

Belle Vue Lodge

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 13, 14 and 21 November 2018 and was unannounced. The inspection team on day one consisted of two inspectors, a nurse specialist advisor 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. On days two and three, the two inspectors continued with the inspection.

On this occasion, we had not asked the provider to send us a provider Information return (PIR). A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt was relevant.

We reviewed other information we held about the home, which included notifications they had sent us. A notification is information about important events, which the provider is required to send us by law. We also contacted county council commissioners of adult social care services and Healthwatch and asked them for their views of the service provided.

During the inspection, we spoke with 10 people who used the service and four relatives and asked them for their views on the quality of the service provided. We also spoke with eight members of the care staff, head house keeper, two kitchen assistants, two nurses, administrator, the new home manager, the operations manager and the owner. We also spoke with one visiting health care professional and another visitor to the home.

We looked at all or parts of the records relating to 15 people who used the service as well as staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for support staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

After the inspection the operations manager sent us a number of policies and other documents that had been requested. They did this within the required timeframe.

Is the service safe?

Our findings

During our inspection on the 2 and 3 May 2018 we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to the following: Risks to people's care not always being appropriately assessed and mitigated, staff not acting on known risks effectively with people's eating and drinking. Information about people's dietary needs, including who was at risk of choking, was not readily available to care or catering staff. Equipment designed to reduce risks to people was not used correctly and this placed people at risk of harm.

After the inspection, we asked the provider to forward us an action plan to inform us how they intended to make the changes needed in these areas to reduce the risk to people's safety. We received this action plan within the required timeframe.

During our inspection in November 2018 we checked to see whether the provider had made the improvements as stated on their action plan. We found some improvements had been made; however, further improvements were still needed.

Improvements to how risks were assessed, monitored and the action to mitigate against further risks was ongoing. For example, staff had received additional training in supporting people with swallowing needs that put them at greater risk of choking. Guidance provided to staff about risks associated with eating and drinking was more detailed and permanent staff were aware of people's needs. Where people required their meals provided in a certain way for safety, such as a soft consistency, kitchen staff prepared people's meals according to their needs prior to leaving the kitchen.

Whilst improvements had been made, we were concerned that on the first day of our inspection, two people did not receive support with their breakfast as stated they required in their care records. For example, one person's dietary information stated due to a health condition, they were not to eat tomatoes and beans. We saw this person was struggling to eat the cooked breakfast, which included these items. They were also seen to have difficulty eating the sausage and used their fingers to eat. A staff member present (agency worker), did not address this. The inspector asked another staff member (permanent) as they entered the room if the person required any assistance. This staff member told us the person should not eat tomatoes or beans due to their health needs and that the person required their food cutting due to not having any teeth – however, the fact the person required their food cutting was not recorded. This placed them at risk of choking. Following this incident, we saw the person was supported with their meals appropriately during the rest of the inspection.

A second person's eating and drinking plan stated following a speech and language assessment of their eating and drinking, they required staff supervision and a teaspoon to eat with to reduce the risk of choking. We saw that whilst there was a staff member present in the communal area (same agency staff member as above), the person ate independently using a fork. We spoke with staff (permanent staff) about this person's support needs and staff were clear what support the person required. We saw this person was supported as required during the rest of the inspection. We also saw the person received thickened drinks as required.

This showed there was a lack of communication and oversight about how important information was shared with agency staff. This put people at risk of receiving unsafe care.

We discussed this with the operations manager. They told us they would take immediate action to ensure that all staff, including agency staff were fully aware of people's dietary needs. We noted on day three of this inspection that people's records had been updated to reflect these risks. This reduced the immediate risk to people's safety.

Some people living with dementia experienced periods of heightened anxiety and or displayed behaviours that could put themselves or others at risk. There was guidance in place that provided staff with information about how to support people safely and effectively. However, we saw long periods of the day where people were not meaningfully engaged with staff. We noted some staff made efforts to talk and interact with people living with dementia, where as others did not, leading to an inconsistent approach.

Staff told us they had received refresher training in dementia care and the management team told us additional training in diversional and distraction behaviours had been arranged for December 2018, with further training planned for February 2019. Where people required close supervision for their safety and other, we saw staff provided this support.

We recommend that the provider embeds a proactive approach to anticipating and managing risks to people who use services, which is recognised as being the responsibility of all staff.

We found improvements had been made to the assessment of other risks to people's safety including the use of equipment to support people. For example, risks identified with people's mobility had been assessed and planned for. Assistive technology was used such as sensor mats, to alert staff if people were independently mobile. These were seen to be in place and working. Where people had risks associated with their skin, pressure relieving mattresses and cushions were used to support their skin. These were seen to be used in accordance with people's individual needs. Where people required support with their mobility, we saw staff used mobile hoists safely that followed best practice guidance. When assisting people, staff gave people explanation and reassurance.

There were procedures in place for evacuating people from the premises in the event of a fire or emergency. Each of the records we looked at were all found to be reviewed, person centred and reflected people's health needs. Staff knew how to access the files in the event of an emergency, and had received training on fire safety. Regular maintenance was undertaken that ensured where improvements to the layout or décor of the home were needed; this would be done in a timely manner, with minimal disruption for people. Regular servicing of gas installations and fire prevention equipment had been carried out. This helped staff to support people in a safe environment. A fire risk assessment was in place and the registered manager understood how to ensure the risks associated with the home environment did not impact on people's safety.

People did not always received timely care and support from staff. During this inspection we noted staff deployment was not always effectively managed. For example, in one unit, five out of seven people required two staff to support them with their mobility needs. Two staff were allocated to this unit and meant a third staff member, had to be requested from another unit to assist. There were five units in total where people lived and throughout our inspection we saw at times additional staff were required to all of the units. For example, we saw a staff member was assisting a person with their meal when they were called away to work in another unit. Another unit required three staff at all times due to the level of people's needs. However, staff were also requested from this unit to support other units. This impacted on people not receiving continuity and consistency in their care.

Staff told us the use of agency staff was significantly less than it had been. Records viewed stated the number of agency staff used was reducing. During our inspection there were two agency staff working as per the staff rota. The management team told us they were aware the deployment of staff needed to be improved upon. They told us they had plans to make changes in how staff were deployed by allocating staff to work on units on a regular basis. This would help people to receive care and support from staff who understood their individual needs.

Robust recruitment processes were in place. Criminal record checks, employment references and checks on staff identification and right to work in the UK, were some of the checks carried out that ensured people were cared for by suitable staff.

People told us the actions and support of the staff made them feel safe living at the home. One person said, "It's my home, you get a few problems like any nursing home, but I feel safe, I've no worries. My [family member] visits and sorts things out, or I'd ask [staff member], and get things sorted." Another person said, "I feel safe with the staff here. I'm settling in."

Staff were aware of procedures to report any safeguarding concerns and had received training in how to protect people from abuse and avoidable harm. A staff member said, "Concerns are reported to senior care staff and the management team and they get reported to outside agencies and investigated." Another staff member said, "There's better understanding about what safeguarding is and we have handover meetings and information to tell us how to manage situations."

The management team had reported safeguarding allegations, incidents or concerns as per the multiagency safeguarding policy and procedures. The management team had also worked with the local authority responsible for investigating safeguarding concerns. Action had been taken where required such as implementing the staff disciplinary procedures, when concerns were identified with staff's practice. Where the local authority had made recommendations to mitigate against further risks, we saw examples where action had been completed to safeguard people. For example, a best interest decision had been made with a person's relative for them to move unit's due to safety concerns.

People told us they were satisfied with the way staff managed their medicines. One person said, "I get my medication okay, and I can have painkillers throughout the day." Another person told us they had raised an issue about their medicines to a staff member and they had contacted their GP for them and resolved the issue.

We observed staff administering people's medicines and saw they stayed with people until they had taken them. People's medicine records contained a photograph of the person to aid identification, a record of any allergies and the person's preferences for taking their medicines. Other information was recorded to aid the safe administration of medicines and to ensure their effectiveness. This included protocols for staff of when to administer medicines that were to be given 'as required.' These protocols are important to ensure people received their medicines consistently and in line with their assessed needs. We did note that a protocol for a medicine that could alter a person's behaviour did not have a protocol in place. The operations manager told us this would be addressed.

Medicines were not always stored safely. On day one of the inspection we did note that the cupboard which stored one medicine was unlocked. The staff told us this cupboard was normally locked and this was rectified. We noted temperature checks of the facilities used to store medicines were carried out, however there were some gaps. It is important to regularly check the temperature of the rooms, cupboards and fridges used to store medicines so that they are not stored at temperatures that could have an impact on

their effectiveness.

Staff completed medicines administration training and competency assessments prior to administering medicines. Records viewed supported this. Regular medicine audits were carried out to assure the operations manager that people continued to receive their medicines safely.

Domestic staff were present and seen to complete cleaning tasks. They were organised and followed best practice guidance, in the prevention and control measures to protect people against the risk of infection and cross contamination. Staff had available personal protective equipment and were seen to use this appropriately. We did find some issues with the way some products were stored. A cupboard where cleaning material were stored was found to be unlocked. We also noted nail varnish remover was found unattended in one of the communal lounges unattended. However, when we checked again later, this had been removed. The safe storage of potentially hazardous materials is important to reduce the risk of people with dementia accessing them and causing them harm.

The operations manager had ensured that processes were in place to investigate and act on any accidents or incidents that occurred at the home. There was regular input from the provider to discuss any themes or trends and what action could be taken to address them. This meant people's on-going safety was reviewed to reduce the impact on them or others.

Is the service effective?

Our findings

During our inspection on the 2 and 3 May 2018 we identified a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We noted that some assessments of people's capacity to make decisions in areas such as medicines and the use of sensor equipment to monitor people had not been completed. We also noted that when people had an authorisation in place to restrict them of their freedom and liberty, the registered manager in place at the time was unable to provide evidence of how these conditions were being met. This meant we could not be assured that people's rights were always protected and their liberty was not being unlawfully restricted.

After the inspection, we asked the provider to forward us an action plan to inform us how they intended to make the changes needed. We received this action plan within the required timeframe.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was now working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found some improvements had been made.

Where people lacked mental capacity to make specific decisions about their care such as their medicines and care interventions, assessments and best interest decisions had been made. Staff were aware of the principles of MCA and the action required for important decisions. A staff member said, "We support people with day to day decisions but bigger decisions have to be made with other people where a best interest decision is made." Some people had conditions attached to their authorisation that restricted them of their freedom and liberty. It was not clear how conditions were reviewed. One person required them to have a yearly blood test. Whilst we could not establish from the person's records if this had happened, a nurse enquired at the GP surgery and it was confirmed this had been completed. On the third day of our inspection, a care plan had been introduced that informed staff of the required information relating to their DoLS. The operations manager acknowledged that people's records must always reflect the care and support that people receive to avoid the risk of inconsistent care.

The operations manager had measures in place to ensure that people's on-going physical, mental health and social care needs were assessed and provided in line with current legislation and best practice guidelines. Some recognised assessment tools were used to assess people's needs. For example, in assessing people's nutritional needs and skin. However, there was no recognised assessment tool used to assess people's pain, such as the 'Abbey' pain scale for people living with dementia. The operations

manager told us the continued reviewing of care records would help them to identify and address any areas where further guidance was needed.

People told us they were satisfied with the quality of the food they received. One person said, "They're good on food, very good." Another person said, "The food's alright, you get a choice."

We observed people receiving meals, drinks and snacks throughout the inspection. People were offered a choice of meals and a person was seen to choose their meal from the food trolley. Meals were served late. For example, some people were waiting from 12.30pm to 1.15pm for their meal. This was due to two kitchen staff being present when normally there was three. Two food trollies were used to serve food, one either side of the building. One could be plugged in on the floors but the other could not. We tried the food when it was served on the last floor and found it not to be warm. The choice of food was also limited due to choices not being left. Food portion sizes served were large and did not consider people's preferences. Food served was pork steaks that staff said people struggled to eat. It was noted jacket potatoes were served with cheese and chips, showing a lack of consideration of a healthy balanced diet. We did note on day three of the inspection that the trolley had now been fixed which would ensure all people received warm food.

We noted the menu which advised people what meal was available was provided in written format. This could prove difficult for some people with communication needs to understand. On the third day a pictorial menu had been developed and feedback surveys were being reintroduced to get people's views about the meals provided. The menu reflected people's preferences and considered religious and cultural dietary needs. Staff told us they had different themed meal days such as Chinese and records confirmed this. Consideration was given to people's independence such as the use of plate guards which helped people to eat their meals without the need for staff support.

Food and fluid records were used to record people's input and the ones reviewed were, in the majority of cases well completed. Records showed where concerns had been identified about weight loss this was discussed with the GP and food supplements where need were prescribed. This had a positive impact on a person, due to receiving their food supplements their weight increased and the supplements withdrawn.

People told us that, overall, they were satisfied with the way staff supported them. The majority told us staff were well trained and understood their needs. One person said, "Staff know what they're doing, especially [staff member name]." Another person said, "I think they know what they're doing, I tell them if I need something." However, a relative said, "Some staff are really good, but there's a quick turnover (of staff) and they often have agency staff."

Records showed staff received training relevant to their role. This included moving and handling, mental capacity and food and nutrition. Records viewed showed most staff had completed training which the provider had identified as being mandatory. Training had been booked or was in the process of being booked to ensure the small number of gaps identified were addressed.

Staff could tell us what training they had received and how this was relevant for them to carry out their role effectively. They also told us they felt more supported to carry out their roles effectively. One staff member said, "Training is ongoing, staff meetings are not regular but the new manager has organised one already." Records showed staff received supervision of their practice and more was being done to delegate responsibility to ensure these were carried out more frequently. This would support staff in providing people with effective care and support.

People were supported to maintain their health and had access to external health and social care agencies.

We saw regular involvement of these agencies had been recorded in people's care records. Records showed that people had access to a range of external health professionals which staff had contacted when changes to their health had occurred. For example, care records showed input from a GP, dietician and dentist. People's care records contained recommendations and guidance from external healthcare professionals. This was communicated to staff by 'Alert' guidance in the information folders staff referred to. However, information was not always removed as people's needs changed, this was therefore confusing to staff as what was the latest guidance. This had improved on our third day; people's individual folders had been reviewed and included only current information and guidance.

Records showed that where needed, staff supported people to attend outpatient's appointment. We saw one person was supported to attend a dental appointment with a staff member of their choice. People's care records confirmed they had attended healthcare services such as the optician, chiropody and dentist.

The home environment was not used effectively to support people living with dementia. There was little directional signage to aid independent orientation around the home. There was little for people living with dementia to do, for example, no sensory items for people to pick up, hold or to touch. More needed to be done to support all people living with dementia to lead more fulfilling lives.

Parts of the home had been adapted to enable people to use facilities independently of staff. Handrails rails were installed in bathrooms and toilets to support independent use. The home was, overall, well maintained and regular maintenance was carried out to ensure all areas were safe.

Is the service caring?

Our findings

We found more needed to be done to ensure that all people received timely, person centred care and support from staff. We noted on the morning of day one of the inspection, there were delays in assisting people with getting up out of bed on some units. This was partly to do with staff numbers, but also a lack of hoists being readily available to support people who needed equipment to help them mobilise and to get out of bed. We observed a staff member ringing the other floors of the home to request a hoist be brought up them. However, we did note that on the second and third days this had improved. This was because, because of feedback from inspectors, the operations manager had acquired two additional hoists from other homes from within the provider's group. We were informed that the hoists would remain at the home. This meant people had started to receive more timely care and support.

People's care records showed consideration to people's preferences and routines. However, there was no evidence to show people and or their relative, had received opportunities to meet with staff to discuss their care and treatment. People spoken were unable to recall if they had been involved with care planning. Some relatives recalled talking to staff about their family member's care needs before they were admitted, but did not recall being invited to regular reviews of care. The operations manager acknowledged more needed to be done to involve people and their relatives with decisions. They told us they were planning a 'resident/relative' meeting where people would be given the opportunity to arrange to meet with staff to discuss their or their relative's needs.

We saw some positive staff interaction from staff supporting people with choice making, such as choices of meals and drinks. We saw a staff member asked a person if they wanted to go for a walk which they declined. We observed staff ask people how they were feeling and acted to address any discomfort or upset.

People spoken with felt staff were kind and caring and they were treated with dignity and respect. One person said, "Dignity is the best, they [staff] don't talk down to you." Another person said, "They are very kind and caring." A relative said, "While we're here they do always treat [family member] with respect." One relative did raise concerns that their family member did on occasions look "messy" when they came to visit. We noted that people looked well-presented and staff acted quickly if people spilt drinks or food on their clothes. This supported people's dignity.

We observed staff use information they knew about people to aid conversations. This included discussions about people's life history including their previous employment and family. Staff told us they enjoyed their job. Feedback from staff had improved since the last inspection. One staff member said, "I love this job, the staff that work here now are truly good carers. The sickness rate has got much better, they have more of a commitment." We saw a staff member on their day off visited the home with their dog to see people., It was clear from people's response, smiles and petting the dog that they enjoyed this.

We saw staff speak respectfully with and about people. They used their preferred name and ensured bedroom doors were shut when personal care was taking place meaning people's privacy was respected. We did note there was little private space for people to sit alone, or with family friends. This could impact

people's privacy if they wished to speak with others outside of their bedrooms. There were no restrictions on people's family and friends visiting them and we noted them doing so throughout the inspection. Relatives felt welcomed by staff.

Staff told us how they promoted independence as fully as possible, examples given were how people were encouraged with personal care such as teeth cleaning and supported to choose clothing.

People had the opportunity to have an independent person to speak on their behalf to support them with making decisions if they wished them to. Information was available for people about how they could access and receive support from an independent advocate to make decisions where needed. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care. At the time of the inspection, no advocates were currently being used.

People's religious and cultural preferences were discussed with them before they came to live at the home. We spoke with a visiting vicar, who told us they had been welcomed to the home to provide church services, to sing hymns with people and to provide spiritual guidance and reflection when people needed. They also told us they felt the home was improving and people were well cared for and supported by staff.

People's care records were stored safely, ensuring the information within them was treated confidentially. Most records were locked away from communal areas to prohibit unauthorised personnel from accessing them. The registered manager was aware of the requirements to manage people's records in accordance with the General Data Protection Regulation

Is the service responsive?

Our findings

During our inspection on the 2 and 3 May 2018 we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We were concerned that people did not always receive care that met their needs, was appropriate and was provided in line with their preferences. After the inspection, we asked the provider to forward us an action plan to inform us how they intended to make the changes needed. We received this action plan within the required timeframe. During this inspection we noted some improvements had been made, but more was needed. We concluded that the provider had not taken sufficient action to meet the fundamental standard in this area and therefore we identified a continued breach of this regulation.

People had supplementary records to record personal care provided. Whilst two staff told us that personal care such as foot care had improved, we continued to be concerned about how personal care was provided, monitored and reviewed. Records showed frequent gaps in recording, it was therefore difficult to ascertain if care had been given and if this was a recording issue or if care had not been given. Where people were non-compliant with their care, there was no clear guidance and instruction of how to manage this. This meant people's personal care was compromised and could impact on their health and wellbeing.

Where people had particular health conditions there was a lack of guidance provided to staff about what this meant and what support was required. Care plan records were not referred to on each unit. These were stored in locked cabinets away from the main building. This in practice made them difficult for staff to access. On each unit, staff had access to a supplementary care record which detailed the risks to people's safety and the care they needed. However, we found these notes sometimes contradicted what was recorded within people's care records. For example, for one person the frequency by which they should be repositioning to reduce the risk of developing a pressure sore varied from the care plan to the supplementary notes. We also noted some of the charts used to record daily fluid intake lacked targets so staff would be unaware whether people had consumed the correct amount of fluids for the day. Therefore, we could not be assured that the care people received was appropriate and was provided in accordance with their personal preferences.

On day three of the inspection we noted the provider had acted to address some of these concerns. Supplementary notes had been re-written and for the records we looked at were reflective of people's needs. However, due to the limited timescale these records were in place, we could not fully assess their effectiveness or whether staff were able to use these records effectively when supporting people. We also could not be sure that systems to maintain the records were embedded and would be sustained. We will review this during our next inspection.

We noted more needed to be done to support people for whom English was a second language. For example, one person's records instructed staff that a person should be offered TV programmes and music in their bedroom and magazines/ newspapers that met their cultural needs. When we asked staff, we were told the person had their own TV, but they were not provided with opportunities to watch or listen to culturally appropriate music / programmes. There was not a clear rational why this was the case. A staff member

showed us a magazine that was in a cupboard and therefore not easily accessible and was dated 2015. The operations manager told us they were looking to source a culturally appropriate television channel for this person, but as of yet this had not been done. This placed the person at risk of discrimination.

The above were examples of a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives told us they did not feel there was sufficient stimulating and meaningful activities provided for them or their family member. One person said, "Most of them [people they lived with] have got dementia, they've no way of communicating so I do my own thing." Another person said, "I'm on my own in here [bedroom], I get bored, but it's not much better if I go downstairs." A relative said, "All the paperwork stops them [staff] interacting with the residents. The television is often on, but it's not what [my family member] wants."

Efforts had been made to provide some people with activities. We were informed that the activities coordinator had recently left and at the time of the inspection a volunteer was providing some activities for people. However, records showed and observations confirmed that activities were limited and little was done to support meaningful engagement for people living with dementia. A spacious atrium provided a bright and pleasant space for people, but apart from one brief activity on day one of the inspection, this space was rarely used. Staff told us they had limited opportunity to provide activities and said the activity coordinator who had recently left was good at providing activities. A staff member said, "We try our best and do what we can. We do singing, colouring, paint the ladies' nails and do make up." We did note that external entertainers such as singers occasionally visited.

During the inspection we saw activities provided was limited and some staff engaged more positively with people than other staff who were more task centred in their approach. For example, music was playing in one unit and a person was seen to enjoy this, they were familiar with the words and sang along. Another person was seen to participate in a board game with a member of staff. Another person was seen looking through a book. A person had their nails painted. A person was accompanied outside in the garden to a smoking shelter when they wanted a cigarette.

The operations manager had an awareness of the Accessible Information Standard, which ensures that provisions are made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way, that they can understand. We saw some easy read information was available for people who had communication needs. The operations manager told us they would review how people's care plans and other documentation were presented to ensure more people could be involved with the care planning process. Currently there was limited recorded evidence of this involvement having taken place. The operations manager told us other documentation provided throughout the home would also be reviewed to ensure compliance with this standard.

People and relatives told us they were aware of the complaints process. They told us some complaints were acted on and responded to quickly. However, some felt improvements were needed. A relative said, "We could talk to the office, but you sometimes feel like it's falling on deaf ears." Records showed for the formal complaints received these had been responded to in accordance with the provider's complaints policy. This included offering apologies when mistakes had occurred. The operations manager told us that due to the high turnover of managers at the home over the past 12 months that this had impacted on the effectiveness of responding to people's concerns. They told us with the recruitment of the new manager, who we met at this inspection, they would work with them to ensure that people's concerns were responded to and acted on appropriately.

People had been assisted to make decisions about how they would like staff to support them when they neared the end of their life. People's end of life care and final wishes had been discussed with them before they had started using the service. These had been developed into meaningful care plans, which included people's personal preferences.

Is the service well-led?

Our findings

During our inspection on 2 and 3 May 2017 we identified a number of concerns in the way in which the home was managed. We found the system in place to identify the risks to people's health and safety were ineffective. This placed people at risk of avoidable harm. We issued the provider with a warning notice, which highlighted our concerns and we gave them a deadline by which they needed to make immediate improvements. As a result of our findings during the previous inspection we rated the question, 'Is the service well-led?' as Inadequate.

During this inspection we checked to see whether the terms of the warning notice had been met and whether the provider had taken sufficient action to deal with the immediate risk to people's health and safety. We found some improvements had been made. People were no longer at risk of serious harm; however, further improvements were needed to ensure compliance with this fundamental standard.

Quality assurance processes were in place. Many of these processes were newly implemented and were designed to assess the quality of the care provided for people and to reduce the risk to their safety. Checks of the environment, medicines, food quality and cleaning were some of the process now in place. However, these had not yet shown they were effectively implemented and used to identify areas for improvement at the home. For example, they had failed to identify the discrepancy between the records held on each unit and people's master care records. They had also not yet identified the other issues highlighted within this report such as the ineffective trolley.

The operations manager and the new manager were responsive to the concerns raised during this inspection. They took swift action to address the issues highlighted such as fixing the ineffective food trolley and reviewed and amended the records staff used when supporting people. However, the quality assurance processes should have enabled these issues to have been highlighted prior to our inspection and they had not. Therefore, we could not yet be assured that the quality assurance systems were able to identify, monitor and act on risks to people's health and safety.

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

Since the last inspection we found improvements had been in some areas. Analysis of accidents and incidents was now more detailed. In the absence of a registered manager, the CQC continued to be notified of safeguarding incidents. This showed a continued understanding of the requirement to notify us of incidents that could cause people to experience neglect or avoidable harm. Efforts had now been made to plan more frequent meetings with people and their relatives and one was due to take place soon. This would help people to discuss how they thought the service could be developed and improved.

The operations manager had an on-going action plan, which they continually reviewed to ensure any issues they, the regulator or other health and social care body had identified were acted on.

At the time of the inspection there was not a registered manager in post. The manager in place prior to this

inspection was completing their application to become registered with the CQC. However, they left one week before our unannounced inspection. The operations manager took swift action and a new manager was in post when we commenced this inspection. The new manager told us they were aware of the issues at the home and were confident they had the skills, expertise and drive to address these issues and improve the quality of care for people.

A visiting professional told us they had some concerns with staffing levels and the availability of equipment such as hoists, however these were their only concerns. They described staff as, "Really good and hardworking but stretched." They told us staff responded well to their recommendations however sometimes communication was an issue as information was not always being passed on to staff.

People and relatives were not overly concerned about the regular change of management at the home since we last inspected. All were aware a new manager was in place and all felt able to raise concerns if they needed to. However, many of these told us they preferred to raise concerns with the administrator.

Staff spoken with felt frustrated with the number of managers that had been in place since our last inspection. However, they felt improvements were being made but were open about the need for further work to develop the service more. Whilst communication had got better, a staff member told us recently this had slipped again with the departure of the last manager but was positive as a new manager had been appointed. The operations manager supporting the service was described as "Really good." Staff also told us the deputy manager, clinical lead and nurses were supportive and worked alongside them. We saw the clinical and management team involved in people's care and they gave the staff clear instruction and guidance. Improvements had been made to the handover documentation since our last inspection. A nurse said, "It's a more robust handover. We have a way to go but improvements have been made and we all have a commitment to get it right."

The staff felt comfortable raising any issues of concern and were familiar with the service's whistleblowing procedure. Whistle blowing is a term used to describe the reporting of concerns about the care being provided by a person who works at the service. The staff felt confident to raise concerns and were confident these would be dealt with.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed at the home.

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	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2014 Person-centred Care
Treatment of disease, disorder or injury	People who use services did not always receive care and treatment that was appropriate, met their needs and reflected their preferences. Regulation 9 (1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 Good Governance
Treatment of disease, disorder or injury	The registered person had not always assessed, monitored and improved the quality and safety of the care and treatment provided. They had not always assessed, monitored and mitigated the risks to people's safety. Records were not always accurate, complete and contemporaneous in respect of each service user. Regulation 17 2 (a) (b) (c)