

Ashwood Court Healthcare Ltd

The Grange Care Home

Inspection report

22 Cornwallis Avenue
Folkestone
Kent
CT19 5JB

Tel: 01303252394
Website: www.ashwoodhealthcare.co.uk

Date of inspection visit:
11 July 2017
12 July 2017

Date of publication:
20 October 2017

Ratings

Overall rating for this service

Inadequate ●

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?

Inadequate ●

Summary of findings

Overall summary

This inspection took place on 11 and 12 July 2017 and was unannounced.

The Grange Care Home is registered to provide personal care and accommodation for up to 28 older people. The service was fully occupied during our inspection. Some of the people at the service were living with dementia and other conditions requiring support such as diabetes or impaired mobility, however, other people were more independent.

The Grange is a large detached house situated in a residential area just outside Folkestone. The service has a large communal lounge with comfortable seating and a separate dining area as well as quieter areas for people to sit. Accommodation is set over two floors and upstairs bedrooms can be accessed by stairs and a passenger lift. There are good sized gardens to the rear and side of the premises.

A registered manager was not in post. The registered manager left the service in April 2017 and since then the deputy manager undertook the role of acting manager, overseeing the day to day running of the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Registered persons have a legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run. It is a condition of the registration of the service that a registered manager must be in post. The service were actively recruiting for the post of registered manager and, following the inspection, an application to register a manager has been received.

The Grange Care Home was last inspected in July 2016. At that inspection it was rated as 'Requires improvement'. A number of breaches of Regulation were found during that inspection and three warning notices were issued to the registered manager and provider telling them urgent improvement must be made. This was in relation to how medicines were managed, problems with recruitment processes and how the service was led by the registered manager and service provider. Other Regulation breaches were found around the cleanliness of the service and inadequate checks to monitor standards of hygiene and cleanliness. These were addressed with a requirement action and the provider wrote to us setting out how they would improve.

At this inspection, although people and relatives gave mainly positive feedback about the service, standards had deteriorated. Some concerns brought to the attention of the provider in previous warning notices remained of concern and new breaches of Regulations were found.

Medicines were not administered or stored safely; poor communication meant some medicines were not requested when people needed them.

Some risk assessments were not up to date to reflect people's current needs and when risk assessments were in place, staff did not always follow the procedures of safe practice that they set out.

Checks intended to safeguard against the risk of scalding water had lapsed and where they had previously identified water temperatures outside of a safe range, no action was taken to address this. Other checks intended to safeguard against the presence of water borne bacteria were incomplete.

There were not enough staff to safely meet people's needs and there was no method to review or monitor staffing requirements against people's needs. Mandatory fire drills had not taken place.

Some mental capacity assessments were contradictory and Deprivation of Liberty Safeguarding authorisations had not been applied for where it was reasonable to believe that people were unable to consent to restrictions in place.

Records of staff induction training were muddled and certificates of completed training were not readily accessible. Competency assessments had not been completed for new staff before they worked unsupervised and some people complained of poor care delivery.

People's privacy and dignity was not assured; staff did not recognise situations where intervention was needed to ensure people's experiences of living at The Grange were not adversely affected.

The complaints handling process was ineffective; verbal complaints or concerns were not recorded and written complaints were not tracked or dealt with in a way that met the service's policy. Auditing carried out for the purpose of identifying shortfalls in the quality and safety of the service provided had not been effective; they had failed to identify the concerns evident at this inspection or address some concerns highlighted at the previous inspection.

Staff had received safeguarding training. They were aware of how to recognise and report safeguarding concerns.

Proper pre-employment checks had taken place to ensure that staff were suitable for their roles and a programme of regular and refresher training was in place.

Healthcare needs had been assessed and addressed. People had regular appointments with GPs, health and social care specialists, opticians, dentists, chiropodists and podiatrists to help them maintain their health and well-being.

Most people enjoyed their meals, they were supported to eat when needed and risks of choking, malnutrition and dehydration had been adequately addressed.

People had been involved in their care planning and care plans recorded the ways in which they liked their support to be given. Bedrooms were personalised and people's preferences were respected. Independence was encouraged so that people were able to help themselves as much as possible.

People commented positively about the openness of the acting manager and were complimentary of the staff.

The service notified the Commission of incidents and events that they were legally required to.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action.

Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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.

Medicines were not managed or stored safely.

There were not enough staff on duty to support people, staff did not always follow risk assessments and fire safety drills had not taken place when needed.

Checks intended to ensure people's safety were not always completed and when problems were identified, no action was taken to address them.

Proper recruitment procedures were in place to ensure staff were suitable to work at the service and staff had received safeguarding training. □

Is the service effective?

Requires Improvement ●

The service always was not effective.

Induction training for new staff was muddled and incomplete; checks had not been made to make sure new staff had gained the skills they needed to do their job effectively.

The service was not meeting the requirement of the Deprivation of Liberty safeguards and Mental Capacity Act 2005.

People had access to health care professionals to ensure health care needs were met.

People were supported to eat and drink when needed and they enjoyed the variety of food provided.

Is the service caring?

Requires Improvement ●

The service was not always caring.

People's privacy and dignity was not always ensured.

Staff treated people respectfully and were compassionate and well-intentioned.

People and their visitors felt the service was friendly and welcoming.□

Is the service responsive?

The service was not consistently responsive.

People could not be confident they were listened to. The provider did not always respond to people's concerns or complaints.

People participated in activities that they enjoyed. Staff had a good understanding of people's needs and preferences.

Views from people and their relatives were taken into account and acted on.

People were supported to stay in touch with friends and family.□

Requires Improvement ●

Is the service well-led?

The service was not well led.

The quality assurance framework was not fully effective and had not ensured people received safe care.

Management of the service had not ensured its day to day values and behaviours were embedded into working practice or that poor practice was recognised and challenged.

People and visitors found the management and staff friendly and approachable.□□

Inadequate ●

The Grange Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 11 and 12 July 2017 and was unannounced. The inspection was carried out by one inspector.

Before our inspection we reviewed the information we held about the service including previous inspection reports and their 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 considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We met and spoke with eight people who lived at The Grange and observed their care, including the lunchtime meal, some medicine administration and some activities. We spoke with three people's relatives. We inspected the environment, including the laundry, bathrooms and some people's bedrooms. We spoke with a visiting health care professional, two senior team leaders, a care assistants, the kitchen and housekeeping staff as well as the acting manager, registered manager from a sister service and service provider.

We 'pathway tracked' three of the people living at the service. This is when we looked at people's care documentation in depth, obtained their views on how they found living at the home where possible and made observations of the support they were given. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care. We also looked at care records for six other people. To help us collect evidence about the experience of people who were not able to fully describe their experiences of the service for themselves because of cognitive or other problems, we used a Short Observational Framework for Inspection (SOFI) to observe people's responses to daily events, their interaction with each other and with staff.

During the inspection we reviewed other records. These included staff training and supervision records, staff recruitment records, medicines records, risk assessments, accidents and incident records, quality audits and policies and procedures.

We displayed a poster in the communal area of the service inviting feedback from people and relatives. Following this inspection visit, we did not receive any additional feedback.

Is the service safe?

Our findings

Relatives visiting the service told us they thought, in general, their family members were safe. One visitor commented, "The home is what I would describe as adequate to good." People living at the service commented positively about the hard work and dedication of staff, but most also commented on how busy staff appeared, with some people telling us, "At busy times of the day staff are rushed off their feet." Our inspection identified working practices and concerns which meant the service was not safe.

Our last inspection found medicines had not always been safely managed; this was because prescribed creams were not stored or used appropriately, medicine storage temperatures were not recorded and medicine records, requiring a double signature, had not been double signed. This was a continuing concern and a warning notice was issued to the registered manager and service provider telling them significant improvement was required.

This inspection found concerns about ordering, administration, poor recording and safe storage of medicines. One person told us they had recently developed a condition, it caused them discomfort and they required a cream to treat it. Initially a family member had purchased an over the counter cream and given it to the person, however, staff had taken the cream away because it was not prescribed by a GP. The person asked staff to contact the GP to arrange for a prescription and understood that staff had done this. However, discussion with the acting manager found a GP consultation or prescription had not been requested and the person remained in discomfort. Following this discussion the acting manager contacted the GP to arrange for prescription cream.

Medicine administration records (MAR) were not well maintained because they were not always signed by staff when prescribed medicines were administered. The MAR is a part of a person's care records, staff are required to sign the record at the time medicine is administered, or complete the MAR with an alphabetic code letter if medicines are not given or are refused. Failure to do this presents a risk that medicine has not been administered and that it may be incorrectly re-administered by another staff member. Additionally, the positions of pain relief patches were not recorded. These are patches applied to the skin that release a measured dose of pain relief through the skin. This made it difficult to know if a replacement patch was positioned on a different site to help prevent skin irritation, or possible skin breakdown. We also found some prescriptions on MAR charts had been updated and written by hand. The hand written entries were not always dated to know when they came into effect or double signed as an indication of checks to make sure the information was correct.

Where medicines were given to people on an as and when needed basis (PRN), records were incomplete; the amount of medicine and when it was given was not always recorded. This presented the risk with variable dose medicines that staff may give too much medicine or not allow suitable timeframes before giving more medicine because they did not know when or how much medicine was last given. This did not promote the safe administration of medicines.

A ground floor central medication room contained some stocks of medicine as well as any requiring

refrigeration; a first floor walk in cupboard housed the medicine trolley. Non refrigerated medicines should be stored at temperatures not exceeding 25°C, this is because storage above this temperature risks medicines not working as intended and potentially becoming ineffective. Records showed medicine storage temperatures in both storage areas were not always recorded and, of those recorded, some had exceeded the maximum temperature range. At various points of the inspection we found the doors to both storage areas unlocked when they should have been locked. The first floor medication cupboard also housed electrical fuses and an electrical distribution board for the service. A notice screwed to the door advised staff the door must be kept locked. We were unable to assess the procedures or track the disposal of unused medicines because the key to the locked room containing this information, we were told, was recently lost.

People were at risk of unsafe care and treatment because staff did not always follow procedures set out in risk assessments and some risk assessments were not updated to always reflect people's changing needs. For example, one person required the support of two members of staff using a hoist to move them from their bed to their seat. The person told us it was not unusual for only one member of staff to do this and confirmed this had happened on the first day of the inspection. In discussion with a member of staff, they confirmed they did support the person to transfer between their bed and chair without the help of a second member of staff. They told us, "It's quicker to do it on your own because it can be difficult to get help from other staff when they are busy." The person was aware support to transfer should be provided by two staff and they were concerned when it wasn't. We discussed this concern with the acting manager, they were unaware of staff were supporting people not in accordance with risk assessments. They undertook to urgently speak with all staff about the risk of injury to people and the staff supporting them.

Other risk assessments were not up to date or were contradictory in places, particularly when identifying the number of staff required to safely support people. For example, in one place a care plan stated the person was able to mobilise for short distances with a Zimmer frame and one carer guiding them, in another place it stated they could manage transfers with only their Zimmer frame. Contradictory information for staff did not help to reduce the risk of falls or help people to mobilise safely. Discussion with the acting manager found they were aware that some care plans and risk assessments were not up to date and they had prioritised completion of this work.

Hot water temperature checks, intended to safeguard against the risk of scalding, should have taken place monthly. However, they were most recently been completed in February 2017. Although we were told thermostatic mixer valves (TMV) were in place, hot water temperatures to wash hand basins in some people's bedrooms exceeded the maximum permitted safe temperature of 43 ° Centigrade; the hottest being 47 ° C. Although excessively hot water temperatures were recorded, in some cases since November 2016, no action had been taken to address this risk. Additionally, there were no records of hot water temperature checks for communal facilities such as bathroom sinks, baths or showers. Staff told us and we saw that they routinely checked and recorded water temperatures before washing or bathing people, however, this did not prevent people from accessing hot water unsupervised, for example, in their bedrooms or washing hands after using the toilet.

A water management plan was in place, setting out the steps required to safeguard against the risks of Legionella, a water borne bacteria. However, the service did not record the cleaning and disinfecting of shower heads and no cleaning schedules were in place to support this. Additionally, there were no records of temperature checks at which hot or cold water was circulated. This did not meet with the service's policy to safely control the risk of Legionella. Discussion with acting manager found they were unaware that hot water temperatures were excessive, that testing had lapsed and legionella management checks did not meet with their policy requirement. The last inspection found some equipment used at the service and aspects of the service were not clean and did not promote effective infection control; a requirement action

was made to address these concerns. Although the concerns previously identified were addressed, the lapses identified in water management did not minimise risk to people or promote the control of infection.

The service's fire policy requires fire drills to be carried out twice a year. This was to ensure staff and any people who were able practiced and were aware of what to do in an emergency. It was also intended to allow critical review and evaluation of fire procedures in practice as well as individuals involved. There were no records of fire drills having taken place and discussion with the acting manager did not resolve this.

The management of medicines remained unsafe, placing people at risk of harm. Risks to the health and safety of people were not properly assessed and staff did not ensure identified risks were minimised during the delivery of care. Water safety checks had lapsed and where concerns were identified, they were not recognised or addressed. Procedures intended to promote the safety of people, staff and visitors were not robust. This was a continued breach of Regulation 12 (1)(2)(a)(b)(d)(e)(g)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Feedback about the number of staff on duty was mixed. Throughout the inspection we observed staff responding to people's needs and requests for support in a timely way and with good grace and patience. One member of staff told us, "Mornings can be really busy, it can be hard to find staff who are free to help you if you need two staff to support someone, it's just too busy." One person said, "In the morning when they wash us and at lunch time it can seem like there aren't enough staff. Sometimes only one member of staff helps me when it should be two. There are three different members of staff that help me on their own. When I get my lunch it is often cold." A visitor told us, "I'm not looking for perfect, but sometimes there just don't seem to be enough staff." However, other staff acknowledged the service could be busy depending on how people were, but, although busy, they felt people received the support they needed.

At the time of our inspection there were 28 people using the service; four people needed the help of two staff to meet their mobility or personal care needs. Day care shifts ran from 8am until 2pm then 2pm until 8pm, some staff worked long days from 8am until 8pm. Staffing was arranged as four care staff including a senior on duty from 8am until 2pm and three care staff including a senior from 2pm until 8pm. Two wake night staff provided support from 8pm until 8 am. In addition to their caring duties, day care staff were responsible for the laundry and night care staff did the ironing. Other staff undertook cooking, cleaning and maintenance duties. Staff told us the 8am medication round could take up to two hours. This effectively left only three staff to meet people's needs; staff administering medicines told us they were frequently disturbed from the medicine round by other staff needing help to meet people's needs.

We spoke with the acting manager about how they ensured there were always enough staff to meet people's needs. The service did not use a dependency tool to analyse the needs of people to plan how many staff were needed during shifts. We also identified that some needs assessments were not up to date or were contradictory about the support people needed. An overview record of incidents and accidents was kept, however, its use was limited. Analysis did not link to the time of day to identify a potential relationship between busy periods, staff numbers and accident rates. There was no effective method to equate people's needs to the staff support required. Practice within the service and comments from some people and staff indicated there were not sufficient staff to meet people's needs.

The provider had failed to ensure there were at all times sufficient numbers of staff to meet people's needs. This was a breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Our last inspection found some commodes were not clean and some practices for emptying catheter bags

were unhygienic. This inspection found proper procedures in place for cleaning commodes and those looked at were clean. Staff spoken with knew how to hygienically empty catheter bags and people told us this was reflected in staff practice. During the inspection we pointed out to the acting manager that the upholstered arms of several armchairs were visibly stained. Although we were told they had recently been cleaned by external contractors, the chairs remained visibly stained. This is an area identified for improvement.

Our last inspection found recruitment processes were not sufficiently robust to ensure the suitability of applicants to work with vulnerable people and a warning notice was issued telling the provider significant improvement was needed. At this inspection we found suitable improvement was made. Recruitment files showed the required checks had been made to make sure staff were suitable for their roles. Employment histories and references from previous employers had been taken, along with checks to ensure that staff were of good character. Documents to prove identity had been seen and copied.

There were policies and procedures in place to safeguard people from harm and abuse, together with the Local Authority Safeguarding Adults Policy, Protocols and Guidance. This gave staff information about preventing abuse, recognising signs of abuse and how to report it. Staff had received training about safeguarding people and were able to identify the correct procedures to follow should they suspect abuse. Staff told us they were confident any concerns raised would be taken seriously and investigated to ensure people were protected. Staff were aware of the whistle blowing policy and could name other agencies to approach outside of the service if they felt they were not being dealt with properly.

Procedures were in place for reporting repairs and records were kept of maintenance jobs, which were usually completed promptly. However, one boiler frequently malfunctioned. When this happened there was no hot water in some areas of the service and staff carried jugs of hot water to affected bedrooms for people to wash. Although service engineers had tried to diagnose the fault with the boiler multiple times, their efforts were short-lived before the fault reoccurred. During our inspection boiler engineers found the gas supply to the boiler was undersized and arrangements were made for it to be urgently uprated.

Records showed that portable electrical appliances, the shaft lift, lifting aids and fire fighting equipment were properly maintained and tested. Current certificates showed gas appliances and the services electrical wiring had been tested and met with safety standards. People had individual emergency evacuation plans. They gave details of the prompting or assistance each person would need in an urgent situation.

Is the service effective?

Our findings

People, their relatives and visitors were mainly positive about the quality of care provided. Most told us they had confidence in the staff at The Grange and felt they understood people's needs and how to meet them. Comments included, "No concerns about the staff, they are all polite and helpful" and "All of the staff are great." However, one person told us they, "Found it unsettling when only one member of staff supported them when there should be two." A visitor told us, "Communication is pretty good, they tell me how she has been when I visit. They have rung me as well when she's been poorly." A visiting health care professional told us the service had taken over responsibility for administering insulin for people living with diabetes and there had been no problems. They were equally complementary about catheter care and felt that staff were proactive and communicated well.

Our last inspection found where weight loss was identified; some records of what people ate were not sufficiently detailed to establish if dietician advice had been followed. This inspection found improvement of these records and appropriate action taken to address weight loss and nutrition. However, although people commented positively, we found aspects of the service were not effective.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Restrictions could include, for example, bed rails, lap belts, stair gates, restrictions about leaving the service and supervision inside and outside of the service.

Most staff had received training about the MCA and DoLS. However, a review of mental capacity assessments found one person was assessed as both having and not having capacity to make the same decision. Discussion with the acting manager found mental capacity assessments were not completed for each person where it was reasonable to believe they may not have capacity to consent to care and treatment at The Grange. The MCA requires providers to submit DoLS applications to a 'Supervisory Body' for authority to impose restrictions. People's level of capacity had not been established where there was reason to do so and, as a consequence, applications had not been made to the supervisory body when they were reasonably needed. For example, where people had a diagnosis of dementia and were unable to consent to restraints such as bed rails and supervision should they wish to leave the service. The acting manager acknowledged further work was required at the service to address shortfalls in mental capacity assessments and any related DoLS applications.

A person must not be deprived of their liberty for the purpose of receiving care or treatment without lawful authority. This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Induction training for new staff was not sufficiently developed to demonstrate that staff were competent in their practice. It was intended to include staff completing e-learning, shadowing experienced staff and working their way through an introduction programme; to cover areas such as an introduction to the building and fire procedures, personnel matters and service delivery. It also included giving staff a hand book setting out expectations of them. All new staff were subject to a three month probationary period which was reviewed by the acting manager. However, some staff worked unsupervised based upon training they said they had received in other employment. A review of one staff file found there were no certificates of the training they said they had received. Other training records were incomplete, for example, whether a member of staff held a vocational qualification in care or were working towards one. Competency checks and observations of new staff had not been made or recorded. Areas where staff may have required more training and support had not been identified; the provider had not assessed if staff demonstrated the right skills or good practice when providing people with care. We spoke with people receiving care, were told of instances where staff appeared uncertain about how to operate hoists and put bed rails up and down. Another person showed us where a member of staff had incorrectly attached a catheter bag; it was resting on the person's ankle and the top of their foot, rather than at their knee, which was where they said it should be positioned.

Induction training can be linked to the Care Certificate. This is an identified set of competency standards for social care workers to keep to in their daily working life. The Care Certificate is not a mandatory requirement; however, the expectation is staff who are new to services will achieve the competences set out in the Care Certificate, or its equivalent, as part of their induction. If new staff hold a vocational qualification, this can supersede the need for Care Certificate or equivalent training. However, induction training was unstructured and incomplete, certificates were not available for all training delivered and the staff training matrix was not up to date with the names of each staff member; this made it difficult to establish a complete overview of training delivered and training requirements.

Staff had not received appropriate induction training to enable them to carry out the duties they were employed to perform. This was a breach of Regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us supervisions lapsed when the last registered manager left. These are one to one meetings held with the acting manager to provide staff with the opportunity to discuss any issues or concerns they may have about the people they support. It is also an opportunity to review training needs and for managers to address working practices. Although supervisions had lapsed, the acting manager had worked hard to reintroduced them. Some had recently taken place and a schedule showed when more would be done. Annual appraisals, however, had also lapsed, last having been completed in 2015. This is an area identified for improvement.

Each person had a health care plan. Where needed, the service sought input from social and health care professionals such as the community nurses, speech and language therapists and occupational therapists. This helped to ensure people received the right help to support any emerging needs. People told us they usually saw the GP when they needed to and felt their health care needs were being met. We spoke with a visiting health care professional, they were complimentary about the care provided by the service; telling us prompt communication ensured people's changing needs were identified and, where needed, professional health care input obtained. This helped to ensure people's health care needs were met. Relatives were satisfied with the health care people received at the home. Chiropodists, dentists and opticians visited the home when people needed them. Where people needed specialised support, for example, pressure relieving mattresses and cushions to help reduce the risk of skin damage, suitable equipment was in place.

The lunch time meal was well-managed and relaxed. The menu was on display and in clear print; people were also directly asked in advance of their meal what they would like to eat from the various options available. Eating aids, such as adapted cups, plates and cutlery had been provided to people who needed them to enable them to eat independently and in a dignified manner. Sufficient staff supported people in the dining area as well as to people eating their meal in their own rooms. Softened or fortified food and thickened drinks were provided where needed. Drinks were provided at other times of the day both in communal areas and people's bedrooms; we saw they were within people's reach. Most people told us they enjoyed the food, although some people found it was cold when it arrived and if for example they didn't want a particular vegetable with their meal, it often arrived in spite of their request. Questionnaires enabled people and visitors to leave comments about the food, most of these were positive, however, this is an area identified as requiring improvement.

Is the service caring?

Our findings

People were content living at the service. One person told us "I am happy and comfortable living here," another person commented "It's all very good, the staff are darlings, they couldn't be nicer." A visitor told us, "The staff are always welcoming and friendly." Another visitor commented, "I always feel the staff care, they seem endlessly patient."

Although comments were positive, we found people's dignity and privacy was not always ensured. For example a person was independently using an upstairs toilet situated on a communal corridor, they had not closed the door. A person was seated in the bedroom opposite the toilet, their door was open and from their seated position they could not help but see the person using the toilet. On another occasion, as we walked around the service with the acting manager, another person was using a different toilet, again the door was not closed. The person was entirely visible to anyone passing. No provision had been made for people who may not realise they had not closed toilet doors, this impacted negatively on other people's experiences of the service and did not preserve or promote the dignity and privacy of people.

The provider had not ensured people were being treated with dignity and respect by ensuring their privacy. This was a breach of Regulation 10(1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Otherwise, people were cared for in a kind and compassionate way. They said they were happy and content in the home. They were able to move around the home and sit where they wanted to. Several people told us they had made friends since moving to the home and spent time chatting together.

During the inspection staff talked about and treated people in a respectful manner. Staff knew people well; they treated them equally but as individuals. People felt staff understood their specific needs. Staff spoke affectionately about the people they cared for and were able to tell us about specific individual needs and provide us with a good background about people's lives prior to living at the home; including what was important to people. Staff also gave examples of what might make a person distressed and what support they would give to relieve this. People's rooms were personalised with their own possessions according to their choice, so that they could have their own things around them that were important to them. Interaction between staff and people was light hearted, warm and friendly.

Staff were patient and sensitive when giving information to people and explaining their support. We observed staff making sure people understood what care and treatment was going to be delivered before commencing a task. For example, when giving medicine staff explained what the medicine was and checked if people wanted to have it. They asked people whether they were experiencing pain and offered pain relief where people wanted this. There was a calm and supportive atmosphere throughout mealtimes to ensure that people didn't feel rushed and were able to eat and drink what they wanted to. Staff checked if people had enjoyed their meal and asked regularly whether there was anything else they wanted. Staff were patient when supporting people to mobilise, they supported them at an appropriate pace and offered encouragement enthusiastically.

Throughout our inspection staff communicated well with people. They were mindful that people had the ability to make their own decisions about their daily lives and gave people choices in a way they understood. They also gave people the time to express their wishes and respected the decisions they made. For example, one person wanted to remain in their bedroom for most of the day. Staff ensured they were safe and made visits to them during the day.

Staff recognised people's visiting relatives, they greeted them in a friendly way and offered drinks. Visitors told us they could speak to people in private if they wanted to and gave positive comments about how well staff communicated with them; telling us staff always contacted them if they had any concerns about their family members. People's care plans showed that discussions took place at the time of admission to ask if their family members wished to be contacted in the event of any serious illness or accident. We saw where needed, this had happened.

Some people who could not easily express their wishes or did not have family and friends to support them to make decisions about their care were supported by staff and the local advocacy service. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Is the service responsive?

Our findings

People told us they felt staff supported them and responded to their needs, they said they were asked about their interests and preferences and were offered choice in all parts of their care. One person told us, "They are good at asking what I want and that's right because it's up to me what I want to do." Another person commented, "I prefer to stay in my room, that's where I'm happy, the staff do respect that." Throughout our inspection people were cared for and supported in line with their individual wishes. However, we found aspects of complaint handling processes were not dealt with properly which meant the service was not always responsive.

Providers and registered managers are required to establish an effective and accessible method for dealing with complaints. Discussion with the acting manager found a visitor had raised concerns verbally about the care and treatment of their relative. There was no record held of their concerns or any response given. The complaints policy did not set out how verbal complaints or concerns should be dealt with, this presented a risk that they may not be dealt with consistently or even recognised as a complaint. The policy also sets out that a record of all complaints should be kept together with any subsequent investigation and action. We were made aware of a written complaint made directly to the provider. The acting manager was unable to provide any update about the complaint or demonstrate that it had been recorded in line with policy. In the event a complaint is not resolved, the complaints policy incorrectly advised readers to address their concerns to the Care Quality Commission (CQC). Although CQC uses complaint information to inform and focus inspection processes, it does not investigate complaints. This function is fulfilled by the Local Government Ombudsman.

The provider had failed to establish an effective complaint handling system. This was a breach of Regulation 16(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Each person had a pre-admission assessment to ensure that the service would be able to meet their individual needs. Admission assessments captured an inclusive approach to care and included the support people required for their physical, emotional and social well-being; forming the basis for care planning after they moved to the service.

Care plans were in the process of being updated. The updated care plans contained good detail to describe people's individual needs. They included people's personal hygiene care, moving and handling, nutritional needs, continence, sleeping, skin care, and pain management. A section contained details about people's lives, this included their work, family, hobbies, holidays as well as more personal information about if people preferred a bath or a shower; if they needed help with dressing and undressing; when they liked to get up and go to bed and preferences about their food, their clothes, and their social activities.

Changes in health or social needs were responded to. Short term care plans were written for people with acute conditions, for example, chest and urinary infections. Weight loss was investigated and monitored with referrals made to dieticians and GP's when needed. Care plans identified if people could communicate their needs clearly and recognised how people living with dementia could suffer from confusion. Staff

realised that if people presented a behaviour that may challenge, it may be that they were trying to communicate their needs, for example pain.

Care plans were discussed with people and their family members if this was their wish. Contact details of family members and other important people were recorded in care files and people were supported to keep in touch. Some people went out with their families, and families also visited the service. Relatives and friends and visiting health and social care professionals were encouraged to participate in activities and events, for example; a BBQ and garden party had been planned for the following month after the inspection. People were encouraged to have visitors to stay for meals.

Activities and events were overseen by the acting manager and a calendar of events was displayed in the lounge to let people know what was happening and when. Activities were a combination of in-house events, for example, games, quizzes, movie afternoons and armchair exercise as well as visits from external providers, such as musicians, singers, reminiscence groups and the Zoo Lab, an animal handling experience company. People told us they enjoyed and looked forward to activities and the weekly visits by a hairdresser. Some people enjoyed a seating area in the garden, other people went to Age Concern groups and to local shops and cafes.

Regular meetings and questionnaires gave people the opportunity to comment on the service and raise any ideas, issues or concerns. Records showed discussions had taken place about activities and menu planning. People felt this was useful and gave examples of menu changes that had been put in place.

Is the service well-led?

Our findings

People and visitors told us staff were pleasant and the acting manager was helpful, visible around the service and always made themselves available if people wanted to speak with them. Staff told us they enjoyed working in the service and were proud of the support and care they provided. Most staff described morale as good and told us they felt able to speak out with any concerns or ideas to improve the quality of the service, yet they hadn't spoken out about staffing levels and how this affected their day to day work.

Our last inspection found the service was not well led. This was because there were shortfalls around the storage of medicines and creams, staff recruitment processes were not robust and some records and audits were not accurate or detailed enough. These were continuing concerns and a warning notice was issued to the registered manager and service provider telling them significant improvement was required.

At this inspection sufficient improvement had not been made. Some regulations previously identified as breached remained breached; the quality assurance framework was not effective. Concerns remained around the storage and administration of medicines. People were at risk of unsafe care and treatment because staff did not always follow procedures set out in risk assessments and some risk assessments were not updated to always reflect people's changing needs. Water temperature checks identified excessive temperatures, these introduced a risk of scalding, this had not been addressed and checks had not been completed beyond February 2017. Other checks intended to monitor the quality of water and prevent potential infection were incomplete and ineffective. Fire drills had not been carried out. There was no system in place to assess staffing requirements against people's needs, as the result some staff felt overworked and people were not supported as planned. MCA and DoLS requirements were not met and checks had not taken place to ensure new staff were competent. Staff had not recognised or responded to behaviours that compromised people's privacy and dignity or challenged poor practice. Complaints were not managed effectively or in line with the services' policy. Audits carried out by the acting manager had not identified or appropriately addressed these shortfalls. The shortfalls identified were widespread and placed people at risk of harm.

The registered manager left the service in April 2017, since then the deputy manager had taken on the role of acting manager. This left the position of deputy manager vacant. It was not until three weeks before this inspection that the acting manager received help from the manager of a sister service, albeit only for two to three days a week. The provider had not maintained a focus on the previous shortfalls or recognised the risk that standards may not be maintained without a registered manager in place and a proper support network for the acting manager. Visits by the provider were informal, their review of the service and emphasis on quality and improvement were not effective. The provider had not introduced an increased level of monitoring the service since our last inspection or the departure of the registered manager. This was despite having previously been issued with three warning notices setting out significant concerns about people's safety and the quality of the service provided. No development plan was in place to maintain a focus on areas previously identified as in breach of regulations. Consequently, many regulations remained breached.

The failure to assess, monitor and mitigate the risks to people and maintain complete records is a continued

breach of Regulation 17 (a)(b)(c)(d)(i)(ii) of the Health & Social care Act 2008 (Regulated Activities) Regulations 2014.

Some staff told us the culture within the service was supportive and enabled them to feel able to raise issues and comment about the service or work practices; however, in practice this had not always happened. One member of staff told us about how they had made management aware of their concerns around insufficient staff; other staff and people had commented about how busy staff could be at times. There was no evidence that these concerns were acted upon. The service had not developed a positive culture allowing concerns to be listened to and acted upon. This is an area identified as requiring improvement.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the reception and on their website.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. This enables us to check that appropriate action had been taken. The acting manager was aware that they had to inform CQC of significant events in a timely way and had done so since our last inspection.

Policy and procedure information was available within the service. Staff knew where to access this information and told us they were kept informed of any policy changes made.