

Maniben Odedra

Seagull Rest Home EMI

Inspection report

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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



Overall summary

The inspection took place on 26 and 28 October 2015 and was unannounced.

Seagull Rest Home EMI provides care and accommodation for up to 23 people and there were 21 people living at the home when we inspected. The services specialises in the care of those with dementia. These people were all aged over 65 years and had needs associated with old age and frailty as well as dementia.

The home is single storey. Twenty one bedrooms are single and one is a double. All bedrooms were occupied

by one person. One bedroom has an en suite bathroom which had a toilet and shower. There is a bathroom with a toilet and two further bathrooms with a shower and toilet in each. There are four other toilets in the home. There are two lounge areas which also have dining areas. There is a garden area with tables and chairs for people to use.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

Whilst risks to people were assessed and action was taken to mitigate these some of the care plans did not always give sufficient guidance to staff on how to monitor risks and when to provide the right support to people.

The provider was in the process of making improvements to the premises but we identified areas where the safety and privacy of people was compromised due the environment not being adequately maintained.

Whilst staff said they felt supported in their work individual staff supervision, observations and assessments of their work as well as appraisals had not been regularly carried out.

People were supported to have sufficient food and drink, but where people had special dietary requirements or needs associated with eating such as difficulties with swallowing the appropriate support from health services was not always sought.

Adequate assessments of people's needs were not always carried out and care plans for people gave staff general guidance rather than showing what people could do themselves and what support staff needed to give. There were some activities for people but this aspect of people's needs was not adequately assessed and met.

People's records were not always securely stored when not being used.

Staff were trained in adult safeguarding procedures and knew what to do if they considered people were at risk of harm or if they needed to report any suspected abuse. People said they felt safe at the home.

There were sufficient numbers of staff to meet people's needs. Staff recruitment procedures ensured only those suitable to work in a care setting were employed.

Staff had access to a range of relevant training courses including national recognised qualifications in care.

The CQC monitors the operation of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Staff were trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Appropriate assessments were carried out where people did not have capacity to consent to their care. The service made applications to the local authority for a DoLS authorisation where people did not have capacity to consent to their care and treatment and whose liberty was restricted for their own safety.

People's health care needs were assessed and monitored. The staff liaised with health care services so people got the right care and treatment

Staff were observed to treat people with kindness and respect. People were able to exercise choice in how they spent their time. Staff demonstrated concern for people's well-being and supported them when they were in discomfort.

The complaints procedure was available and displayed in the entrance hall. There were records to show how complaints were looked into and included any actions taken as a result of the complaint.

Staff demonstrated values of treating people with dignity, respect and as individuals. The provider sought the views of people and their relatives about the standard of care in the home.

A number of audits and checks were used to check on the effectiveness, safety and quality of the service, but these did not always identify and address where improvements were needed.

We found six breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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?

The service was not always safe.

Risks to people were not always adequately assessed and care plans did not show clearly how staff should take action to mitigate these risks.

The premises were not adequately and safely maintained.

The service had policies and procedures on safeguarding people from possible abuse. Staff knew what to do if they suspected any abuse had occurred.

Sufficient numbers of staff were provided to meet people's needs.

People received their medicines safely.

Requires improvement



Is the service effective?

The service was not always effective.

Whilst staff were trained in a number of relevant areas, they were not always adequately supervised and their work appraised.

People were supported to have sufficient food and drink but where they had specific needs staff lacked knowledge of when it was appropriate to refer people for assessments by either the dietician or speech and language therapist.

Appropriate action was taken when people did not have capacity to consent to their care and treatment.

The staff liaised with some health care services so people's changing health needs were addressed.

Requires improvement



Is the service caring?

The service was caring.

Staff treated people with kindness, respect and with dignity.

Staff promoted people's privacy and people were supported to exercise choice in how they spent their time.

Good



Is the service responsive?

The service was not always responsive.

People's care needs were not always adequately assessed. Care plans did not demonstrate people were consulted about their care and did not always give staff sufficient information about meeting people's changing care needs.

Whilst there were some activities for people these were limited and there was a lack of assessment and planning to meet these needs.

Requires improvement



Summary of findings

The service had an effective complaints procedure.

Is the service well-led?

The service was not always well-led.

People's care records were not securely stored.

There were a number of audits used to monitor and check the quality of the service people received. However, these did not always result in identifying and addressing areas which were in need of improvement.

Whilst staff demonstrated a commitment to the well-being of people appropriate checks on staff performance and attitudes were not regularly carried out.

Requires improvement



Seagull Rest Home EMI

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

The inspection took place on 26 and 28 October 2015 and was unannounced.

The inspection team consisted of an inspector, a specialist advisor in the care of people living with dementia and an Expert by Experience, who had experience of services for older people. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, the provider completed 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 any improvements they plan to make. We reviewed information we held about the service, including previous inspection reports and notifications of significant events the provider sent to us. A notification is information about important events which the provider is required to tell the Care Quality Commission about by law.

During the inspection we spoke with 14 people who lived at the home and to two relatives of people who lived at the home. We also spoke with five care staff, the deputy manager, and the registered manager.

Many of the people at the service were living with dementia and because of this had limited communication. Members of the inspection team, therefore, used observations to check people's experiences. We also spent time observing the care and support people received in communal areas of the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We looked at the care plans and associated records for five people. We reviewed other records, including the provider's internal checks and audits, staff training records, staff rotas, accidents, incidents and complaints. Records for ten staff were reviewed, which included checks on newly appointed staff and staff supervision records.

We spoke with two community nurses who treated people at the home and to a social worker from the local authority. These professionals gave their permission for their comments to be included in this report.

This service was last inspected on 2 July 2013 and there were no concerns.

Is the service safe?

Our findings

Whilst risks to people were assessed these were not always in sufficient detail to reflect people's needs. Care plans were devised to show how identified risks should be mitigated but in some cases these lacked specific guidance for staff to follow and did not always include the procedures staff said they were following. Care records for three people identified they were at high risk of falls using an assessment tool. The guidance recorded for staff to follow was insufficient to show how staff should safely support these three people. The assessment showed a score of 13 or more was a high risk. For one person, with a score of 20 the care records stated the person was 'unsteady at times,' and that one carer was required to 'assist with mobility.' There was no record of what this assistance was, if any equipment was needed, if the person needed physically supporting or just supervision. Another person with a score of 23 who had experienced more than 10 falls in the last three months and had a care record regarding falls, which said 'continue to monitor and assess.' There was no record of how staff should support the person. A third person with a score of 18 was identified as at risk of falling from bed. There was a record that staff needed to check the person throughout the night but did not say how often this should take place. This meant there was a risk people may not be safely supported where they were at risk of falling.

We observed one person was supported by staff to move in a wheelchair. Whilst the person's care plan referred the use of a hoist to move them it did not include details about the use of the wheelchair.

People are at risk of developing pressure injuries on their skin when they are immobile for prolonged periods. These injuries are called pressure injuries, pressure sore or pressure ulcers. Where assessed as being needed, equipment for relieving pressure areas was in place such as air flow mattresses. Whilst care records showed the risk of skin injury from pressure areas was identified and assessed, procedures for dealing with these were not always clear. For example, one staff member said a person at risk of developing skin pressure areas was monitored by the use of a chart when the person was turned to prevent continued pressure. However, the care plan made no reference to the need to use the chart, if the person needed

to be turned or how often. A senior staff member told us this procedure was discussed between the staff team but not recorded in the person's care plan. Therefore it was not clear what support the person needed to minimise this risk.

The provider had not always adequately assessed the risks to the health and safety of people receiving care or treatment and had not carried out what was reasonably practicable to mitigate such risks. This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Areas of the physical environment were not always maintained to ensure people were safe. Handrails were in position so people with mobility needs could use these for support. A shower room door was broken in a bathroom, which meant it was not secure thereby posing a risk to both staff and people as the door fell off when it was opened. Not all toilet and bathroom doors had a privacy lock and where they did we noted in one toilet and in one bathroom these did not allow staff to gain access to the user in an emergency.

Grouting in a shower was discoloured and dirty and in another bathroom the shower tray was in need of a thorough clean as it had ground-in dirt and the grouting was also dirty. Whilst the home was generally clean and free from any odours these posed a risk to infection prevention and control.

There were two wooden gates used to prevent people entering a bedroom and the kitchen. There were no risk assessments for the use of these and whilst they were easily opened the installation of them had not involved consultation with the fire service. Following our inspection the registered manager confirmed a request was made to the fire service for an assessment as to whether these devices met fire safety standards, they confirmed the gates were in accordance with fire safety standards.

There were outdoor areas which people could use. This included a patio area with seating and flower beds. There were other outdoor areas which the registered manager said people also had access to. An area outside the laundry room had a bucket and crate as well as other items, which made the area appear unkempt. The floor surfaces in this area were uneven and posed a tripping hazard, especially to those with mobility needs. The threshold at the front door was generally intact, but was cracked and flaking in

Is the service safe?

places and needed attention to ensure it did not become a hazard. We also noted other decorative defects in the home. Plaster on a corridor wall had recently been repaired but was not painted over; the surrounding area of plaster was also in need of attention. A radiator cover in a bedroom was falling apart, which the registered manager said was caused by a leak from the radiator. The registered manager said the radiator cover was due to be replaced. The carpet in this bedroom was also stained. Paintwork on wooden door frames was extensively damaged on a number of door entrances to bedrooms and communal areas.

The provider had not adequately maintained the premises so that it was clean, safe and suitable for its purpose. This was in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives told us they felt safe at the home. One person, for example, told us, "I do feel safer here than at home - I'm quite satisfied." A relative told us they considered people were safely cared for in the home.

The service had policies and procedures regarding the safeguarding of people. These included the local authority safeguarding procedures. The office notice board displayed the contact details for reporting any safeguarding concerns to the local authority. Staff had a good awareness of safeguarding procedures and knew what to do if they had any concerns of this nature. Staff told us they received training in the safeguarding of people which was also confirmed by staff training records. A member of the local authority safeguarding team told us the registered manager cooperated with any safeguarding enquiries.

A health care professional said that staff had been observed to transfer people in an unsafe way, but that this was addressed by the registered manager and staff, and that, moving and handling procedures were now satisfactory. We also observed people were safely moved and that staff used specialist equipment such as mobile hoists.

Handrails were in position so people with mobility needs could use these for support. A bracket holding a handrail to the wall in one place had become detached and there was a note stuck to the handrail warning people this was not

secure. A metal carpet grip on a bedroom door threshold was loose and sticking up which was a trip hazard. On our second day of the inspection we found both these faults were corrected.

One person required a specially designed chair so they could spend time sitting rather than being in bed. The registered manager and staff told us this was being looked into via the person's legal representative but there was a delay in obtaining the chair. This meant the person could not safely get up from their bed. On the second day of the inspection the registered manager confirmed this was followed up with the person's representative in order that the chair could be supplied.

Sufficient numbers of staff were provided to meet people's needs. Staffing was organised using a staff duty roster. This showed seven staff on duty in the mornings and four in the afternoon and evening. Night time staff consisted of two care staff on 'waking' duties. At the time of the inspection there were six care staff on duty in the morning plus the deputy manager, the provider and a cook. We observed there were enough staff to safely care for people and to meet their needs and requests. The service did not employ cleaning staff, which was the responsibility of the care staff. Staff told us they considered there were enough staff to look after people safely. One staff member said the staffing levels had improved and another staff member said the staffing levels were generally satisfactory but did fluctuate occasionally.

We looked at the staff recruitment procedures. References were obtained from previous employers and checks with the Disclosure and Barring Service (DBS) were made regarding the suitability of individual staff to work with people in a care setting. There was a record of staff being interviewed to assess their suitability for the post. This meant the registered manager operated appropriate recruitment procedures to keep people safe.

People were supported with their medicines. The service used a monitored dosage system to administer medicines to people. Staff recorded their signature each time they administered medicines to people. A record of staff signatures used when the staff signed the medication administration records was maintained so the registered manager could monitor which staff had handled the medicines. We checked a sample of the medicines stocks which showed people had received their medicines as prescribed.

Is the service safe?

For those who had medicines on an 'as required' basis there was a care plan with clear details about the symptoms and circumstances the medicines should be given.

Controlled medicines were stored appropriately. These medicines are subject to specific legislation for safe storage and staff need to follow controlled medicines procedures when handling and administering these medicines. This involved two staff to handle and administer the medicines, which was then recorded by both staff along with a record

of the amount of medicines remaining. We checked a sample of the stocks of controlled medicines and found these were well recorded and the recorded balance of remaining stock tallied quantities of medicines.

During the inspection we noted the medication records were not securely stored. They were left out on top of the medicine trolley in the lounge between 0948 and 1056 and then again in the afternoon. The controlled drug register was left on a desk in the unlocked office which staff said was frequented by people. This is highlighted in the Well-Led section of this report.

Is the service effective?

Our findings

People were supported with nutrition and fluids but where people had specific nutritional needs these had not been referred to the appropriate dietician and speech and language therapy services. We also found staff knowledge in this area was limited and that some of the recording of what people ate and drank was unclear.

The service used a Malnutrition Universal Screening Tool (MUST) to assess people's risk of malnutrition. One person had lost weight and had a MUST score of 4 but had not been referred to the dietician. Guidelines are that anyone with a MUST score of 2 or above who has lost weight should be referred to the dietician. This person's care plan said, 'Record all fluids on input chart.' For the period from 22/10/15 to 26/10/15 there were two days where no record was made. The records that were made did not show sufficient fluid intake. A staff member did not know what the recommended daily intake of fluids should be. Therefore this risk was not monitored effectively.

Another person had a MUST score of 2, and had a diet of pureed food. Whilst this person had gained weight the provision of a pureed diet should only be made following an assessment by the speech and language therapy services which had not taken place. This person's records referred to pureed food and softened food which lacked clarity. A staff member said softened food meant pureed food. Another person had a pureed diet which was recorded in the person's care plan along with details about the person having difficulties swallowing and how they were supported with their food. A staff member told us this person's food intake was recorded on a chart but when we asked to see it this was not the case. There was guidance about the person having high calorie foods. The person had not been referred for an assessment by the speech and language therapy services or dietician for this need. For another person whose care plan said they should receive a soft diet they in fact received pureed food. This person's fluid intake was monitored on a chart but the need for this was not assessed or recorded in a care plan. The volume of fluid intake was not recorded or any guidance about the amount the person should drink. Another person also had a food and fluid chart which was recorded in a care plan but again the amounts of fluid consumed were not recorded so staff could not tell if the person was adequately hydrated.

The provider had not made arrangements for nutritional needs of people to be properly assessed so arrangements could be made to effectively support these people. The assessment and care planning regarding nutrition and fluid needs was incomplete and unclear. This was in breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On the second day of our inspection the registered manager confirmed one of the above people was referred to their GP for an assessment of their nutritional needs by the dietician and speech and language therapy service and intended to do the same for the remaining people where this was needed.

We observed staff supporting people to eat at the lunch time meal. Staff assisted people where they needed help. One to one support with eating was provided where needed. Staff were patient with people to ensure they had enough to eat and drink. People had a choice of food and we observed people were given a different meal if they did not like the one given to them. There was a menu plan showing varied and nutritious foods. The chef told us fresh produce was used and showed us the stock of fresh vegetables and fruit. Full fat milk and cream was used to enhance the calorific value of food for people. Where food was pureed we saw the individual food items were separate so it looked more attractive and so people could experience the different tastes of the food. People had access to drinks.

Staff told us they received supervision from a line manager although this was said to be infrequent and ad hoc. One staff member said they had supervision, "now and again," and another said supervision was not regular and tended to be "whilst at work and working with others". Records of staff supervision showed this took place infrequently. One senior staff member had a supervision chart with the last recorded supervision taking place in 2012 and an appraisal in early 2014. Another staff member had a record of supervision taking place in early 2014 and two other staff had a record of one supervision session in 2015. Of the five staff records we looked at only one had a record of an appraisal. There was no record of any planned supervision sessions for staff and the registered manager recognised

Is the service effective?

this was an area which needed to be addressed. This had the potential that staff performance and support was not adequately assessed to ensure people were properly supported.

Staff did not receive appropriate support, supervision and appraisal to enable them to carry out their duties. This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives said the staff were skilled and knew how to support them. For example, one person said, "All the staff are very nice. They'll do anything for you." Staff were observed to know how to support people effectively. We observed staff were skilled in communicating with people living with dementia; they spoke to people calmly and knew people's needs. Relatives told us arrangements were made for people to receive medical and health care.

Newly appointed staff received an induction to prepare them for their work. There was an induction checklist and recently appointed staff told us the induction prepared them for their role, which involved a period of 'shadowing' more experienced staff. At the time of the inspection we observed one staff member undergoing their induction.

Staff had access to a range of training courses including training considered essential for their role such as moving and handling, communication and dementia, first aid and infection control. Courses were also attended in epilepsy awareness, health and safety, falls prevention, nutrition and palliative care and end of life care. Staff had a good awareness of the different types of dementia and the needs of those living with dementia, although one staff member said they had not received training in dementia and had a limited knowledge of it.

The service employed 25 care staff which included the registered manager. Nine of the care staff had attained a National Vocational Qualification (NVQ) in care at levels two or three or a diploma in health and social care. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. The registered manager and deputy manager had an NVQ level four qualification.

Staff who administered medicines received training which included an assessment and observation of their competency to do this. These included the night staff.

The service had policies and procedures regarding the Mental Capacity Act 2005 and the associated Code of Practice. This legislation and guidance protects those who do not have capacity to consent to their care and treatment. The assessment of people's capacity and for making any Deprivation of Liberty Safeguards (DoLS) applications was the responsibility of registered manager and deputy manager who had attended training in this. DoLS authorisations are made by the local authority for those who do not have capacity to agree to their care and treatment and have their liberty restricted for their own safety. Staff said they were aware of this legislation and knew about the importance of assessing people's capacity and what to do if people did not have capacity. They said they knew about this from discussions with the registered manager and deputy manager. Where people did not have capacity to consent to their care and treatment the registered manager had made applications to the local authority for a DoLS authorisation. Three people were subject to a DoLS authorisation and the service had copies of the DoLS authorisations. There were also records of best interests meetings where professionals had met to discuss and decide decisions for people who lacked capacity to consent to their care.

Records showed the staff liaised with health care professionals such as community nursing services, diabetic nurses and people's GPs. There were records of when staff needed to contact medical services when specific symptoms were exhibited and daily records showed staff had followed these. We spoke to two community health professionals who were visiting people at the home. They said they had regular contact with the staff about people's health care needs. One professional stated they did not consider the staff contacted them enough about people's changing health care needs and we identified that the provider and staff had not consulted with speech and language or dietician specialists in determining appropriate food textures and nutritional needs for people at risk.

Is the service caring?

Our findings

People told us they were treated kindly and respectfully by the staff. For example, one person said, “Oh, the staff are very kind. They let me keep my cat here. She loves it.” Relatives told us the staff treated people with kindness and dignity. For example, one relative said the staff were always welcoming and there was a homely atmosphere, adding the staff are, “Really lovely. So chatty. So kind. They treat people with such respect and are natural in the way they talk to people.”

Health care professionals also described the staff as kind, caring and having a concern for people’s welfare. One health care professional described how they observed staff took time to spend time with one person who was in discomfort.

Staff were observed to talk to people politely and respectfully. We observed the lunch time meal. Staff asked people how they wanted to be helped, if they wanted anymore food and if they wanted something different to eat. Staff spoke to people by lowering themselves to the same level of people so they could maintain eye contact. Whilst assisting people to eat by either prompting people or by actually feeding people, staff spoke to people in a gentle, reassuring and encouraging tone. Staff were focussed on supporting people and were not distracted. People were given help based on what their needs were and what they preferred. Staff were observed to be friendly towards people, smiled and engaged people in conversation which made people feel valued. Staff were flexible to ensure people got the help they needed, for instance when people changed their minds about food or arrived late for their lunch.

Staff demonstrated a caring attitude and a concern for people’s welfare. For example, staff said they treated

people in the same they would want to be treated themselves, or in the way they would wish one of their family to be treated. One staff member said this approach was taken in all interactions they had with people.

Staff acknowledged people’s privacy by knocking on people’s doors before entering. We observed care was only provided to people in private. Relatives said people’s privacy was respected by staff.

We observed the service had installed CCTV cameras in two corridors. The provider told us these were not yet wired for operation. We advised the provider to follow the guidance on the CQC website regarding the use of CCTV in care homes as there could be a risk of breaching people’s privacy. Not all toilet and bathroom doors had a suitable privacy lock which is highlighted in the Safe section of this report.

The service employed both male and female care staff. The registered manager said people were able to choose if they had a male or female carer to support them. Whilst people’s records included details about their preferences and routines this needed to be in greater detail to show people were consulted and their wishes acknowledged.

Information was displayed in the home such as the main meal of the day and the day and date so people could orientate themselves and knew what was going on. There was also a large notice board in a lounge for the activities programme which was blank. The activities programme is referred to in greater detail in the Responsive section of this report. The service produces an occasional Newsletter with details of any developments or events.

Relatives said they were able to visit when they wanted and the provider confirmed visitors were welcome at any reasonable times.

Is the service responsive?

Our findings

People and their relatives said care was provided which met people's needs. For example, a relative commented, "I think she gets good care here..." However, we found the assessments and care plans used by the staff did not include specific guidance to reflect people's needs and did not show whether people were consulted about this.

Each person's needs were assessed and there were care plans about how these needs should be met. One person had been admitted to the home without a pre admission assessment being completed although we understood any potential residents were visited by a staff member to determine if their needs could be met by the service. People's needs were assessed when they were first admitted to the home.

Care records were not organised in a way which made it easy to tell the support people needed. Paperwork was ordered in such a way that was confusing to determine what the current needs and care plan was. We saw care needs were reviewed and updated. However, there were documents and assessments which did not have a date on, and, some of the care plan reviews had a date which was a month rather than a date of completion. Therefore it was not clear which information was the most up to date and accurate.

Care plans included details about how staff should support people. These varied in quality with some care needs being assessed well with clear instructions for staff to follow such as monitoring those who experienced transient ischaemic attacks (TIA) and the action staff should take when this occurred. There were also areas of the care plans which were not in sufficient detail to show what staff should do and what the person could do themselves. For example, entries in care plans had information such as, "Staff to tend to personal care needs," and, "To assist with personal hygiene and personal care." This did not provide adequate detail as to what 'personal care' entailed and how it should be given.

Specific instructions on how staff should monitor people were not recorded; this included the monitoring of pressure areas as well as food and fluid intake. This meant there was a risk staff may not have the correct guidance to safely support people who were at risk.

Care records did not always show people received person centred care which reflected how people wished to be supported, what people could do themselves and that people were consulted about their care. Therefore the provider could not demonstrate how people had been involved in their care and treatment.

There were some activities for people but it was recognised by the registered manager and staff that this was an area in need of improvement. People said there were limited activities and one person said they were occasionally bored as there was nothing to do. Another person said, "The days here are so long – day after day, day after day..." Other people said there were few activities and that no entertainment or physical exercise was provided recently. There was a notice board in the lounge which was headed 'Activities Programme' but this was blank. Staff confirmed there were no planned activities. One staff member said activities were not planned as people often declined to attend them and for this reason activities were impromptu without any planning. We observed a staff member undertaking an activity with people in the afternoon. One person was observed completing a jigsaw puzzle. On the second day of the inspection one person was supported by a visitor to paint in watercolours and two other people were playing a game. A record of activities was maintained and this showed two activities for October 2015. Some of the activities recorded were limited, such as, having a chat with a person. The registered manager and deputy manager said other activities were provided, such as taking people out, but these were not always recorded. This lack of recording meant the provider was not always able to demonstrate and monitor that this people who were living with dementia received sufficient support in the form of activities, occupation and stimulation.

There was limited evidence in care records that people's needs in relation to activities and social engagement were assessed. One person's assessment said they liked socialising, but did not give any more detail about this or what staff should do to meet this need.

The provider had not always adequately assessed and planned to meet people's needs and preferences. This included the provision of activities and social needs. This was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service responsive?

The service had a complaints procedure which was displayed in the entrance hall. People and their relatives said they would speak to the registered manager if they had any concerns about the service. For example, a relative said the staff and manager were approachable and it was

easy to raise any queries or concerns which were then resolved. The registered manager maintained a record of any complaints made along with a record of any investigation and response to the complainant. The last recorded complaint was made in July 2013.

Is the service well-led?

Our findings

Records were not stored or organised in a way that they could be effectively used and located. We found that records were not always maintained regarding people's care and that staff relied upon communicating verbally about people's care needs when it should have been recorded. This contemporaneous record would be able to document that people's care had been delivered in line with their needs and would be able to monitor changes to people's health and well-being.

We also found various paper records, such as records of the temperature checks on the medicines fridge, were left loose on the window sill in the office, which meant they could easily be misplaced or damaged.

People's records were not always secure. Medicines records were left on a medicines trolley in the lounge for periods where staff were not present. The controlled drug register and care records were held in the office but this were not secure. Staff told us the door was not locked and that people often went into the office and had been known to handle paperwork. Therefore confidential and sensitive records were not stored securely.

This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives described the registered manager as approachable and visible in the home. They said they felt able to raise any concerns with the registered manager, which they said would be responded to. The registered manager said she made herself available in the home so staff, people or relatives could talk to her. We observed the provider was available and spent time with people in the lounge.

The registered manager used surveys to obtain the views of people and their relatives about the service. These were given to people and relatives at intervals and we saw the last surveys were returned in August 2015 with comments that staff were attentive, professional and caring. Residents' meetings also took place where people could express their views about the service. However, these were held infrequently with the last meeting in July 2015 and the one before that in May 2014.

A quality assurance audit was carried out in May 2015 which identified areas of the premises which needed attention both inside and outside the home. Although a number of improvements had been made, such as carpeting, we found there were still a number of areas in need of attention. The audit check had not resulted in a safe and well maintained premises. A record was also made of repairs which needed to be carried out by the handyman alongside a date of completion of these works.

Audits were carried out regarding infection control in the home. Details of accidents in the home were recorded on forms, as well as care records, so any trends could be identified so action could be taken to prevent them occurring. We noted these could be enhanced if they included the location of the falls.

Checks were carried out on safety matters such as the hot water temperatures so people did not get scalded, as well as, checks for legionella.

Whilst staff showed a commitment to the well-being of people, as well as having values of compassion, the systems used to monitor staff values and behaviour had lapsed. This included staff supervision and appraisals as well as a system of observing staff working with people, which we saw had been carried out in the past. The registered manager and deputy manager acknowledged these checks on staff had not taken place at the frequency they previously had.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

The provider had not ensured the premises were secure, clean and properly maintained

Regulation 15 (1) (a) (b) (c) (e)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Risks to people were not always adequately assessed and care plans devised to ensure action was taken to mitigate against those risks. Regulation 12 (1) (2) (a) (b)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Staff did not receive appropriate support, supervision and appraisal of their work to enable them to carry out their work. Regulation 18 (2) (a)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs

The provider had not ensured nutrition and hydration assessments were carried out by those the required skills and knowledge. Regulation 14 (4) (a)

Regulated activity

Regulation

This section is primarily information for the provider

Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

The provider had not ensured each person's needs was fully assessed, and care and plans were designed to ensure these needs were met.

People were not always provided with appropriate physical, psychological and emotional support in the form of activities. Regulation 9 (3) (a) (b) (d)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Care records were not securely stored when not in use. Regulation 17 (2)