Willows Lodge Limited

Willows Lodge Care Home

Inspection report

82-84 Calcutta Road
Tilbury
Essex
RM18 7QJ

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22 March 2016

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

Summary of findings

Overall summary

Willows Lodge Care Home provides accommodation, personal care and nursing care for up to 62 older people, older people living with dementia and older people who require nursing and palliative care. The service consists of three units: Poppy Unit for people living with dementia, Buttercup Unit for people who require nursing and palliative care and Rose Unit for people who require residential care.

Following our inspection to the service in January 2016, an Urgent Notice of Decision was issued to the registered provider advising that no further admissions could be made to the service until 31 March 2016. In addition, the Care Quality Commission met with the registered provider on 28 January 2016 to discuss our on-going concerns. During the meeting the registered provider gave an assurance that things would improve.

This inspection was completed on 21 March 2016 and 22 March 2016. There were 49 people living at the service when we inspected.

A registered manager was not in post at the time of 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 in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The service was managed on a day-to-day basis by the registered provider and they were supported by an area manager from within the organisation. A new manager had been appointed and commenced their role at the service on 4 April 2016.

Suitable arrangements were not in place to ensure that the right staff were employed at the service and improvements were required. The arrangements for the effective management of medicines on two out of three unit's required further development as there were unexplained gaps on the medication administration records and not everyone had received their prescribed medication.

Further development of the registered provider's quality assurance arrangements were required to ensure that these were robust. Record keeping in some areas relating to people who used the service also required reviewing and improvement, particularly in relation to people's food and fluid monitoring and where they required their body to be repositioned at regular intervals so as to prevent the development of pressure ulcers.

Improvements were required to ensure that effective arrangements were in place for the management of complaints and to ensure that there was a clear audit trail of actions undertaken.
Improvements were still required to ensure that people who predominately remained in bed or in their bedroom received opportunities for social stimulation.

Although people were not complimentary about the quality of meals provided, the dining experience for

people was positive and people received appropriate support and assistance to eat and drink.

Sufficient numbers of staff were available and satisfactory deployment of staff was observed to meet people's care and support needs. Staff had received additional basic mandatory training and this was embedded in staffs practice. Staff felt supported and now received formal supervision. Staff had a good understanding of safeguarding procedures to enable them to keep people safe.

People received personalised care that was responsive to their individual needs. People's care plans included information relating to their specific care needs and how they were to be supported by staff. Risks were identified to people's health and wellbeing and risk assessments were in place to guide staff on the measures to reduce and monitor these. Appropriate assessments had been carried out where people living at the service were not able to make decisions for themselves and to help ensure their rights were protected. People were treated with kindness and care by staff. Staff had a good relationship with the people they supported.

You can see what actions we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Staff recruitment processes were not as thorough as they should be so as to ensure that staff were suitable to work in the service.

Improvements were required in relation to the management of medicines to make sure that people received their prescribed medication as they should.

The deployment of staff was appropriate at the time of the inspection to meet peoples' needs.

Staff had a good understanding of safeguarding procedures to enable them to keep people safe.

People's assessed healthcare risks were documented and followed by staff.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Although the dining experience for people was positive, comments about the quality of meals provided were variable. Improvements were required to ensure that people received nutritious meals and that fluid and food records were accurately maintained.

People were cared for by staff that were well trained and had the right knowledge and skills to carry out their roles and responsibilities. Staff felt supported and received formal supervision.

Staff had a good knowledge and understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Where people lacked capacity, decisions had been made in their best interests.

People were supported to access appropriate services for their on-going healthcare needs.

Is the service caring?

Good

The service was caring.

Staff interactions were positive and people received appropriate care. People told us that the majority of staff were kind, caring and respectful.

Staff understood people's care and support needs and responded appropriately so as to ensure that these were met.

The provider had arrangements in place to promote people's dignity and to treat them with respect.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Improvements were required to ensure that effective arrangements were in place for the management of complaints.

Improvements were still required to ensure that people who predominately remained in bed or in their bedroom received opportunities for social stimulation.

People received personalised care that was responsive to their individual needs. People's care plans included information relating to their specific care needs and how they were to be supported by staff.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Although systems were in place to regularly assess and monitor the quality of the service provided, further improvements were required as they had not highlighted the areas of concern we had identified and not all auditing processes had been implemented.

Systems were in place to seek the views of people who used the service and those acting on their behalf.

Willows Lodge Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 21 March 2016 and 22 March 2016 and was unannounced.

The inspection team on day one of the inspection consisted of two inspectors, a Specialist Advisor whose specialist area of expertise related to nutrition and an expert by experience. An expert by experience is a person who has personal experience of caring for older people and people living with dementia. On the second day of inspection the inspection team consisted of one inspector.

We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and manager are required to notify us about by law.

We 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 spoke with 15 people who used the service, six relatives, 14 members of staff, the registered provider, one Director, the area manager, the clinical lead and the chef.

We reviewed 12 people's care plans and care records. We looked at the service's staff support records for six members of staff. We also looked at the service's arrangements for the management of medicines, complaints and compliments information and quality monitoring and audit information.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection of the service on 12 January 2016, 13 January 2016 and 19 January 2016, we found that people were not protected against the risk of receiving support that was inappropriate or unsafe as there were not always enough staff to support them. We also found that people were at risk because the provider had not always taken appropriate steps to ensure that people were protected from abuse. Robust procedures did not ensure that the provider, management team or staff understood their individual responsibilities so as to ensure that action was taken as soon as they suspected abuse or the risk of abuse in line with local safeguarding procedures. Risks were inconsistently applied and suitable control measures were not put in place to mitigate risks to people's health and wellbeing. We asked the provider to send us an action plan which outlined the actions to be taken to make the necessary improvements. In response, the provider shared with us at regular intervals between January 2016 and March 2016 their action plan detailing their progress to meet regulatory requirements. We found that the improvements they told us they would make had been completed.

Suitable arrangements were not always in place to ensure that the right staff were employed at the service. Staff recruitment records for staff appointed since our last inspection to the service in January 2016 showed that the registered provider had not operated a thorough recruitment procedure in line with their policy and procedure. Records showed that not all staff employed had had the appropriate checks to ensure that they were suitable to work with vulnerable people. For example, gaps in employment history were evident for two out of four newly employed members of staff. We found that satisfactory evidence of conduct in their previous employment, in the form of references, had not been received for one member of staff. There was no evidence that a Disclosure and Barring Service (DBS) certificate or Adult First Check had been applied for or received for the same member of staff, prior to their employment at this service. The latter is a check where a person is permitted to start employment with adults before a DBS certificate is in place. A recent photograph was not available for one member of staff and there was no interview record maintained for three members of staff. When we discussed our findings with the registered provider they confirmed that the staff in question had previously worked at the service and they had only recently left the service's employment. Although the regulations are clear about the pre-employment checks required the provider had wrongly assumed that their previous history with the service would be sufficient to restart employment.

The registered provider had not sought clarification from an external agency that staff working at the service had been subject to the same level of checks and similar selection criteria as staff recruited directly. This showed that the registered provider had failed to operate an effective recruitment procedure and we could not be assured that people living at the service were protected by the registered provider's recruitment procedures.

This is a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although people told us they received their medication as they should and at the times they needed them, the arrangements for the management of medicines on Rose and Buttercup Units required improvement.

Whilst medicines were stored safely for the protection of people who used the service, we found unexplained gaps on the Medication Administration Record [MAR] forms for four people, giving no indication of whether people had received their medicines or not, and if not, the reason why it was not recorded. Not everyone had received their prescribed medication. For example, one medication for one person had been omitted and remained in the 'blister pack'. No rationale was recorded on the reverse of the MAR form to explain this. We discussed this with the senior member of staff on duty and they confirmed that it was their error. One person had not received two doses of their prescribed pain relief medication as it was 'not available'. However, there was no evidence to indicate that the person experienced pain during these times. Another person did not receive their prescribed medication as they were asleep. Consideration had not been given by staff for them to receive their medication at an earlier time. We discussed this with the registered provider and an assurance was given that the above shortfalls would be addressed as a priority.

Comments about staffing levels from people using the service and those acting on their behalf were generally positive. One person told us, "There does appear to be more staff now." Another person told us, "Staff are around when you need them." Staff confirmed that staffing levels across the service were much improved. However, staff felt that this was largely due to current vacancies at the service and were apprehensive that appropriate staffing levels would be continued in the future. As stated by the registered provider in their action plan, the clinical lead was primarily based on Buttercup Unit. In addition, where peak times had been identified, additional staff had been deployed.

The deployment of staff was much improved to meet people's needs. For example, where people were seen to ask staff for assistance with personal care or to request a drink, staff responded in a timely manner. Our observations showed that communal lounge areas were supported by staff throughout the day. Care was also taken by staff to ensure that people who were immobile and who spent the majority of their time in bed or in their room were monitored and checked at regular intervals to ensure their safety and wellbeing.

Staff told us that they felt people living at the service were kept safe at all times. People confirmed to us that staff looked after them and that their safety was maintained and they had no concerns. One person told us, "I do feel safe if you mean I am looked after." One relative told us, "I don't need to worry when I leave and I feel that my relative is in a safe environment."

We found that people were protected from the risk of abuse. Staff were able to demonstrate a good understanding and awareness of the different types of abuse and how to respond appropriately where abuse was suspected. Staff confirmed they would report any concerns to external agencies such as the Local Authority, the Care Quality Commission or police if required. Staff were confident that the registered provider would act appropriately on people's behalf. Action had been taken by the registered provider where an allegation or evidence of abuse was suspected. Although the registered provider had responded to the concerns and followed local safeguarding policies and procedures, they had not notified the Care Quality Commission as required by regulation. We discussed this with the registered provider and they confirmed that they were unaware of this obligation. An assurance was provided that this would not happen again.

Staff knew the people they supported. Where risks were identified to people's health and wellbeing, for example, the risk of poor nutrition, poor mobility and the risk of developing pressure ulcers; staff were aware of people's individual risks. Risk assessments were in place to guide staff on the measures to reduce and monitor those risks during delivery of people's care. Staff's practice reflected that risks to people were managed well so as to ensure their wellbeing and to help keep people safe. For example, one person's risk assessment detailed that they were at risk of aspirating on all fluids and food. To ensure the person's safety all fluids were thickened and food items were pureed to prevent coughing and breathing difficulties.

Observations showed that the instructions were being followed by staff to ensure their safety. Environmental risks, for example, those relating to the service's fire arrangements were in place. Individual Personal Emergency Evacuation Plans (PEEP) were in place to respond effectively to untoward incidents and other emergencies that may occur at the service.

Requires Improvement

Is the service effective?

Our findings

At our previous inspection of the service on 12 January 2016, 13 January 2016 and 19 January 2016, we found that there were gaps in staffs' training and the training provided was not effective as it should be to ensure that staff knew how to apply their training and provide safe and effective care to people using the service. Not all staff had received a robust induction, formal supervision or an annual appraisal in line with the provider's policy and procedure. In addition, the dining experience for people on both Poppy and Buttercup Units was not a positive experience and improvements were required. We asked the provider to send us an action plan which outlined the actions to be taken to make the necessary improvements. In response, the provider shared with us at regular intervals between January 2016 and March 2016 their action plan detailing their progress to meet regulatory requirements. We found that the majority of improvements they told us they would make had been completed.

Prior to our inspection the registered provider had forwarded a copy of their up-to-date staff training matrix to the Care Quality Commission. This showed that since our last inspection to the service in January 2016 staff had received basic mandatory training. Staff confirmed that they received this training and that the quality of the training was much improved. Staff told us that this provided them with the skills and knowledge to undertake their role and responsibilities and to meet people's needs to an appropriate standard. For example, at our last inspection we were concerned that staff lacked the skill and knowledge to provide good support for people in relation to their nutritional and hydration needs. At this inspection we found that several members of staff had received suitable training relating to this topic. Staff told us that this ensured that their knowledge was up-to-date and provided them with the confidence and expertise to support people safely.

The registered provider confirmed that newly employed staff received a three day induction. Staff told us that in addition to their formal induction and according to experience, they were given the opportunity to 'shadow' and work alongside more experienced members of staff. Additionally, staff were expected to complete the 'Care Certificate' or an equivalent induction format within the first 12 weeks of their employment. Whilst there was evidence to show that staff had received an induction, there was little or no evidence to confirm the induction stages relating to the first three months of their employment had been completed.

Staff told us that they felt supported and valued by the registered provider and senior management team. One member of staff told us, "You can speak with any senior for advice or support." A new staff supervision tracker had been introduced since our last inspection in January 2016. This showed the planned supervision and actual supervision dates completed. This confirmed that 22 members of staff had received formal supervision. The registered provider confirmed that staff appraisals had yet to be implemented. The registered provider stated that this had been due to them concentrating on other key issues which were required to be addressed and which they deemed higher priority to ensure people's safety and wellbeing. An assurance was given by the registered provider that with the appointment of a manager, staff appraisals would be progressed.

The majority of people using the service were not complimentary about the quality of meals provided. One person told us, "There are only a few of us who can speak up here, but the food is not good. It's the chef, when they are not here the quality is much better. We know when they're cooking. There is such wastage, and the alternatives aren't much good – the soup is horrible." Another person told us, "The food here is absolutely awful. It is tasteless and cooked very badly. A lot of food is wasted and thrown out because people don't like it." We discussed this with the registered provider. They told us that they were aware of people's displeasure with the quality of the meals provided and confirmed that they had had discussions with the chef. An assurance was provided that the above would be dealt with so as to ensure better outcomes for people living at the service.

Although a person's nutritional requirements had been assessed and documented, a record of the meals provided was not always recorded in sufficient detail to establish their day-to-day dietary needs. For example, there were gaps in some people's food and fluid records. Additionally, fluid totals for the day were not always tallied and in some instances these were inaccurate. However, this was not linked to any current urinary tract infections or significant weight loss. Where people were at risk of poor nutrition, this had been identified and appropriate actions taken. For example and where appropriate, referrals had been made to suitable healthcare professional services, for example, dietician or Speech and Language Therapy Team to ensure and maintain the person's health and wellbeing. Additionally, where people were deemed to be at risk of poor nutrition, instructions were recorded detailing the total amount of calories and fluid each person should have throughout the day. This was different for each person whose care file we viewed. However, there was no correlation between these figures and the actual meals provided. The chef and staff confirmed that they were unaware of the calorific value of each portion provided or how this had been determined and were not able to conclude if people received the correct amount of calories each day. The registered provider gave an assurance that he would discuss this with the service's chef.

Where people required assistance from staff to eat and drink, this was provided in a sensitive and dignified manner, for example, people were not rushed to eat their meal and positive encouragement to eat and drink was provided. This ensured that people received sufficient nutrition and hydration.

Staff had a good understanding of each person's nutritional needs and how these were to be met. Staff were aware of people's specific dietary needs, such as, those people who were diabetic and the people who required their meals to be fortified as they were at risk of poor nutrition and hydration. The service's chef followed a four week recurring menu, however they were unable to confirm what nutritional guidelines the chefs followed. We found that some of the meals provided to people contained insufficient protein. For example, on the first day of inspection the second choice on the menu was pasta and curry sauce. Other dishes such as pasta with mushrooms or a vegetable sauce were also recorded within the menu.

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. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff confirmed that they had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff were able to demonstrate that they had a good knowledge and understanding of MCA and DoLS and how these applied to the people they supported. Records showed that each person who used the service had had their capacity to make decisions assessed. This meant that people's ability to make some decisions, or the decisions that they may need help with and the reason as to

why it was in the person's best interests had been clearly recorded. Where significant decisions were required in their best interests, meetings had been held so as to consult openly with all relevant parties, prior to decisions being taken. Where people were deprived of their liberty, for example, due to living with dementia, appropriate applications had been made to the local authority for DoLS assessments to be considered for approval. This meant that the provider had acted in accordance with legal requirements.

People were observed being offered choices throughout the day and these included decisions about their day-to-day care needs. People told us that they could choose what time they got up in the morning and the time they retired to bed each day, what to wear, where they ate their meals and whether or not they participated in social activities.

People told us that their healthcare needs were well managed. People's care records showed that their healthcare needs were clearly recorded and this included evidence of staff interventions and the outcomes of healthcare appointments. Each person was noted to have access to local healthcare services and healthcare professionals so as to maintain their health and wellbeing, for example, to attend hospital appointments and to see their GP. Relatives confirmed that they were kept informed of their member of family's healthcare needs and the outcome of healthcare appointments.

Good

Is the service caring?

Our findings

At our previous inspection of the service on 12 January 2016, 13 January 2016 and 19 January 2016, we found that people's preferences and choices for their end of life care were not clearly recorded. Care and support provided by staff in relation to people's end of life care was not consistent. Staff interactions and communication with the people they supported was variable. We asked the provider to send us an action plan which outlined the actions to be taken to make the necessary improvements. In response, the provider shared with us at regular intervals between January 2016 and March 2016 their action plan detailing their progress to meet regulatory requirements. We found that the majority of improvements they told us they would make had been completed.

In general people stated that they were satisfied and happy with the care and support they received. One person told us, "The carers are very nice. I can get around OK, so I'm not much trouble to the girls, but they are all nice." Another person told us, "It's nice here. I have no complaints about the care I receive." One relative told us, "The current team [staff] know how to care for them [member of family], and I am really comfortable with the care provided by the nurse and the girls – especially now that the home has got rid of some bad staff." However, two negative comments were once again raised in relation to the care and support they received from night staff. People told us that some staff could be rough, particularly when providing personal care and some staff spoke to them in an unkind manner. The registered provider confirmed that following our last inspection in January 2016 when this was first brought to their attention, two unannounced night 'spot visits' by a member of the management team had been conducted to the service. Additionally, a staff meeting with night staff had also been undertaken in February 2016. The registered provider confirmed that no areas for concern were highlighted as part of the 'spot visits'. However, an assurance was given by the registered provider that following the commencement of the new manager to the service on 4 April 2016, steps would be taken to address people's comments about night staff and additional 'spot visits' would be conducted and meetings held with night staff.

We observed that staff interactions with people were positive and the atmosphere within the service was seen to be welcoming, calm and friendly. Staff were noted to have a good rapport with the people they supported and there was much good humoured banter. Staff were attentive to people's needs and received care in a timely manner. We saw that staff communicated well with people living at the service and not purely at the times that they received care or interventions. For example, staff were seen to kneel down beside the person to talk to them or to sit next to them and staff provided clear explanations to people about the care and support to be provided.

Staff understood people's care needs and the things that were important to them in their lives, for example, members of their family, key events, hobbies and personal interests. People were also encouraged to make day-to-day choices and their independence was promoted and encouraged where appropriate and according to their abilities. For example, several people at lunchtime were supported to maintain their independence to eat their meal and some people confirmed that they were able to manage some aspects of their personal care with limited staff support. One person told us, "I try to do as much as I can for myself. If I'm feeling a bit slow or feel I need support from staff, I just ask. I generally like to sit and read my book."

Staff were able to verbally give good examples of what dignity meant to them, for example, knocking on doors, keeping the door and curtains closed during personal care and providing explanations to people about the care and support to be provide. Our observations showed that staff respected people's privacy and dignity. We saw that staff knocked on people's doors before entering and staff were observed to use the term of address favoured by the individual. In addition, we saw that people were supported to maintain their personal appearance so as to ensure their self-esteem and sense of self-worth. People were supported to wear clothes they liked, that suited their individual needs and were colour co-ordinated. Staff were observed to speak to people respectfully and to listen to what they had to say. The latter ensured that people were offered 'time to talk', and a chance to voice any concerns or simply have a chat.

People were supported to maintain relationships with others. People's relatives and those acting on their behalf visited at any time. Staff told us that people's friends and family were welcome at all times. Relatives confirmed that there were no restrictions when they visited and that they were always made to feel welcome. All visitors told us that they always felt welcomed when they visited the service and could stay as long as they wanted.

Requires Improvement

Is the service responsive?

Our findings

At our previous inspection of the service on 12 January 2016, 13 January 2016 and 19 January 2016, we found inconsistencies across the service in the quality of the information included in people's care records. People did not always feel that their concerns or complaints would be taken seriously and dealt with. Evidence of investigations, actions taken and proof of how decisions and conclusions had been reached were not available. Not all people using the service had their social care needs met. We asked the provider to send us an action plan which outlined the actions to be taken to make the necessary improvements. In response, the provider shared with us at regular intervals between January 2016 and March 2016 their action plan detailing their progress to meet regulatory requirements. We found that the majority of improvements they told us they would make had been completed.

Information on how to make a complaint was available for people to access. People and their relatives told us that if they had any worries or concerns they would discuss these with the management team or staff on duty. One relative told us, "If I have any problems I'd have no issues in raising it immediately to the management team here. I have in the past and they have been responsive. I will again if I needed to."

Staff told us that they were aware of the complaints procedure and knew how to respond to people's concerns. The complaint log showed that since our last inspection in January 2016 there had been three complaints. Whilst one complaint investigation had yet to be concluded, information relating to two further complaints had been logged. Although the registered provider was able to tell us of the actions taken to address the concerns raised, evidence of the actual investigation process and proof of how decisions and conclusions had been reached were not documented so as to provide a clear audit trail. The provider confirmed that this would be addressed immediately. A record of compliments had been implemented to recognise and capture the service's achievements. One compliment recorded stated, 'I would just like to say how happy my relative is. They have been with you two years and have received some wonderful care. Your carers and medical staff love and look after our relative wonderfully.'

Not all people who used the service felt there were sufficient social activities available to meet their needs. One person told us, "There's not much to do here, but I'm OK and sometimes I join in with the activities." Throughout both days of our inspection we observed that those staff responsible for providing social activities interacted positively with groups of people in the main communal lounge areas. In addition to this, staff were also seen to support people by undertaking games with them wherever possible. However, improvements were still required to ensure that people who predominately remained in bed or in their bedroom received social stimulation. The registered provider confirmed that the latter was continuing to prove problematic and that steps were to be taken with staff responsible for providing social activities and key decisions would have to be made to ensure this was improved for the future.

People received personalised care that was responsive to their individual needs. Our observations and discussions with staff showed and demonstrated that staff were aware of how each person wished their care to be provided. Each person was treated as an individual and received care relevant to their specific needs and in line with information recorded within their care plan.

Although appropriate arrangements were in place to assess the needs of people prior to admission, no new admissions had been undertaken at the service following our last inspection in January 2016.

People's care plans included information relating to their specific care needs and how they were to be supported by staff. Care plans were regularly reviewed and where a person's needs had changed these had been updated to reflect the new information. Staff told us that they were made aware of changes in people's needs through handover meetings and discussions with the clinical lead, registered nurses and senior members of staff. This meant that staff had the information required so as to ensure that people who used the service would receive the care and support they needed. However, although the above was much improved and positive, further improvements were required to ensure that records relating to people's food and fluid monitoring and repositioning of their body were accurate and completed in line with instructions recorded within their care plan. For example, several fluid charts showed that the total amount of fluid received by individuals over a 24 hour period was not always accurate and therefore could give a false impression that they had received adequate or too little fluid, thus placing them at hydration risk. Additionally, where people required their body to be repositioned at regular intervals, it was not possible to determine if this had been undertaken as the records were incomplete. An assurance was given by the registered provider that following the commencement of the new manager to the service on 4 April 2016, steps would be taken to address this to ensure that further improvements were made.

Where life histories were recorded, there was evidence to show that where appropriate these had been completed with the person's relative or those acting on their behalf. This included a personal record of important events, experiences, people and places in their life. This provided staff with the opportunity for greater interaction with people, to explore the person's life and memories and to raise the person's self-esteem and improve their wellbeing.

Staff told us that there were some people who could become anxious or distressed. The care plans for these people recorded people's reasons for becoming anxious and the steps staff should take to reassure them. The record of the behaviours observed and the events that preceded and followed the behaviour required improvement so as to provide a descriptive account of events including staff interventions. For example, although the daily care records for two people showed that there were several occasions whereby they had become anxious and/or distressed, a record detailing the behaviours observed and the events that preceded and followed the behaviour were not always completed. Additionally, where terminology recorded used words such as, 'aggressive' or 'abusive', it was unclear and ambiguous. We discussed this with the registered provider and they provided an assurance that steps would be taken to address this with all staff through planned meetings and supervisions.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection of the service on 12 January 2016, 13 January 2016 and 19 January 2016, we found that the provider's quality assurance systems were not effective and there was a lack of managerial oversight of the service as a whole. As a result of our concerns the Care Quality Commission issued an Urgent Notice of Decision to restrict admissions to the service until 31 March 2016. We also asked the provider to send us an action plan which outlined the actions to be taken to make the necessary improvements. In response, the provider shared with us at regular intervals between January 2016 and March 2016 their action plan detailing their progress to meet regulatory requirements. We found that the majority of improvements they told us they would make had been completed.

The registered provider confirmed that following our last inspection to the service in January 2016, concerns raised by us had been taken seriously and additional support had been deployed to the service to provide stability to the service and ensure future compliance with regulatory requirements. Shortly after our last inspection the registered manager left the employment of the organisation. At the time of this inspection the service did not have a registered manager in post and was being managed on a day-to-day basis by a Director from the organisation, with additional support from an area manager. The registered provider confirmed that a manager had been appointed and was due to commence employment on 4 April 2016. Our findings at this inspection showed that significant improvements had been made to protect people using the service against the risks of receiving inappropriate or unsafe care. The registered provider and management team of the service were visible at all levels, had an understanding of their key roles and responsibilities and had resources and support available to help drive improvement.

The registered provider was able to demonstrate to us the arrangements in place to regularly assess and monitor the quality of the service provided. This included the use of questionnaires for people who used the service and those acting on their behalf. In addition to this the registered manager monitored the quality of the service through the completion of a number of clinical and other audits. This showed that arrangements were available for the gathering, recording and evaluation of information about the quality and safety of the care and support the service provides, and its outcomes.

The registered provider confirmed that the service's quality assurance arrangements had been revised and strengthened in light of our inspection in January 2016. For example, an analysis of the service's staffing levels had been carried out to determine the staffing levels required at the service. Steps had also been taken by the registered provider to provide additional basic mandatory training for staff to ensure that staff had the skills and knowledge to provide a good standard of care to the people they supported. An initial review shortly after the January 2016 inspection had been carried out by the registered provider to determine gaps in people's care plan documentation and to provide specific numerical data. For example, the number of people who required bedrails, the number of people who had pressure relieving equipment in place and the number of people who were at nutritional and hydration risk. Other checks were also carried out in relation to the number of people at risk of falls, specific equipment in place or required and information relating to other medical conditions, such as, Diabetes. Additionally, new policies and procedures had been implemented and clinical audits relating to people's weight and gain, falls and

pressure ulcer management had been introduced by the clinical lead. This enabled the registered provider to have a point of reference as to where there were gaps and the improvements required.

The registered provider recognised that not all specific audits relating to staff employed at the service and people using the service had been implemented. For example, an analysis of staff training, staff supervision, appraisal and recruitment had not been implemented. The registered provider recognised that had there been a more effective system in place to monitor staff recruitment, this would have helped to ascertain the issues we identified during this inspection. Our inspection findings highlighted that the registered provider did not have a full awareness relating to the range of events or occurrences that must be notified to the Care Quality Commission without delay, for example, allegations of abuse. We discussed this with the registered provider and were given an assurance that notifications would be forwarded to us without delay in the future. The registered provider confirmed that they had not completed a full internal provider review of the service but provided an assurance that this would be conducted once the new manager was in post. The registered provider recognised that whilst not all audits had been implemented at this time, there had been a lot to achieve following the issuing of the Notice of Decision by the Commission to restrict admissions to the service. Initial priority had been given to ensure that care provided by staff to people using the service was safe and appropriate in order to meet people's needs, to be an effective 'role model' to staff and ensure that whilst changes were made and embedded that staff felt supported.

Relatives and staff had positive comments about the interim management of the service. Staff told us that they had a clearer view about the registered provider's expectations of them and confirmed they were well supported. Staff stated that there had been a lot of improvements since our last inspection in January 2016 and that these were positive. Comments from staff included, "They are approachable and if I have any concerns I know who to refer to." Staff told us that their views were valued and they felt able to express their opinions freely. Staff felt that the overall culture across the service was much better, open and inclusive and that communication had improved. This meant that the registered provider and management team of the service had created and promoted a positive culture since January 2016 that was open and inclusive.

Staff told us that staff meetings had been held at the service to enable the management team and staff to discuss topics relating to the service or to discuss care related matters. Not all records were available to confirm this but where these were in place, demonstrated where areas for improvement and corrective action were required and how this was to be achieved. In addition, visitors told us about regular meetings held for people who used the service, relatives and those acting on their behalf. Minutes of these meetings were available and suggested that people had an opportunity to have a voice. One person told us, "There has been a residents meeting, and me and another couple of people speak up, but most of the others don't say anything, as they can't – but I can and I do speak up for them."

People living at the service had completed satisfaction surveys in 2016. An analysis of the results was provided to us by the registered provider following the inspection and provided statistical data. These showed that 10 people had completed and returned their survey. The results showed that overall 80% of people who used the service were satisfied with the overall quality of the service provided and care received. The registered provider advised that where corrective actions were required, an action plan would be put in place and the issues addressed.

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 did not take formal enforcement action at this stage. 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 19 HSCA RA Regulations 2014 Fit and proper persons employed People were not protected by the registered provider's recruitment procedures. Regulation 19(2)(3)