Lifestyle (Abbey Care) Limited

Lifestyle (Abbey Care) Limited Elizabeth - Swale

Inspection report

Abbey Care Village
Scorton
Richmond
DL10 6EB
Tel: 01748 811971
Website: www.abbeycarevillage.co.uk

Date of inspection visit: 3 February 2015
Date of publication: 19/06/2015

Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Inadequate
Is the service effective?	Requires Improvement
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

This inspection took place on 3 February 2015 and was unannounced. We last inspected the home on 23 September 2014 where a continued breach in Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision were found. We asked the provider to make improvements to ensure there was an effective system to regularly assess and monitor the quality of the service that people receive was in place. The provider failed to send us an action plan as required.

This inspection was carried out to look at the five questions, is the service safe, effective, caring, responsive and well-led and to follow up on whether action had

Summary of findings

been taken to deal with the breaches. At this inspection we found further breaches in regulations. You can see what action we told the provider to take at the back of the full version of the report.

Lifestyle (Abbey Care) Limited Elizabeth-Swale is a residential care home, located on the Abbey Care Village site in Scorton. The service is registered to provide accommodation for people who require personal care for 54 people living with dementia and does not provide nursing care. There were sixteen (16) people living at the home. There is an enclosed garden, accessible via patio doors in the lounge area, and car parking is available on site.

There had been a manager in post since October 2014. At the time of the inspection they had submitted an application to the commission to become the registered manager. They have since become the registered manager. 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.

Although there were sufficient staff on duty staff were not always available to meet people's needs. Staff focussed on completing tasks and not always the care and support people wanted at the times and manner in which they had chosen.

Parts of the home were not safe; however the manager had taken steps to address these issues. New maintenance and servicing agreements had been arranged to make sure equipment and utilities in the home were working and safe.

Recruitment processes helped to ensure only suitable staff were employed. Staff had received training about how to keep people safe and report any suspicions of abuse to the relevant authorities, however further training was needed to help staff understand safeguarding issues with regard to people's dignity and choice.

The home had safe systems in place to ensure people received their medication as

prescribed; this included regular auditing by the home and the dispensing pharmacist.

Staff were assessed for competency prior to administering medication and this was reassessed

regularly.

Staff required further training in order to fully understand the principles of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) in their day to day practice.

People had their nutritional needs met and meals provided at the home had recently improved. People commented favourable about the quality and quantity of meals.

We observed some staff engage with people in caring manner and others who did not. Staff showed minimal understanding of the needs of people living with dementia. There was a lack of activities or opportunities for people to be meaningfully occupied. We observed people left for long periods without any interaction with staff. We recommended further training was needed to ensure staff provided care which took into account people's individual needs and choices.

Complaints were responded to appropriately and steps taken to investigate and ensure complaints were resolved to the satisfaction of the complainant.

The manager was new in post. They had a clear vision of the improvements the home needed to implement in order to provide good quality care and meet with regulations, however these were at an early stage Steps had been taken to gather the views of people who used the service and be included in how the service operated.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe.

People told us they felt safe. However, although there were sufficient staff available they were not equipped with appropriate skills and knowledge to care for people safely. Also they were not deployed effectively which meant people were left unattended for long periods of time. Staff recruitment practices helped reduce the risk of unsuitable staff being employed.

People were not always safe because the environment had not been maintained. There were a numbers of areas in the home which posed a risk to people such as access to the passenger lift, trip hazards and the security of the building. People were at risk of infection because of the cleanliness of the service and poor control and prevention of infection practice.

There were systems in place to protect people against risks associated with the management of medicines.

Staff had received safeguarding training and understood how to make a safeguarding alert. However, further training would ensure they fully understood the complexity of safeguarding issues with regard to people's dignity and choice.

Is the service effective?

Requires Improvement

The service was not effective.

There were sufficient staffing available; however, staff did not have the skills and knowledge to provide care to people living with dementia.

Appropriate measures were in place to meet the legal requirements relating to Deprivation of Liberty Safeguards (DoLS). However, staff lacked knowledge of the Mental Capacity Act and how this impacted on their day to day care practice.

People were happy with the quality of food provided. The food we saw looked and smelt appetising and the chef demonstrated a good understanding of specialist diets and fortifying food. For some people who required assistance with eating and drinking staff did not take into account their dignity.

People had access to health services and we saw evidence that referrals were made in a timely manner.

Is the service caring?

Requires Improvement

The service was not caring.

Summary of findings

People were positive about the staff and told us they were kind and caring. We observed some staff respond to people in a kind and caring manner on some occasions, however people were not appropriately supervised and their needs were not always appropriately attended to.

Some staff lacked the skills to communicate with people living with dementia and so rather than engage with people they concentrated on completing tasks. This meant that people were left socially isolated without any interaction.

Is the service responsive?

Requires Improvement

The service was not responsive.

There was a lack of meaningful activities for people. This included organised group activities and the opportunity for people to follow their individual interests. There was a lack of opportunity for people to spontaneously occupy themselves. For example lack of books, magazines and rummage boxes available.

Complaints had been responded to in a timely way and records of complaints, the investigation into the complaint and the outcome were kept.

People said they felt complaints and concerns would be taken seriously by the acting manager.

People were supported to access health care such as chiropody, doctors and district nursing services

Is the service well-led?

Requires Improvement

The service was not well led

The manager had a clear vision for the future of the service but acknowledged that although improvements had been made these were at an early stage and had not sufficiently impacted on the quality of care provided.

Staff were positive about the improvements made. They reported they were now supported through regular staff meetings and one to one supervision.

Relatives meetings and surveys on the quality of the service supported people to be included and influence how the service operated.

Lifestyle (Abbey Care) Limited Elizabeth - Swale

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 3 February 2015 and was unannounced. It was carried out by two inspectors and an expert by experience with experience in dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We gathered the information we needed during the inspection visit. We also reviewed the information we held about the service, such as notifications we had received from the manager. A notification is information about important events which the service is required to send us by law. We planned the inspection using this information.

Before the inspection we had attended or received minutes of meetings arranged by the local authority and attended by representatives of the local authority safeguarding team, the local authority contract and commissioning team and the local Clinical Commissioning Group (CCG) as well as the directors of this service in order to monitor the situation at Lifestyles (Abbey Care) Archery Bower. We also reviewed all of the information we held to help us make a judgement about this service.

During the inspection we spoke with 16 people who used the service, two visitors to the service and three visiting health professionals. We also carried out observations of staff interacting with people and included structured observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who were not able to talk with us. We looked at all areas of the home including a sample of people's bedrooms.

During the inspection visit we reviewed four people's care records in detail. We looked at three staff recruitment files, records required for the management of the home such as maintenance records relating to equipment and the health and safety of the home, quality assurance audits, minutes from meetings, satisfaction surveys, medication storage and administration. We also spoke with the manager; and four members of staff.

We received information from Healthwatch. They are an independent body who hold key information about the local views and experiences of people receiving care. CQC has a statutory duty to work with Healthwatch to take account of their views and to consider any concerns that may have been raised with them about this service.

Inadequate

Is the service safe?

Our findings

The service was not safe. People we spoke with told us they felt safe. However, this did not reflect our findings.

We spoke with managers and staff about managing risks for the safe running of the service and for people individually.

We reviewed the previous four weeks staff rotas and saw through the day there were three and sometimes four members of staff on duty; during the night there were two staff on duty. On the day of the inspection there were four members of staff on duty with a health care student and the acting manager. There were 16 people living at the home. Our observations indicated there were sufficient staff for the numbers and needs of people however, the deployment of staff put people at risk.

Someone living at the service told us that they were 'short-staffed sometimes'. When asked if there were enough staff, another person told us 'I think they're understaffed'. Another person commented 'they could do with a bit more staff'. And 'the staff here don't have time'.

We saw one person in the lounge who appeared to choke; staff were not nearby and did not respond quickly and although the person did not come to any harm they appeared distressed. Once the member of staff attended they became less distressed. We also saw another person coughing and distressed and again there was a delay before staff attended them because they were not in the immediate vicinity. We noted from staff meeting minutes the manager had raised concerns about staff congregating in the dining room and not spending time with people and attending to their needs. We witnessed this on more than one occasion during the inspection. We saw three staff had congregated in the dining room and we saw someone who was disorientated make their way into a corridor area with access to the vertical passenger lift unnoticed by the staff. The handyman / caretaker came in and alerted the care staff who led this person back into the lounge.

This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke to staff about safeguarding adults. They confirmed they had attended training and could demonstrate an understanding of the issues; what constituted abuse and when to raise an alert. However, the practice we observed indicated staff did not have a practical understanding of the more complex issues surrounding choice, preference and neglect. For example, we saw people looked unkempt, some people had long dirty finger nails and some people were without socks. We observed one person had been incontinent; staff failed to change this person and sat them at the table for their lunch. Staff had not recognised the significance of these shortfalls or taken any action to rectify or report them. We spoke directly to the manager about our observations and they agreed to address our concerns directly with those staff involved. The manager confirmed this at the end of the inspection. This a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the care records for four people and saw completed risk assessments for areas such as falls, pressure relief, moving and handling and nutrition. These had been update and reviewed regularly since October 2014. However, the content of risk assessments was not reflected in some of the practice we observed. For example; we observed one person being transferred from an armchair to a wheelchair without the brake being applied; this person very nearly 'missed' the seat. We also observed someone in being transported in a wheelchair without foot plates so their feet were in contact with the floor whilst they were moving.

There were environmental risk assessments in place for example fire risk assessments. The manager told us that the general manger had recently arranged contracts with utility services and had followed up on outstanding health and safety servicing, for example, gas, hoisting equipment, passenger lifts, electrical systems and legionella testing. The general manager informed us that they were in the process of recruiting new maintenance staff to fill a recent vacancy. Temporary maintenance staff were available and had been given an action plan outlining issues to rectify. We were shown recent maintenance, servicing of equipment and utilities and auditing documentation which checked the safety and cleanliness of the environment which meant the provider had made sure equipment and utilities were safe.

Inadequate

Is the service safe?

We had received information from an anonymous source that the hot water boiler was not working. The manager had informed the commission of this and sent us associated risk assessment which had been put in place. The provider had sourced large electric water containers. Hot water was transferred to flasks and then taken to people's bedrooms for people to wash with. The manager told us people had been offered baths and showers in other parts of the building but no one had accepted this offer. We were given written confirmation that a new boiler was being fitted the following week. Since the inspection we have received confirmation that the boiler is fitted and working effectively, however the breakdown did cause people discomfort. One person told us "I'd like to shower – shower's best - I've never had a shower here yet." Another said "I would love a shower – I used to have one every day. They keep promising a decent shower."

We looked around the premises and noted a number of areas which posed health and safety risks. A new ground floor shower had been fitted; however, we noted missing ceiling tiles and poor tiling to the walls with some missing or cracked. We saw a cracked bath panel. In one person's bedroom we saw a TV situated so that the person could watch the TV from their bed however this meant the wire was taut making it unstable. In the ground floor corridor there was a raised but covered access hatch. This meant the floor was uneven and a potential trip hazard. We also observed windows on the first floor without window restrictors. We were concerned that the vertical passenger lift was accessible to people living with dementia. The lift went to the first floor which then had access to large unused areas of the building. This posed a potential risk for someone disorientated to find themselves in the lift and on the first floor.

This is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We were told there was a member of staff as designated infection control lead, who had responsibility for auditing infection control within the home. However, we identified a number of infection control risks during the inspection. We saw fabric chairs located outside toilets for people to use to rest; these were stained and dirty. As a result of the boiler there was no hot water available in toilet areas. The acting manager told us people would not be accessing toilet areas unattended and were supported to use antiseptic gel, however during the inspection we did see people go to the toilet independently. Bins did not have lids on. We saw a number of toilets which had staining around the toilet base and a number of rooms which had a strong odour. A number of carpets were stained. We observed faeces on two commodes and one wheelchair which were cleaned later that day but a cushion in someone's bedroom still had feaces on it at the end of the inspection day. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the staff recruitment files for three members of staff. We saw from the records that application forms had been completed and important information had been received and checked to make sure those using the service were not at risk from staff who were unsuitable to work with vulnerable people. We saw two references had been sought and a Disclosure and Barring Service check (previously called Criminal Records Bureau (CRB check) to make sure people employed were suitable to work with vulnerable adults.

The home had safe systems in place to ensure people received their medicines as prescribed; this included regular auditing by the home and the dispensing pharmacist. Medication was stored in a locked room in a trolley secured to the wall when not in use. The room had a portable air conditioning unit in situ to ensure the room was kept at an appropriate temperature. There was a lockable fridge for medicines; this was locked but with the keys in it. We saw from recent audits this had been identified with an action note to ensure keys were removed and locked away. All medicines in the fridge were appropriate to be kept at this temperature and where there were eye drops and creams the date of opening was recorded on the box and the tube. Records were kept of room and fridge temperatures to ensure they were safely kept.

Medicines were supplied in a bio dose system; each person's medication dispensed into a sealed pot. Alongside this were medication administration sheets (MAR) for each person, which included their photograph so that this could

Inadequate

Is the service safe?

be used to identify them and description of each medicine and what they were for. We checked MAR sheets and saw they had been signed and appropriate codes were used if people refused their medication for example.

Medicines that are liable to misuse, called controlled drugs, were stored appropriately. Two members of staff signed when medicines were administered as prescribed. We completed a random stock check of two people's medicines and they tallied with the records. Where people were prescribed pain relieving patches which required rotation of where the patch is applied body maps were completed to indicate the site of the patch and the date it was applied.

The manager completed regular audits against the service's medication policies and procedures. We could see that improvements in practice had resulted from more regular and robust auditing. Only staff trained to administer medicines were permitted to do so. The manager completed an observation of staff to ensure they were competent in the practical administration of medicines.

We observed the medication administration after lunch; this didn't start until 2.30pm and we questioned the time delay between morning and lunchtime medication. The deputy told us medicines had been given late that morning. They also confirmed that nobody require medicines associated with before, with or after food at lunchtime.

Requires Improvement

Is the service effective?

Our findings

The service was not effective.

During the previous 12 months the service had three different managers in post. The new manager came into post in October 2014. The manager told us when they commenced in post that their priority was to evaluate the skills and experience of the staff team; to commence regular one to one staff supervision meetings and staff meetings. The manager said the purpose of this was to establish what the provider expected of staff in terms of their roles and responsibilities and to begin to build upon good team work. The manager said "I want staff to want to come to work and enjoy it." The manager said together with the manager for another service located on the Abbey Village site and the general manager they intended to relocate staff to ensure a more effective skill mix to meet people's needs. Some staff had already moved into new roles.

The manager acknowledged that training had not been taking place and some staff required updates with regard to mandatory health and safety training such as moving and handling, first aid, safeguarding, Mental Capacity Act (MCA) 2005, and infection control. The general manager told us they had sourced a new training provider and had a programme of training in place. They told us this included some e learning to ensure people were up to date followed by more robust competency testing during supervision and observations. The manager informed us that staff were now up to date with fire safety training and safeguarding adults training was booked.

We looked at whether the service was applying the Deprivation of Liberty Safeguards (DoLS) appropriately. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty, these are assessed by professionals who are trained to assess whether the restriction is appropriate and needed. The manager told us there were gaps in staff knowledge with regard to Mental Capacity Act (2005) and Deprivation of Liberty Safeguards and training was being planned for the near future.

The manager told us they were working with the local authority to progress mental capacity assessments and make appropriate applications. One person currently had an authorisation to deprive them of their liberty in place.

We checked this person's records and saw the process had been followed and dates for review were in place. The care plans we looked at all had mental capacity assessments and some contained information reflecting people's consent and preferences. Relatives had been consulted to establish people's preferences and wishes but there was no evidence to support their authority to do so.

The provider's statement of purpose said it provided specialist dementia care. Staff told us they had received basic dementia awareness but were unable to demonstrate any specialist knowledge or understanding of current good practice in dementia care. The manager was able to discuss with us their understanding of the Dementia Care Strategy and the Prime Minister's Challenge but acknowledged the service was a long way from meeting these standards. This meant although there was an expectation that the service provided specialist dementia care staff did not have the skills and expertise to deliver this.

The environment was not dementia friendly, there was a lack of signage or prompts help remind people of the day, season or help orientated people to bathrooms or their bedrooms. There was a colourful calendar in the corridor but the day and date were incorrect and it was not visible to people who spent most of the day in the lounge.

Meals were prepared in the main kitchen in another building on the Abbey Village site and transported across to the service. Some people were having a late breakfast when we arrived and told us they could 'Please yourself what time you get up'. One couple were eating their favourite breakfast food which they told us was marmite on toast and another person was being assisted to eat porridge with chocolate sprinkles which they said they liked. Staff appeared to know people's preferences. Generally people told us they got 'more than enough to eat.' One person told us "The food is beautiful."

At lunchtime there was no menu visible although there was a blackboard which could display the menu. Some people were offered a choice of main course but they were no pictures available for people to make a choice from. There was no salt and pepper available on the tables although when one person asked for salt and was given it. We noted paper serviettes on a shelf on the serving hatch were not offered or used at all. No one was offered a choice of pudding although one person was given a banana.

Requires Improvement

Is the service effective?

We observed a member of staff supporting people with their meals however, they repeatedly stopped to go and do other tasks leaving the person waiting for food; this made it an impersonal and undignified experience.

Drinks were served mid-morning and mid-afternoon with cake. During the afternoon we observed two staff's assisting people with their cake. We were carrying out our SOFI observation at the time and noted that neither member of staff spoke to the people for the duration of them assisting. One member of staff did kneel down next to the person but the other member of staff stood over the person to assist them with their drink and cake. The manager prompted the staff member by getting them a chair to sit on but the staff member refused and was heard to say "I don't have time, I've finished now."

Those people at risk of malnutrition had completed malnutrition universal screening tools (MUST). We identified in one person's care plan that they had lost weight loss. This had been reviewed with a note to weigh weekly and if there was further weight loss to follow the weight loss pathway and refer to a dietician. We saw from the record that this referral had been made. We saw that some people required their food and fluid intake recording; although this was completed, there were inconsistencies in the records for example some records showed the quantity of food and drink where as others did not and recorded for example 'cup of tea or sandwich.. This had the potential to provide inaccurate information for health professionals which might affect the course of action taken.

We saw new menus had been completed which included more choice. Food stocks included fresh fruit and vegetables. We spoke with the cook on duty and they told us about the changes and that in their opinion the quality of food had improved. They were able to demonstrate an understanding of special diets and fortifying meals to increase calorie intake for those people at risk of malnutrition.

We spoke with three visiting health professionals and gained feedback from the local surgery. They all said they had experienced improvements since the new manager started in post and that they had seen improvements in staff action and response to advice and treatment plans. The local doctor visited the home regularly and we saw evidence that people's chiropody and optical needs were met. We also saw referrals made to the speech and language therapist and the mental health team which meant people were referred appropriately to have their health needs met.

We recommend that the provider reviews best practice guidance from the national dementia strategy in the provision of care for people with a dementia.

Requires Improvement

Is the service caring?

Our findings

This service was not caring. People we spoke with were positive about the care they received. People told us it's "A very nice place for old people to come. They have all the facilities here."; "They really look after us – that's the main thing. It's a nice enough place – the staff are brilliant." "It's nice here. The staff are nice and friendly with you." "A good staff – I haven't got a bad word against any of them. They're very caring." And "I can't beat this place – they're kindness itself – they would do anything for you."

Some staff we spoke with knew people well and this was reflected in some of the light hearted banter we heard between people. More recently employed staff were not as knowledgeable and we heard them referring to more experienced staff for information when people were unable to give it themselves. This meant that staff were asking about people in front of them which demonstrated a lack of respect for the person. Better information in care plans, in the form of people's social histories, likes and dislikes would have provided this kind of information for staff to connect with people without making such public enquiries.

Throughout the inspection we observed staff completing tasks rather than engaging with people meaningfully. On some occasions we saw staff speak to people kindly whilst they were attending to them; handing out drinks for instance or assisting to the table. But we also saw staff standing together talking away from the lounge area in the dining room when they could have been spending time with people. We saw people sat for long periods without any interaction from staff. We heard staff refer to people by name smile and have eye contact with people on some occasions; and we saw some staff used touch to reassure.

We heard some staff offering people choice but in the main people were directed throughout the day; people were sat in the same seat and only moved at lunchtime to return to the same seat. We saw only one person offered the opportunity to return to their room after lunch.

We asked the manager and staff about the availability of independent advocates for people if they requested it. The manager was unsure if this was available but gave assurances this would be followed up.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Requires Improvement

Is the service responsive?

Our findings

The service was not responsive.

A lack of appropriate skills across the staff group meant people living with dementia did not always have their needs met. For example we observed several staff, including kitchen staff attempting to support a person who was distressed at lunchtime. They had become confused about the serving hatch and thought it was a bank. Staff were patient with this person but their response increased the person's distress; eventually the person moved away and sat on their own in the lounge. We looked this person's care plan and there was no clear plan which indicated this was a regular feature of the person's' responses or whether it related to their past experiences. There was no guidance for staff about how to respond in a way which helped reduce the person's distress.

Our observations throughout the day indicated that some staff understood the concepts of choice, decisions and restrictive care where others did not. We saw people being 'directed' and although people were compliant with these requests our observations indicated that care was not person centred. People were not encouraged to make choices or change their preferences. For example one person was encouraged to go their bedroom after lunch 'because that's what you like.' There was no opportunity for that person to change their mind and do something different that day.

There was a lack of 'rummage' boxes or memorabilia to stimulate people's interest and provide something for them do.

The manager told us they were in the process of recruiting an activities organiser and they acknowledged that this was lacking in the service.

Two people came into the service in the morning to deliver a communion service which happened once a month. Four people sat watching and listening and two were able to follow parts of the service from written sheets. We spoke to one person who told us several times that they were Methodist and used to go regularly to chapel but they were not at this service. One person was reading a newspaper which we were told they had delivered daily.

The only activity we observed was a game of dominoes between a member of staff and a gentleman but this was interrupted several times because the member of staff was called away to do other tasks. Some staff interacted with people when they were sitting in the lounge but for most of the day people were sitting doing nothing and many were sleeping. The TV was on but we did not see the channel change and the sound was quite low which likely made it difficult for people to hear the TV programme.

One person told us "I get terribly bored. I'm bored stiff." We spoke to another person who was able to talk to us about their interests and hobbies but they said none of them were continuing. They told us they didn't bother to shave they said "There's no point in shaving – I'm not meeting people." This person looked unkempt. They also said "I don't know what day of the week it is – I lose track of time." Another person told us "It does get boring. I'd like to get out more. You just sleep and eat."

One person who was registered blind was given their meal at lunchtime with a plate guard which helped them to eat independently. The staff tried their best to describe what was on the plate telling them that the vegetables were 'on the side'. This person stayed in their room and appeared to be very isolated. We observed this person lay on their bed all day and told us "There's nothing for me to do. There are no activities I can do – I don't think there's any going on."

This was a breach of Regulation 9 (b) (iii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There had been no recent admissions to the service so we were unable to review admission processes. The manager said they would carry out a pre admission assessment in order to determine whether the service could meet the person's needs. They told us when they had commenced in post they had reviewed all care plans and care plans were not completed to the standard they expected. They told us they had completed an action plan for each identifying gaps and were signing these off as completed when they were audited. We reviewed four people's care plans and saw this process had been followed. The manager told us they had prioritised completing people's risk assessments and was aware care plans lacked detail about people's personal history, choice and preferences but this was identified as requiring action.

The manager had completed a falls analysis. We saw one person had had three falls, the analysis had identified a

Requires Improvement

Is the service responsive?

pattern to the falls and we saw an action plan which had been reviewed. This person's bedroom had been made safer and a referral for more suitable footwear had been completed.

We spoke with three visiting professionals who told us they had recently found improvements in professional working relationships which resulted in people receiving more consistent and coordinated care. We received information from our meetings with other professionals that referrals had been made appropriately to the mental health and speech and language teams. The local doctor had expressed no concerns about the care provided or any inappropriate referrals.

We looked at the complaints procedures and record and spoke with the manager about complaints. We saw there had been four complaints recorded since the manager started in October 2014. The complaints had been investigated and the records showed that the providers procedures had been followed. All of the complainants had been formally responded to and were satisfied with the action taken. People we spoke with, including relatives said they felt able to raise concerns and felt confident that they would be acted upon.

We recommend best practice guidance is sought in how best to support people who are sight impaired.

Requires Improvement

Is the service well-led?

Our findings

The service was not well led.

At the previous inspection carried out on 23 September 2014 we found continued breaches to Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010Assessing and monitoring the quality of service provision.

Staff we spoke with said the lack of consistent management over the previous twelve months had impacted on staff morale and the quality of the service provided. One member of staff told us "They felt they (the service) had a bad reputation" but went on to say "There is light at the end of the tunnel now- improvements have been made and will continue hopefully." Staff said that they had confidence in the new manager; that they were supportive and were clear about what improvements were needed.

Staff told us they had regular staff meetings and felt able to air their views. Staff minutes we looked at reflected this; we saw the manager recording clearly their expectations of staff. During the inspection we observed the manager in communal areas speaking to people and directing staff. This meant the manager was able to monitor staff practice and interact with people who lived at the service.

Staff also told us they had started receiving supervision. There was a format for this which gave an opportunity for the manager to give feedback on performance and the staff member an opportunity to air their views. We saw this in the staff supervision records we looked at. Staff said there was an improvement in training opportunities, which they said had been lacking.

The manager told us the vision for the service was their own and there had been no clear 'brief' for them from the provider when they commenced in post. The manager told us they had set up systems to audit every aspect of the service and had identified where action and improvement was required. The manager said they felt better supported since the general manager started in post and the management team had a joint vision for the future development of all the registered services located on the Abbey Village site. The manager told us they felt practical improvements had been made to assist in the smooth running of the service for example arrangements for providing meals, maintenance of equipment and refurbishment of the building but they acknowledged that changing the values and practices of staff from providing task orientated care to person centred care would take time.

We looked at the quality and auditing records and saw a clear audit trail where action had been identified and where action had been completed. In particular we noted the outcome of regular medication audits and where improvements had been made. For example in recording of administration records; fridge and medication room temperatures. There were monthly analyses of incidents and accidents with the format prompting consideration of trends and patterns. There were systems in place to monitor and ensure regular servicing of equipment such as hoists, passenger lift, gas and electricity and fire safety equipment. Although the broken hot water system had impacted on people's health and welfare the acting manager had taken pragmatic action to try to resolve the problem and had submitted risk assessments and relevant notifications to the commission. The issues we had found with regard to repairs and the shower room were included as action to be taken.

The manager had commenced relatives meetings; initially to share their vision for the future of the service and to introduce themselves. They told us they hoped in the future relatives would be able to contribute to improvements the service. The manager showed us 'tell us your opinion forms' which had been completed. We saw positive comments about the care provided and read some complimentary cards and letters from relatives.

We spoke to three visiting professionals who acknowledged that staff showed kindness and were well meaning but they were in need of further training to improve skills and the experience of people living there. They all said there had been notable improvement since the new manager and general manager had started.

Since the inspection took place the manager is now registered with the commission.

Although the manager now had systems in place to monitor the service, there were action plans for improving the service and the manager had a clear vision for improving the quality of care, these were at an early stage and had not yet impacted on the quality of care the service

Requires Improvement

Is the service well-led?

provided. In particular the skill s and knowledge of the staff group continued to need attention. This was seen in the shortfalls identified in the domain areas safe, effective, caring and responsive.

We have asked the manager to keep us regularly updated with improvements and we will check on these when we carry out at focussed inspection in the near future.

We recommend the provider continues to implement and monitor improvements identified in the provider's action plan.

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	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010. Care and Welfare of people who use the service which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person did not take proper steps to ensure each service user received care that was appropriate and safe.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 The registered person failed to recognise care practice which constitutes abuse.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010. Cleanliness and infection control which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Action we have told the provider to take

The registered person did not take proper steps to ensure people were protected against the risk of infection.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010. Safety and suitability of the premises which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010. Care and Welfare of people who use the service which corresponds to Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person failed to ensure people's privacy and dignity was respected.

This section is primarily information for the provider

Enforcement actions

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