The Fountain care Management Ltd

Nettleton Manor Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We inspected the service on 22 and 25 May 2018. The inspection was unannounced. Nettleton manor is a care home providing accommodation, nursing and personal care for people who live at the service. 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. Nettleton Manor accommodates up to 43 people. On the day of our inspection 36 people were using the service which was divided into to two units. The main house which had two levels which were connected by a lift, and the coach house which was on one level.

A registered manager was in post during the inspection. 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.
At our previous inspection in May 2017, we rated the service as Requires Improvement as we found the principles of the Mental Capacity Act 2005 had not always been followed. Although people had not been deprived of their liberty unlawfully, the assessments undertaken around people's mental capacity lacked sufficient detail to show correct processes had been followed during the assessments. At this visit we found the provider had made improvements in this area of care and the principles of the Mental Capacity Act had been followed. 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 supported this practice.

At this inspection we found evidence to show the provider was in breach of two regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Our overall rating for the service is Requires Improvement, this is the second consecutive time the service has been rated as Requires Improvement. You can see what action we told the provider to take at the back of the full version of the report.

People living at the service were protected from the risk of abuse as the provider had responded to and reported safeguarding concerns relating to the people in their care. Staff had a good knowledge of their responsibilities in relation to safeguarding and they had received recent training to support their knowledge base. The registered manager dealt with safeguarding issues openly, and worked with the local authority to deal with any safeguarding issues.

The risks to people were assessed and measures were in place to reduce these risks. However, on the day of our inspection we saw some staff lacked knowledge of particular risks to people's safety and the measures meant to be in place to reduce the risks. This had resulted in an incident that impacted on one person's safety. We did see evidence of staff knowledge of how to manage risks to other people who lived at the service.

People received their medicines from suitably trained staff and majority of medicines were managed safely.

However, we found one person did not have their protocols in place to guide staff when they were prescribed 'as required' medicines. We also found some of the daily medicine checks, undertaken by staff, identified discrepancies that were not followed up, which meant errors may not be addressed.

While we saw the provider and registered manager had made some significant improvements to the environment to protect people from the risks of infection. People were not always protected from the risks of infection as some staff did not follow safe practices in preventing risks associated with cross infection.

Staffing levels met the needs of the people in the service and they were supported by staff who received an induction, were well trained and received regular assessments of their work. Staff used nationally recognised tools to assess the needs of people who lived at the service.

People lived in an environment which met their needs, and we saw there had been improvements to the environment since our last inspection. The provider had an on-going refurbishment plan in place to support this as there were aspects of the service still in need of refurbishment. People's health and nutritional needs were well managed and staff acted on advice given to them by health professionals to manage people's health and nutritional needs.

People at the service were not always treated with respect and dignity. They were not always supported in the way they wanted to be supported, and we saw some interactions with people that were not always respectful.

People received individualised care from staff; however, there were some aspects of care not clearly documented to give staff the knowledge they needed to provide people with the required care. Some records showing the daily care people were meant to receive were not kept up to date.

There was minimal information around people's wishes in relation to their end of life care in their care plans. However, the registered manager told us this was because people did not always wish to discuss this aspect of care, but at the appropriate times the registered nurses spent time with people and their relatives to ensure their wishes were known.

People were not always supported to take part in social activities however the provider was working to improve this aspect of care.

People and relatives told us they knew who to discuss any complaints or concerns they had and we saw complaints and concerns had been dealt with in line with the provider's complaints procedure.

The registered manager was a visible and approachable presence at the service. They undertook a range of quality monitoring processes and continued to work to improve the service for the people who lived at Nettleton Manor. People and staff felt they were listened to and the registered manager worked with people, relatives, staff and external professionals to provide an open and transparent service for the people who lived there.

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 always safe.

Staff were not always aware of how to protect people from individual risks to their safety.

People received their medicines safely, but daily auditing of medicines were not always used effectively to identify possible discrepancies.

Some staff did not always follow infection prevention practices to protect people from the risks of infection.

People were protected from potential abuse, as staff were aware of their responsibilities in regarding to safeguarding issues. The registered manager managed any safeguarding concerns appropriately and openly. There were processes in place to ensure staff learned from incidents and accidents.

The staffing levels met the needs of the people at the service.

Is the service effective?

Good

The service was effective.

People's needs were assessed using nationally recognised assessment tools and staff received appropriate training for their roles.

Peoples nutritional and health needs were supported. The provider had an on-going refurbishment plan in place as the environment people lived in was in need of refurbishment in places.

People made decisions in relation to their care and support and where they needed support to make decisions, their rights were protected under the Mental Capacity Act 2005.

Is the service caring?

Requires Improvement

The service was not always caring.

People were not always supported in a respectful way. Their dignity was not always respected.

There was evidence of people or their relatives being involved in providing information for their plans of care.

Is the service responsive?

Requires Improvement

The service was not always responsive.

There was a lack of up to date information in people's care plans to support staff and some records showing care people should have received were not always up to date.

People were not always supported to engage in social activities; however, the provider was working to improve this following feedback from people at the service.

There were processes in place to manage and respond to any complaints made to the service.

People's end of life wishes were not always documented.

Is the service well-led?

Good

The service was well led.

There was an open and transparent culture in the service. People were listened to and staff were valued.

There was a robust governance system in place to monitor the quality of the service.

Nettleton Manor Nursing 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.

We inspected the service on 22 and 25 May 2018 and the inspection was unannounced. The inspection team consisted of 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.

Prior to our inspection we reviewed information we held about the service. This included information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We sought feedback from health and social care professionals who have been involved with the service, and commissioners who fund the care for some people who use the service.

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, during our inspection, we offered the provider the opportunity to share information they felt was relevant.

During the visit we spoke with six people who used the service individually and four people as a group, four relatives, five care workers, the cook, the registered nurse, the registered manager and the provider. We also used the Short Observational Framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at all or part of the care records of four people who used the service, medicines records, staff recruitment and training records, as well as a range of records relating to the running of the service including

maintenance records and quality audits carried out by staff at the service. We asked the manager to send the services training matrix to us following the inspection and this was provided to us.

Requires Improvement

Is the service safe?

Our findings

Risks to people's health and safety were not always communicated to staff, and this resulted in an incident we witnessed that impacted on a person's safety. The person's care record stated they required thickened fluids. On the day of our inspection staff members caring for the person were not aware of this. We saw the person was given a drink at lunchtime that had not been thickened and they started to cough and choke. One member of staff who initially responded to the person encouraged them to take another mouthful of drink. The person continued to cough and another carer attended identifying the person should have thickened fluids and went to obtain some thickening agent. However, whilst the member of staff moved the drink away it was still within reach of the person when they went to get the thickener. The person was living with dementia and did not have the capacity to understand taking a further drink could be harmful to them.

The staff involved in the event did not communicate the incident to the registered nurse in charge or complete an incident form. Without this communication, senior staff could not review the incident and put in measures to prevent future occurrence. The inspection team informed the registered nurse following the event, and they ensured measures were put in place to prevent reoccurrence of the incident. Later in the afternoon, the registered nurse came and told us a member of staff had telephoned when they had got home to let the registered nurse know of the incident.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Failing to provide Safe Care and treatment.

On the second day of our inspection the registered manager told us they had introduced a handover document which they told us would contain information for new and agency staff on specific risks to people in their care. It was not possible at the inspection to establish how effective this document would be in reducing the risks to people. However the registered manager intended to monitor and review the effectiveness of the new documentation as part of her on going quality monitoring of the service.

In contrast with the above, we did see examples of staff knowledge in relation to managing risks to people's safety. For example, where people had reduced mobility there was information in their care plan on how to support them. Where people required specialist lifting equipment to support them, there was information in their care plans on the specific equipment staff should use. Discussions with staff showed they had the knowledge of the measures in place to support people. We also noted in these people's bedrooms signs on the walls indicating that the occupants required staff to use hoists to manoeuvre the residents and instructions as to what type of equipment was required. This supported staff and ensured risks to people whilst using this equipment were reduced.

People who were at risk of pressure ulcers had pressure relieving equipment in place such as specialist chairs, beds and pressure relieving mattresses. Staff ensured when people required it they supported them with repositioning on a regular basis. We saw a number of people over the preceding months had been admitted to the service with pressure ulcers. The nurses and care staff at the service had worked with the tissue viability nurse adviser and through consistent care these pressure ulcers had healed.

The registered manager had undertaken environmental risk assessments and had put in measures to reduce risks to people from the environment. For example, they had measures in place to protect people from legionella bacteria which can cause legionnaires disease. Legionnaires' disease is a serious lung infection that is caused by Legionella bacteria that is often found in manmade water systems. Water outlets not in consistent use were regularly flushed and the provider had a regular test undertaken to check for the bacteria.

People were protected from the risks of fire at the service as there was a fire alarm system in place and this was tested on a regular basis. There were personal emergency evacuations profiles (PEEPs) in place that showed what support each person needed to evacuate during an emergency and staff were able to tell us how they should support people during a fire. This showed the provider had processes and procedures in place to protect people from risks to their safety.

All the relatives we spoke with told us they felt their loved ones were safe living at Nettleton Manor. One relative said, "I know [name] is very safe here and they (staff) are safe looking after them."

Staff we spoke with understood their responsibility to keep people safe and protect them from potential abuse. They were able to discuss the types of abuse people could be exposed to, and what they should do if they suspected people were being abused. They told us had received safeguarding training when they first started at the service and had regular update training. One member of staff told us they would report any concerns to the registered nurse on duty and they were sure the registered nurse and registered manager would investigate and deal with any safeguarding concerns they had. Staff were also aware they could contact the safeguarding team at the local authority should they have concerns that were not dealt with.

We saw the registered manager took seriously, and had dealt with all safeguarding concerns effecting people in their care. Reporting concerns to ourselves at CQC and the local authority safeguarding team, and carrying out investigations into concerns raised. This meant people could be assured they would be protected from potential harm.

People and relatives told us there was usually enough staff to meet their needs and they knew the staff who cared for them. One person told us the service did use agency staff if they were short of staff. However, the person did not see this as an issue as the same staff came regularly and they knew them.

Staff also felt there was enough staff to meet people's needs. One staff member said, "There is enough staff." They went on to say if there was sickness then staff would undertake extra shifts to cover or the registered manager would bring in agency staff. The registered manager told us they had been required to use some agency care workers recently as they had some staff leave and the recruitment of new staff had been delayed due to the length of time the safety recruitment checks they had made had taken. However, they told us they had not needed to use agency nurses recently as they had enough permanent nurses to cover shifts at the service. On the days of our inspection we saw there were enough staff to meet the needs of people at the service.

Staff recruitment processes were in place to ensure staff recruitment was safe. We viewed staff files and saw references were obtained from their last employer, gaps in employment had been noted and discussed. A further check through the disclosure and barring service (DBS) had been undertaken for each member of staff. The process checks if potential staff have a criminal record and assists employers to make safe informed decisions when employing new staff.

People were supported with their medicines by registered nurses who were appropriately trained to

administer medicines safely. However, one person we spoke with who had recently suffered an injury told us their pain was not well controlled with the painkillers they had been receiving. We discussed this with the registered nurse who told us they had requested a review of the person's medicines from the GP and was awaiting feedback from them. On the second day of our inspection we found the issue had been addressed and the person's painkillers had been reviewed to ensure their pain was sufficiently controlled.

We observed the registered nurse on duty undertaking a medicine round and saw they administered medicines safely and had a good knowledge of people's preferences. The majority of medicines were managed safely. However, we found when some medicines had been handwritten from a prescription onto an administration record (MAR) chart staff had not undertaken the safety check of signing and having a witness signature to verify the prescription. This is considered best practice when adding medicines onto MAR charts. We also found for one person there was a lack of protocol in place to assist staff when administering 'as required' medicines. The person had recently had a change to their as required medicine to control their pain levels. Their chart contained two types of painkillers and there was a lack of guidance for staff to ensure the person received the correct medicine safely. On the second day of our visit we saw the registered nurse had addressed the issue and had put a protocol in place to ensure the person received the most appropriate medicine the manage their pain levels.

We also found that although staff had been undertaking daily checks on the numbers of medicines that were supplied in bottles, they had not acted upon issues. The checks identified discrepancies that were not followed up so any errors could be clearly identified. We discussed our findings with the registered manager. They told us they were aware of the issue as they had noted this on their monthly audit and had produced a new template for staff to use. However, we saw the template had only been brought in during the previous week and staff had not been using the template as the registered manager had intended. They told us they intended to raise this with staff at a meeting they had arranged in the near future.

We found there were other regular checks in place that had identified and addressed issues with medicines that had added to people receiving their medicines safely. For example, each day the registered nurse checked the MAR from the previous day to ensure any unidentified gaps in people's MAR charts were investigated. We saw this had picked up errors that had then been addressed with the appropriate member of staff.

People were not always protected from the risks of infection as some staff did not follow safe practices in preventing risks associated with cross infection. We saw staff in the laundry were not using appropriate personal protective equipment (PPE) when dealing with dirty laundry. The gloves they used were not single use and they did not wear disposable aprons when handling the laundry. The hand washing facilities in the laundry were not fit for purpose. The sink was placed in a corner at low height and was surrounded by hoist slings that had been washed and were hung around the sink to dry. There were numerous containers of cleaning chemicals placed in front of the sink making it difficult for staff to get to the sink. We raised the issue with the registered manager who addressed this straight away and re-arranged the room so the sink was accessible and made sure there was appropriate PPE in place for staff.

We saw there was a similar issue in the kitchen, as although there were disposable aprons available for staff to use when they entered the kitchen, the hand washing facilities were on the opposite side of the room meaning staff needed to walk across the kitchen to wash their hands. These issues did not support good hygiene practices. We discussed this with the registered manager and provider on the second day of our visit. They told us they were aware of the issue and had looked at ways to move the sink in the kitchen. However, they had not been able to do so without major disruption to the room. They told us staff were able to access hand washing facilities in the kitchen storeroom adjacent to the kitchen and we saw there were

adequate facilities there for staff.

When we previously visited the service we found the sluice room was not fit for purpose and in need of refurbishment. During this inspection we saw the provider had made significant improvements to this room as part of their on-going development and maintenance plans improving making the room fit for purpose.

Good

Is the service effective?

Our findings

When we last visited the service, we found the principles of the Mental Capacity Act (2005) (MCA) had not always been followed.

The 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 saw the registered manager had made improvements to this area of practice. Where required the registered manager had undertaken mental capacity assessments for the people at the service. They had worked with the registered nurses to ensure the assessments undertaken reflected people's needs. Where appropriate, they had involved relatives in best interest meetings to ensure any decisions made on behalf of a person were the least restrictive and in their best interests.

Staff we spoke with showed a basic understanding of the MCA and their role in supporting people to make their own decisions about their care. One member of staff told us they were aware some people in their care needed support to make their decisions and discussed how they do this. They said they simplified the way they asked things and used visual prompts to assist people.

People can only be deprived of their liberty to receive treatment and care when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and found the registered manager had made appropriate applications for people in their care and any conditions on authorisations to deprive a person of their liberty were being met.

People's needs were assessed using nationally recognised assessment tools and these tools were used to support the risk assessments and care plans that informed staff of people's needs. For example, the waterlow assessment scoring tool was used to identify if a person is at risk of skin damage that could lead to pressure ulcers. In addition, the malnutrition universal scoring tool (MUST) was also used to monitor people's weights and identify when staff needed to offer extra support with their nutritional needs. The assessments considered people's diverse needs to ensure there was no discrimination in relation to the protected characteristics under the Equality Act. The registered provider had policies and procedures in place in line with legislation and standards in health and social care to ensure best practice was understood and delivered by staff.

Relatives we spoke with told us they felt the staff supporting their loved ones were competent and had the training required to undertake their roles effectively. Staff we spoke with told us they received support and training to assist them in their roles. Records showed staff had regular mandatory training in areas such as health and safety, moving and handling and fire safety. A number of care staff had completed nationally recognised qualifications in health care, this included the Care Certificate that sets out common induction

standards for social care staff and was introduced in 2015. As well as this staff were encouraged to undertake further training to enhance their roles. For example, further training in supporting people with dementia. Registered nurses kept up to date with current practices by using the knowledge of specialist advisers in areas of practice such as diabetes and tissue viability. Should they have people admitted with further specialist needs they always contacted the relevant specialists to ensure they had the most up to date knowledge of the care they needed to provide for people.

Staff told us they received supervision and we saw the registered manager kept records to ensure staff received regular support in their roles. The registered manager told us new staff were supported with an induction to their role that included a week shadowing experienced staff, followed by a week of supported practice. The registered manager undertook supervision with the member of staff after three weeks to review their progress and ensure they felt they had the right support in place. The provider told us they invested as much as they could to give staff the training they needed to support people in their care.

People we spoke with told us they were happy with the food they were given to eat. One person said, "I have no complaints." The majority of staff we spoke with were able to tell us the different diets people required. Staff told us about people who required a diabetic diet and we saw they had an understanding of the importance of ensuring these people maintained a regular dietary intake. For example, one person who was diabetic had not eaten their lunch and staff encouraged the person to eat, offering alternatives and explaining to the person why they should eat regularly. Where required people received nutritional supplements or support with eating and drinking, staff provided this in an unhurried manner.

Staff we spoke with told us they tried to encourage people to maintain a healthy lifestyle and worked with them to help them maintain a balanced diet and support people to keep active. For instance, by encouraging people who were able to walk to keep mobile and take part in the exercise sessions the service provided.

People's health needs were supported by staff. One person who had been admitted to the service for short term care said, "Oh I have had a good stay, I have had physiotherapy as I broke my hip. They (staff) have been very good here and have got me moving again and on the mend. I can't fault them." Care staff told us the registered nurses were quick to respond to any health concerns people had. The registered nurses were supported by the district nurses and the local GP who undertook a weekly visit to the service to review the health needs of people living there. A visiting health professional told us when they provided advice for staff about people's care or left instructions they were followed through by staff. Where people had long-term conditions we saw the registered nurses monitored people's conditions and had the skills to use any equipment required to support this monitoring. Where necessary the registered nurses had referred people to appropriate health professionals such as the dementia outreach team, diabetic nurses, speech and language therapy team and tissue viability advisors. This showed the staff worked to meet the health needs of the people at the service.

People lived in an environment that had been adapted to meet their needs. The building was a large old building and the provider had a continuous refurbishment programme in place. We noted that in some areas of the service there were some malodours. The registered manager told us they were aware of this and as well as regular cleaning undertaken by staff, the provider was gradually replacing carpets and redecorating to refresh the environment for people at the service. Majority of the bedrooms we saw had been personalised by the people who lived in them and people told us they liked the rooms they lived in. The grounds surrounding the building was also being gradually upgraded and there were secure areas for people to access should they wish to.

Requires Improvement

Is the service caring?

Our findings

People were not always supported in the way they wanted to be supported. We were told that on occasion when people asked to be supported to the toilet they were told they needed to wait as staff had other priorities. People we spoke with were upset by this and it had led some people to feel they could not request help when they needed it. Some people told us they would not use the nurse call bell as some members of staff were sometimes sharp with them when they requested help.

We also saw that some people who spent time in their rooms did not know how to summon help and were therefore isolated, we observed one person calling for help. They had been waiting for help for some time and did not appear to know how to use the call bell. The person had been left with a cup of tea which was now cold and they could not reach the bedside table to put it down. The person was very distressed, they said, "I have been shouting a long time, and my hand is so cold now. I worry when they don't come."

Our observations of staff practice also did not at times reflect what we had been told and we saw some interactions with people that were not always respectful. While we were aware of staff's need to balance priorities, there were times when people's requests were responded to in a authoritarian manner and there was an inflexibility that meant people's choices and requests were not always considered in the way they should be. For example, one person requested to go to bed and was told they needed to wait until people and staff had had their lunch. There was no further discussion with the person and no attempt to accommodate the person's request. The person had also repeatedly requested a cup of tea during the lunchtime period and was told they could have a cup of tea at 3 pm when staff undertook a tea round. This showed people's individual choices and requests were not responded to or accommodated by the staff who supported them.

People were not always treated with respect and dignity. During the lunchtime period we saw staff putting protective bibs on people. One member of staff went around the room and placed the bibs on four people without asking their consent or discussing what they were doing with the person. Another person was eating some chips with their fingers and a member of staff told them not to use their fingers but use a fork and went on to say, "I`m not going to feed you.. because you can feed yourself." There were further examples where staff spoke to people in a demeaning and childish manner. One member of staff told one person, "[Name] how many times have I told you…? I am not going to repeat myself again." Whilst the statement was not made in an aggressive manner, it did not show sufficient respect and consideration towards a person who was living with the early stages of dementia and may not have remembered their repeated requests.#

This was a breach of Regulation 10 of the Health and social Care Act 2008 (Regulated Activities) Regulations 2014. Dignity and respect.

We discussed this with the registered manager and the provider who told us they would increase their monitoring of staff behaviours and practices as they wanted people in their care to feel cared for and respected.

The majority of people and relatives we spoke with told us they were happy with the way staff cared for them. One relative said, "They have all made us welcome although [Name's] only been here a little while. Everyone has been very helpful." Another relative said, "[Name] is very settled and happy here I know that by how they look and act."

Some people we spoke with told us they were not aware of their care plans. However, a number of people were aware of the care plans. One relative said, "I know all about the care plan." They went on to say they had been involved in a number of aspects of their relation's care. We saw evidence to show that both people and their relatives had been involved in creating their plans. For example, we saw one person and their relative had provided clear information on the person's preferences about their clothes, what support they required at meal times and where they preferred to spend their time.

The registered manager facilitated the support of an advocate when people required this service. Advocates support people who are unable to speak up for themselves. We saw there were posters in the service advertising the services of advocates.

People's cultural and religious needs were met and the registered manager told us they had arranged for people to be supported with regular visits from leaders of their chosen faith.

People's privacy was maintained by staff. People told us staff closed the doors and curtains when providing personal care and knocked on bedroom doors prior to entering.

Requires Improvement

Is the service responsive?

Our findings

Care plans provided information about people's care needs and some information about their personal preferences. However, the care plans were not always kept up to date and on the first day of our visit we saw one person had not had their weight recorded in their care plan since February 2018. They had lost 4.5kg in one month and the information in the care plan gave no indication of how this had been managed. We brought this to the attention of the registered manager and when we returned for the second day of our visit the registered manager told us the person had been weighed in the intervening months by care staff. They recorded and monitored people's weights in a separate book and the person had regained weight. However, the nursing staff had not recorded the weights in the person's care plan.

Another person's care plan showed they had been assessed as being at risk of developing pressure ulcers, while their care plan showed what pressure relieving equipment the person needed to support them it did not show how they should be supported to reposition. We asked care staff about the person's care and we were shown a daily repositioning chart kept separately from the care plan with the regime in place for the person. We saw this had been completed by care staff. This showed the information in people's care plans did not always accurately reflect their needs and the care they received and this placed them at risk of inconsistent support.

We also viewed some daily records and found recordings of daily care interventions were not always fully completed. For example a person's care record stated they should be checked hourly during the night. On two nights, the records were not completed throughout the night and on another, they were not completed from 3 am onwards. There were gaps in repositioning of another person at night between 2 am and 8 am on one of the nights we viewed. This meant we could not be sure people were receiving the care and support they needed to keep them safe.

We discussed the issues relating to the care plans with the registered manager who responded immediately to address the issues raised. On the second day of our visit they told us they had already started to discuss with staff how to improve the way the information was presented in the care plans to ensure they were up to date and were reflective of people's needs.

People and relatives told us there was a lack of social activities available to them and we were told people were "just sat for long periods." On the day of our inspection we saw there were missed opportunities to offer stimulation for people at the service. The weather was sunny and there were places in the garden for people to sit and enjoy the good weather. However, no one was offered the opportunity to undertake this activity. People in the main lounge spent a large proportion of their morning watching television or sleeping in their chairs; however, these people did have the opportunity to move around the service should they wish to. On the day of our inspection People who lived in the coach house were not able or encouraged to leave the relatively small lounge. One relative told us, "No they are not taken out very often if at all."

Although a member of staff offered one person the activity of completing a jigsaw, a further person had to ask if they could join them and staff did not facilitate the activity to stimulate the two people and it was left

to a visiting relative to support them.

We fed these observations back to the registered manager and provider who told us they were already working to improve the social activities at the service to reduce isolation for people who lived there. They told us they were aware of the need to improve social activities for people as it had been fed back to them via resident and relatives satisfaction surveys they had undertaken. The registered manager told us they had activity coordinators working 28 hours a week and was intending to increase this to 42 hours a week. They were working with an external company who would provide training sessions for staff to look at the different ways they could support people. We also saw the company had a number of sessions planned to introduce different activities to provide stimulation for people at the service. This included reminiscence sessions, themed quizzes, movement to music sessions and the introduction of electronic technology. During the latter part of the morning of our visit, we saw the representative from the external company had visited, instigating a movement to music session with some people in the coach house. A reminiscence session with people in the main lounge took place during the afternoon.

People were not always provided with information in a format that was accessible to them. There were a number of people living with dementia and who would have benefited from some visual pictorial information, such as pictorial menus and the signage for bathrooms and toilets. We discussed this with the registered manager who told us they would address this.

People and their relatives told us they knew who to raise any concerns to if they needed to. We saw there was a complaint policy displayed and staff we spoke with knew how to deal with complaints raised to them. One member of staff told us they would try to deal with issues if they could and they would ensure the registered nurse or registered manager was aware of any issues raised.

The registered manager was aware of their responsibilities in dealing and responding to any complaints. We saw evidence of how they had managed complaints raised to them in line with the company's complaints policy.

The information around people's end of life wishes was minimal in the care plans we viewed. However, the registered manager told us they did ask people about their end of life wishes. They told us some people and their relatives did not want to discuss these issues until there was a need to address this issue. The registered manager told us they did not have anyone at this stage, presently living at the service, at the appropriate times the registered nurses spent time with people and their relatives to ensure their wishes were known. We also saw when appropriate do not attempt resuscitation (DNAR) orders had been completed with people and their relatives, which showed the service had an understanding of some people's wishes.

Good

Is the service well-led?

Our findings

The service had a registered manager in post on the day of our inspection. It is a condition of the service's registration to have a manager who is registered with the CQC. The registered manager was clear about their responsibilities, they had notified us of significant events in the service and the last CQC inspection rating was displayed in the service and on their website. 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, visitors and those seeking information about the service can be informed of our judgments.

Relatives we spoke with said they knew who the manager was and that they were, "Hands on and approachable." One person said, "The manager lady is always available and good." Another person told us the provider , registered manager and deputy manager regularly spoke with them to check they were alright.

Staff told us the registered manager offered support and help when needed along with the deputy manager. One member of staff said, "There is always someone around to discuss concerns." Another senior member of staff echoed this comment and added, "I feel supported (by the management team) they are all enthusiastic and good to work with."

Staff we spoke with told us they were aware of the company's whistle blowing policy. They told us they would feel confident to whistle blow if they were concerned about any practices they witnessed.

Staff were supported with regular supervisions where issues of concern and wellbeing could be discussed. The registered manager and deputy used these sessions to ensure staff were aware of their responsibilities in their roles and staff we spoke with told us the sessions were helpful as they were able to highlight any areas they felt they needed support or training. They told us they felt they were listened to.

The registered manager, deputy manager and maintenance person undertook regular audits to monitor the quality of the service. These included environmental audits, medicines, weight management, falls and care plans. We saw a monthly health and safety audit completed for May 2018 with the actions identified from the previous month resolved. The registered manager also undertook a daily walk about to look at environmental and care issues, where issues had been identified they had put plans in place to resolve them. This showed the registered manager worked to improve the quality of the service for people who lived at the home.

Staff we spoke with told us there were regular staff meetings and they felt able to discuss things openly. We saw minutes of meetings which showed that a range of issues including safeguarding, practices and staffing had been discussed. We saw staff had been able to discuss any issues they had during these meetings.

People were given the opportunity to engage with the registered manager and give their opinions on the way the service was run. One person we spoke with told us they had completed a questionnaire on the service that included questions about what they thought of the social activities available. The registered

manager and provider had tried on a number of occasions to arrange relatives meetings but they told us there had been a lack of response. However, they told us relatives were able to speak with them on a regular basis to discuss any issues they had. The registered manager and provider told us continued to work together to look at a ways they could include people and relatives in the running of the service.

The registered manager and registered nurses at the service also worked with external agencies to ensure people received the support they needed for their care. The use of an external company to support staff build on the social activities for people at the service was one example. We also saw there were visits made by the community psychiatric nurse to support people who were living with dementia. This showed the registered manager worked to ensure people received the best care to meet their needs.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 10 HSCA RA Regulations 2014 Dignity and respect People were not always supported in a dignified and respectful way.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The risks to people's safety were not always recognised by staff and people were not always support in a safe way.