Hurstcare Limited

The Hurst Residential Home

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	**Requires improvement**
Is the service effective?	**Requires improvement**

Overall summary

We carried out an unannounced comprehensive inspection of this service on 21 and 23 February 2015. We identified improvements were needed with requirements relating to safe care and treatment, staffing, fit and proper persons employed, safeguarding service users from abuse and improper treatment, need for consent, meeting nutritional and hydration needs, person-centred care and good governance.

We undertook an unannounced focused inspection on the 09 December 2015 to check that the registered manager had made improvements and to confirm that legal requirements had been met. This report only covers our findings in relation to those requirements.

There were 14 people living at the service. The service was registered to provide accommodation and personal care for a maximum of 29 people. Older and younger people with physical, mental health and sensory loss needs, people who were previously homeless and people living with dementia received care and treatment at the service. The local authority put in place a suspension after the inspection in February 2015 due to the concerns we identified. No new admissions to the service had been made since this inspection.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the care and has the legal responsibility for meeting the requirements of the law. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At our focused inspection on 09 December 2015, we found that improvements had been made since the last inspection, however not all legal requirements had been

Summary of findings

met. Some concerns with regard to staffing, the need for consent, person centred care and good governance identified at the inspection in February 2015 had not been sufficiently addressed.

The registered manager had not taken account of people's social, emotional and therapeutic needs when determining staffing levels. This did not support improved quality of life outcomes or promote improvements in people's mental health and well-being. There was insufficient contingency planning in place when staff members were on leave of absence at the same time, for extended periods. Staff had to work longer hours and shifts to address this shortfall in available staff. The registered manager had not been able to recruit sufficient high calibre staff to embed service improvements. The lack of staff structure in place to support the registered manager in their management of their responsibilities had not adequately improved since the last inspection.

Staff had received training on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). This legislation sets out processes to follow when people do not have capacity to make their own decisions and what guidelines must be followed to ensure people's freedoms are not unlawfully restricted. However the registered manager acknowledged that staff were not confident in applying the principles of the MCA in practice to ensure they provided care and support that people consented to in the least restrictive way. Recorded assessments of people's mental capacity did not consistently reflect people's needs and several applications for DoLS were still in progress. The process for the practical implementation of the MCA and DoLS was not yet fully effective.

The registered manager had not made sufficient improvements to provide activities suitable for people with mental health needs and for people living with dementia. Not everyone was happy with activities available to them.

People's care plans were due to include an 'About Me' form to record more information about people's pre-admission history and personal histories. This would enable staff to better understand the needs and preferences of people and provide more person-centred care. Four out of fourteen care plans had been updated with people's personal history forms at the time of our inspection. Care plans had not recorded outcome goals, skills development goals, recovery goals and actions needed to meet those goals. Activity records for the current and previous months were not always completed. It was not recorded how frequently people engaged in activities at the home or were supported to access the community. These concerns were identified at the last inspection and had not been adequately addressed.

There was insufficient detail and guidelines for staff to administer people's PRN medicines safely. The lack of information on the PRN forms and people's care plans could increase the risk of people not receiving PRN medicines in line with people's individual guidelines. The registered manager had developed a resource folder intended to develop staff knowledge of people's needs, possible side effects and any signs of concern they needed to be aware of. This had not been made available to staff at the time of this inspection. Therefore staff did not have the information they required to always give medicines in line with the safe procedures and according to people's needs.

Improvements had been made to the management of medicines. This ensured that people received their medicines safely and in line with their prescriptions. However poor practice was identified that had not been recognised or recorded as part of the provider's medicines audit. We have made a number of recommendations to promote good practice in medicines management.

We have made a recommendation about protocols to record people's preference for administration of medicines.

We have made a recommendation about PRN information on MAR and people's care plans to reduce the potential risk of medicines errors.

We have made a recommendation about the provider making sure external medicines audits take place.

Some improvements had been made to the quality assurance systems. The registered manager had put in place a service improvement plan, however further improvements were needed as there were still some shortfalls remaining from the previous inspection. The registered manager had not systematically reviewed and implemented the necessary improvements as identified at the last inspection.

Summary of findings

The registered manager had put in place protocols and guidelines for staff to follow to provide safe and effective care in the event people had a fall. The registered manager had made improvements to care plans where people had physical health needs to include epilepsy and diabetes. People's care plans contained guidance and information for staff to provide safe and effective care.

Staff had completed basic training in essential standards of care. However the registered manager acknowledged in some areas staff did not have the competence or knowledge to apply training in practice.

We have made a recommendation about monitoring, recording and developing staff competence in practice.

We received mixed feedback about the quality of the meals and snacks provided. Some people were satisfied with meals provided and for other people the quality and availability of food did not meet their preferences or satisfaction.

We have made a recommendation about consultation with people about their food preferences to ensure people's needs are consistently met.

We found a number of 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?

Requires improvement 

The service was not consistently safe.

People's needs for social engagement, involvement in activities and therapeutic support had not been considered when assessing staffing levels. This did not meet people's emotional, social and therapeutic needs to promote improvements in their mental health. A lack of contingency planning for staff absence meant that staff were working long hours to meet the shortfall in available staff. Adequate recruitment had not taken place to support the registered manager to embed care delivery and service improvements.

Medicines were suitably controlled and stored. Improvements were needed to ensure people were administered medicines in line with their preferences, Records needed to include more detailed guidelines on how people's PRN medicines should be administered. We have made recommendations to the provider to promote best practice in medicines management.

Staff knew how to keep people as safe as possible because risk assessments were in place to reflect people's health needs.

Staff understood about how to report and respond appropriately to allegations of abuse. Safe recruitment practices were in place.

Is the service effective?

Requires improvement 

The service was not consistently effective.

The registered manager understood when an application for DoLS should be made and how to submit one. However, assessments of people's mental capacity were not consistently completed in line with legal requirements. Several applications for DoLS were still in progress. Staff were trained in the principles of the MCA and the DoLS however the registered manager told us staff were not knowledgeable about how to apply the requirements of the legislation in practice.

Care plans and activity records contained limited information on opportunities for activities and goals to support people's mental health recovery. There was no clear structure or care plans for people when they required additional support for rehabilitation. Opportunities for activities were limited; not everyone felt there was not enough to do at the home.

People provided mixed feedback about the quality and accessibility of food and snacks. People's preferences were not met in all cases. There was adaptive cutlery and crockery provided to support people with conditions that made it difficult for them to eat and drink.

The Hurst Residential Home

Detailed findings

Background to this inspection

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

We undertook an unannounced focused inspection on 09 December 2015. This inspection was completed to check that the registered manager had made improvements to meet legal requirements after our comprehensive inspection on 21 and 23 February 2015. We inspected the service against two of the five questions we ask about services: is the service safe, and effective. This is because the service was not meeting legal requirements in relation to these questions.

The inspection team consisted of two inspectors. Before our inspection we reviewed the information we held about the service. We looked at previous reports and at the notifications we had received from the provider. This is information the provider is required by law to tell us about.

We spoke with four people. We used informal observations to observe care to help us understand the experience of people who could not talk with us. We spoke with the registered manager, three members of care staff. We looked at the care and support that people received. We looked around the premises. We looked at care records and associated risk assessments for four people. We inspected medicine administration records (MAR). We looked at management records including audits and records of staff training and support. After the inspection we received written feedback from one health care professional.

Requires improvement

Is the service safe?

Our findings

At our inspection in February 2015, there were not enough suitably experienced or qualified staff. There was no robust assessment based on the needs of people living at the home, which informed decisions about the number of staff needed on duty. We observed that staff interacted with people on a needs led basis. Staff were not available to spend time with people, engage in conversation or activities or accompany people who wanted to go out. Some people sat for long periods of time, disengaged, with no interaction from staff. On both days of our inspection, there were insufficient suitably trained staff to support people who wished to go outside of the home. Although the manager received some management support from senior carers, there was little staff structure in place to support them in their management of administrative duties or their responsibilities as the service provider.

At this inspection in December 2015, two members of care staff were on shift on the day of our inspection. The registered manager told us there were usually three members of staff although two staff was sufficient to meet the needs of people. This presented a conflicting view of the staffing levels required. The registered manager told us there was always a minimum of two experienced staff working during a shift to meet people's needs. At the time of our inspection three staff members out of a total of 16 staff, one of whom was the dedicated cook, were authorised to take leave of absence for a six week period. Staff needed to work longer hours and more shifts due to this shortfall in available staff. One person told us, "There are not enough staff. For example at the weekend there was one carer in the kitchen and one on the floor. Staff don't talk to people and have no time to do activities with people in the new games room. People are withdrawing into themselves." Staff told us they were working longer hours to ensure all rotas were covered. One member of care staff took on the role of cook each day. The cleaner completed their daily shift at 2pm and then care staff members on shift needed to complete cleaning tasks when required. We asked the registered manager what staffing measures were in place to meet the shortfall in the pool of available staff due to staff absence. They told us they supported staff where possible. However there was no record of what this support involved. There was no formal contingency plan in place when staff were absent for long periods of time, when staff changed their role and to reduce the risk of staff working long hours.

At this inspection in December 2015, the registered manager told us they did not have confidence in delegating responsibilities to the staff team and needed to oversee the home at all times. At our inspection in February 2015, there was no deputy manager in post. Although the registered manager had support from senior carers, there was little staff structure in place to support them in their management and administrative duties or their responsibilities as the service provider. This concern had not been adequately resolved at the time of our inspection in December 2015. The registered manager told us they were tired and they were looking to recruit a deputy manager with clinical experience and two additional senior care staff. They told us these additional staff members were required to enable them to embed all of the improvements that were required at the home. This recruitment need was recorded on the provider's service improvement plan. They told us they had struggled to recruit the right calibre staff to these roles. One staff member who was previously a cook at the home was due to take up a senior carer role the following week. At the time of our inspection the deputy manager and two senior carer posts had not been filled. The service only had 14 out of a possible 29 people who could be accommodated and cared for. The registered manager acknowledged they were struggling to recruit the right calibre of staff to meet service needs for this reduced number of people.

At this inspection in December 2015, the registered manager told us they determined staffing levels by considering people's level of independence and physical needs. However this did not take into consideration the therapeutic, rehabilitation and social needs for people with mental health needs or living with dementia. At the time of our inspection out of 14 people, 13 were physically self-caring and independent and one person needed the assistance of one member of staff for personal care tasks. Six people were physically independent and accessed the community on their own. The registered manager told us that if someone asked to be taken out on a trip, they would arrange for someone to take them out. However we could not find records to determine that people had been asked whether they wanted to go out and when they were supported to do so. We observed that where people were

Is the service safe?

independent they accessed the community during the day. We observed staff were not available to spend time with people, engage in conversation or activities with people. Some people sat for long periods of time, disengaged, with no interaction from staff. Staff did not encourage people to take part in any activities. Staff did not interact with people during the mealtime. There was a weekly activities plan but no activities took place during the course of the inspection day. Although the majority of people were physically self-caring, their emotional, therapeutic and social needs had not been considered in determining adequate staffing levels to meet these needs. This did not support improved quality of life outcomes or promote improvements in people's mental health and well-being. Sufficient improvements had not been made since the last inspection in February 2015 to ensure staff were available to provide people with access to activities and social engagement.

The provider had not safeguarded the well-being of people living in the home by ensuring there were sufficient numbers of staff deployed. This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection in December 2015, there was insufficient detail and guidelines for staff to administer people's PRN medicines. PRN was medicines prescribed on an as needed basis. The registered manager used a separate form from the MAR to record people's PRN medicines. PRN instructions had not been transferred from people's individual MAR on to these separate PRN forms. The PRN guidance recorded in people's care plans was not detailed enough for staff to follow. For example in one person's care plan the guidelines for staff to follow stated, 'Keep adequate time between dosage and report abnormalities.' However, there was no guidance for staff about what adequate time or abnormalities may be. The lack of information on the PRN forms and people's care plans could increase the risk of people not receiving PRN medicines safely or in line with their individual guidelines.

At this inspection in December 2015, the registered manager told us they had developed a resource folder for staff which explained the signs and symptoms of certain medical and mental health conditions and explained how staff should respond to them. This was intended to develop staff knowledge of people's needs, possible side effects and any signs of concern they needed to be aware of. The registered manager was unable to show us this resource folder as they said it was at their home address and they were unable to collect it on the day of our inspection. This meant it was not available to staff to use and therefore, the risk remained of people receiving incorrect doses of PRN medicines.

The lack of detailed records and lack of availability of records is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our inspection in February 2015, medication was not suitably controlled, administered or stored. This presented a risk that medicine stored at an incorrect temperature may become desensitised and potentially ineffective.

At our inspection in December 2015, the registered manager had ensured that improvements were made for the management of medicines. Since the inspection in February 2015 a second member of staff who had completed medicines training witnessed the administration of medicines and then countersigned the Medication Administration Record (MAR) and medicines register to ensure medicines were safely and correctly administered. The registered manager had improved security of the medication cupboard located in the medication room. There was a dedicated section in the cupboard for medicines received from the pharmacy and a section for medicines to be disposed of. The disposal of medication section of the cupboard had locked doors and only two people had access to this section, namely the medication lead in the home and the home's registered manager. All medicines were stored in a tamper proof container in the locked part of the medicine cabinet. The fridge containing medication was kept locked, was secured and temperature readings were recorded regularly to ensure medicines were maintained at appropriate temperatures to ensure they remained effective.

At this inspection in December 2015, the registered manager had updated their medicines policy to include information about the improvements which had been made to medicines protocols. Staff had signed a record to show they had read the new policy. The registered manager had introduced a separate form which recorded when medication was received and when medication was disposed of and returned to the pharmacy. Medication was then signed by one member of staff and countersigned by another member of staff who had witnessed the receipt and disposal of the medication. The pharmacy also

stamped the form. The form was then reviewed by the registered manager during the monthly medication audit. This was intended to ensure that all medicines that were disposed of could be legitimately accounted for. These improvements reduced the risk of people receiving incorrect medicines or, of medicines being received and disposed of incorrectly.

At our previous inspection in February 2015, Medication Administration Records (MAR) showed unexplained gaps in the administration of medicines. One person had not received their full course of antibiotics. Another MAR showed a person had received their medicine, but it was still in its packet. Medication prescribed for sedation and anti-seizure treatment was not always administered to a person when it should have been, with no explanation given. We observed staff administer a person's morning medicines in the afternoon and sign the MAR to indicate that the person had taken the medicine in the morning. As the person was also prescribed afternoon medicines, this presented a risk the person may be given their afternoon medicine without sufficient time between the doses.

At this inspection in December 2015, one person told us, "I don't feel unsafe I get my medicines and can't complain." Since the inspection in February 2015, the registered manager had also checked MAR charts on a daily basis to ensure that any errors were identified and rectified in a timely manner. The registered manager had instructed staff to clearly record times that medication was refused or the time it was administered on the MAR chart. This ensured that medicines were given at the correct time intervals according to each person's individual circumstances. The registered manager also put a sign on the medication cabinet reminding and prompting staff that they should record any instances where medication has not been administered. Medication audits were in place at the service which identified any errors in the MAR. The registered manager then investigated why there were errors by checking the MAR chart entries against blister packs and boxes of medication to ascertain whether or not medication has been administered. This was intended to ensure that any errors were rectified quickly and steps were taken to reduce the risk of it happening again. There were no errors identified in the five MAR we looked at. People's care plans contained information on medicines people required. People's medicines were colour coded with blister packs to promote correct administration and to reduce the risk of medicine administration errors.

Six members of staff including the registered manager who administered medication had completed medication training. The registered manager completed competency assessments for those staff in relation to medication management every six months. The registered manager observed staff administering medication, reviewed their competence and addressed any issues or areas of concern with them. Competency assessments for the staff who administered medication were completed in April and May 2015 and all staff were judged to be competent.

We recommend the provider puts in place a system for making sure that when medicines errors are identified the staff are and remain competent to continue giving people their medicines safely.

The registered manager had made significant improvements to medicines management to reduce risks to people following the last inspection. However some poor practice was identified where people declined to take their medicines. Staff were 'potting up' people's medicines prior to asking people and then storing all unused medicines in a pot. Although these unused medicines were kept in a secure cupboard this 'potting up' of people medicines was a generic practice and it was not recorded whether this was people's individual preference on how their medicines should be administered. The registered manager had not identified this poor practice as part of their monthly audit process. They told us they would investigate and review this practice with people and staff.

We recommend the provider reviews people preference for administration of medicines and records the agreed protocol in the medicines policy with the agreement of people's G.P. and pharmacist.

One person received PRN everyday rather than on an as and when needed basis. The registered manager told us they were reviewing this with person's G.P. as to whether this now needed to be prescribed for the person to take regularly. One person was prescribed multiple sedative medicines. We observed the person appeared lethargic on the day of our inspection. Although staff voiced no concerns about this, they told us the person requested lots of caffeine based drinks during the day. The registered manager said they would seek a second medical opinion as to whether prescribed medicines met the person's needs. There had been a recent safeguarding investigation due to someone taking over the counter PRN medicines in

addition to prescribed PRN. This meant they had bought medicines lawfully without a prescription. The registered manager referred these concerns to the local authority and to the person's social worker. The person had stopped this practice and attended regular G.P. appointments for blood tests to monitor their health needs. Discussions were held with the person to explain the potential harmful risks to their physical health and control measures were in place to reduce risks to the person. The local authority carried out a medicines audit on 4 November 2015. They identified a number of shortfalls with the medicines management process which supported our findings. They requested that the registered manager addressed actions from this audit. We have requested that the registered manager updates us once these shortfalls have been addressed. The registered manager advised us that the pharmacy they used did not complete medicines audits for their service. They said they had requested this take place and the pharmacy had declined to complete an audit.

We recommend the registered manager makes arrangements for regular medicine audits by an external auditor to take place.

At the comprehensive inspection in February 2015, risk assessments were not always in place when needed and, some of those in place did not reflect people's changing needs or always record the measures required to keep people safe. Where some risk assessments were completed, they did not contain sufficient guidance for staff to recognise risks or information about what to do in an emergency. For example, a diabetes risk assessment did not indicate what a safe or usual blood sugar reading was for the person. This meant that staff would not know if a reading was too high or too low. The only guidance in their notes was what staff should do if the person's blood sugar was low; however, this was the opposite of the symptoms that the person experienced. There was no diabetes emergency plan in place. This meant that staff were reliant on emergency services if they recognised a change in the person's condition. One person experienced epilepsy, no risk assessment or support plan was in place. Staff were unable to tell us what a typical seizure was for this person, or describe any early warning signs that may happen before a seizure.

At this inspection in December 2015, the registered manager had completed risk assessments for people who required them. They had completed a risk assessment for people with epilepsy with care plans in place and guidelines for staff to follow on best practice. Guidelines included removing environmental hazards, cushioning the person's head, placing the person in the recovery position when applicable. The registered manager had referred one person for a medical review as their health condition had been stable for many years. They did this to review whether the risk assessment and care plan remained relevant for them. They provided staff with guidelines about how to support them to manage their epilepsy in the event of a change in their health needs. They had completed a diabetes risk assessment and care plan for a person and provided staff with guidelines about how to support them to manage their diabetes. Staff kept records of people's blood sugar levels and worked with medical professionals.

At our inspection in February 2015, people were not protected as far as practicably possible by a safe recruitment system. Providers are required to establish evidence of satisfactory conduct of previous employment and, if that employment was in a care setting, the reason why the employment ended. We found where contact information was available for some staff previously employed in care work, personal character references rather than previous employment references were held. This did not address why a person's previous employment had ended, promote the principles of a robust recruitment process or protect the interests of people living at the home.

At this inspection in December 2015, we found the registered manager had safe staff recruitment practices in place. Two new staff had joined the service and checks had been completed to establish evidence of satisfactory conduct of previous employment and relevant criminal background checks completed. These checks are in place to help employers make safe recruitment decisions.

At our inspection in February 2015 safeguarding and whistleblowing policies and procedures were in place. Training schedules showed that safeguarding training had not been delivered to two of the three staff on duty on the first day of our inspection. Although all staff told us their induction training included safeguarding, despite prompting, some staff were unclear about how to recognise, report and respond appropriately to allegations of abuse.

At this inspection in December 2015, at our inspection in December 2015, training schedules showed that

Requires improvement

Is the service safe?

safeguarding training had been delivered to staff. Staff we spoke with understood how to recognise, report and respond appropriately to allegations of abuse. This helped ensure that unacceptable practices and behaviours would be recognised by staff, challenged and reported.

The registered manager had implemented a new induction programme called the 'Care Certificate' training for all new staff that joined the service. This is based on an identified set of standards that health and social care workers adhere to in their daily working life. It has been designed to give everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care. The Care Certificate was developed jointly by Skills for Health, Health Education England and Skills for Care.

At our inspection in February 2015, the registered manager maintained that there was a current Landlords Gas Safety Certificate and Periodic Electrical Installation Test Certificate. The certificates produced during the inspection expired in April 2014 and January 2014 respectively. Current certificates have not been received. It was not possible to determine if gas appliances or the electrical wiring in the home met with relevant safety regulations.

At this inspection in December 2015, the required Gas Safety Certificate and Periodic Electrical Installation Test Certificate were in place. Fire drills were completed to support people to safely evacuate the home in the event of a fire. The registered manager told us that people were able to get out of the building independently. No issues of concern had been noted for people leaving the premises safely during the fire drills which had been completed and recorded.

Requires improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

At our comprehensive inspection in February 2015, the home operated a locked front door policy. The registered manager told us six people did not have keys and were therefore unable to leave the home. DoLS applications had not been submitted to lawfully restrict the freedom of these people. Staff controlled the supply of some people's cigarettes. On multiple occasions staff refused people's requests for cigarettes. There was no record that people had agreed to these restrictions, that their capacity to make such a decision had been assessed. The measures in place at the home did not meet the principle of the MCA because a person's agreement or lack of capacity to make such an agreement had not been established. Where unwise decisions had been made, such as excessive consumption or dependency on alcohol, appropriate support was not in place. The registered manager and staff had not worked in partnership with people and the multi-disciplinary mental health teams to help people reduce their alcohol consumption and manage their dependency more effectively.

At the inspection in December 2015, one person told us, "I'm alright here; I just get on with it. They [staff] don't stop me doing the things I want to do." DoLS applications had been submitted to a 'Supervisory Body' for people who required them for authority to restrictions in people's best interests. Other people who had mental capacity but previously did not have keys had been issued keys. This enabled people to have freedom of movement as they chose. The registered manager acknowledged that DoLS applications should have been submitted for three people and this had been rectified since the last inspection. One person needed to be referred to a 'Supervisory Body' a second time as they did not meet the threshold for detention under the Mental Health Act 1983. The registered manager was directed to refer the person for this assessment prior to a DoLS application being reconsidered. However, some of the applications to the DoLS office to authorise these restrictions of liberty although submitted, were yet to be authorised, which meant the system in place in regard to the process regarding the MCA and DoLS was not yet fully effective.

The MCA requires that assessment of capacity must be decision specific and must also record how the decision of capacity was reached. We found mental capacity assessments did not always record the steps taken to reach a decision about a person's capacity and were not decision specific. This did not meet with the principles of the MCA. The mental capacity assessment in one person's care plan stated generically they did not have mental capacity to make decisions. However this person had signed a consent form to have cigarettes at various times of the day and staff had supported them to understand the health risks associated with their decision. Their consent to this measure was regularly reviewed to check whether they still consented to this practice in line with their preferences. This implied the person had capacity to make certain specific decisions. This person had recently been assessed for a DoLS and this was not granted, as it was recorded 'they had mental capacity to make decisions about their social care needs and where they should reside to receive their care'. People may not be supported in line with their informed consent on a decision specific basis as mental capacity assessments had not been completed in line with MCA guidelines in all cases. Staff had completed training in relation to MCA and DoLS. This involved staff watching a DVD and then completing a written test which was then sent to an external examiner. The registered manager told us that although staff had completed training in the MCA, they were of the view that staff did not fully understand how to apply the theory of the MCA in practice when providing care and support to people.

Assessments of people's mental capacity had not been consistently completed in line with legal requirements. This is a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Requires improvement

Is the service effective?

People's rights to make unwise decisions (decisions that may place them at risk) were respected or received appropriate support. One person had been supported to give up smoking by accessing advice and support from 'Quit 51', a free specialist service developed to help people stop smoking. The registered manager had worked in partnership with specialist health services to help the person to stop smoking.

At the inspection in February 2015, people told us they felt opportunities for social engagement and stimulation could be improved. Some people felt there was little structure to their day. Where people had interests in specific activities such as cookery and art, no support or encouragement was received. It was identified that people should be provided with more opportunities to follow individual hobbies and interests. Care planning should consider people's specific needs, outcome goals, recovery goals and actions needed to meet those goals. Goal setting in mental health is an effective way to increase motivation and enable people to create the changes they desire. However, we found few recorded goal plans were in place. Of those seen, it was not clear if the person had met their goal or if further work was needed in order for them to achieve the goal. Activity records for the current and previous months were not completed. The registered manager had not clearly recorded people's progress towards meeting their goals.

At the inspection in December 2015, the registered manager told us that care plans needed to be updated. A new senior carer was due to start in role on the 14 December 2015. They were delegated the task of updating people's care plans using a new care plan format. The care plans were due to include an 'About Me' form to record more information about people's pre-admission history and personal histories. Four out of fourteen care plans had been updated at the time of our inspection. People's care plans continued to contain insufficient information on goals people were working towards or progress they had made. Care plans had not recorded outcome goals, skills development goals, recovery goals and actions needed to meet those goals. Activity records for the current and previous months were not always completed. It was not recorded how frequently people engaged in activities at the home or were supported to access the community. The registered manager told us they supported people to go out to meet relatives and go into town. It was not recorded how often this took place. These concerns were identified at the last inspection and had not been adequately addressed.

The lack of complete records is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our inspection in December 2015, the registered manager had not made sufficient improvements to provide activities suitable for people with mental health needs and for people living with dementia. There was a weekly activities planner in place. However we observed no activities taking place on the day of our inspection. One person had recently been assessed by a mental health professional. The assessment concluded that they needed to be encouraged to engage in more community activities. Not everyone was happy with activities available to them. One person said, "They [staff] do not talk to people and have no time to engage with people. People are withdrawing into themselves."

This is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our comprehensive inspection in February 2015 staff had not received training to effectively support the people they looked after. For example, on both days of our inspection, none of the care staff on duty had received training about how to support people with behaviours that challenged. Records showed that some of the people supported could display behaviours that challenged, including verbal and physical aggression. None of the staff were able to tell us about potential triggers for people's behaviours or about any strategies and techniques used to support people when such behaviours presented. This lack of knowledge and training placed people and staff at risk of injury and abuse. The registered manager acknowledged that recording needed to be improved to help ensure people's welfare and safety when they displayed behaviours which may challenge. They acknowledged that some areas of training to further enhance the existing skills set of staff had not been undertaken.

At our inspection in December 2015, the registered manager had implemented risk management plans for people who had behaviours which may challenge. The registered manager told us that all staff had been asked to review and familiarise themselves with these care plans.

Requires improvement

Is the service effective?

Staff had completed specific training in relation to challenging behaviour. The registered manager had provided staff with training during their induction about how to deal with behaviours that challenge. They explained what strategies and techniques should be used when dealing with verbal and physical aggression. For example, explaining how they should de-escalate the situation by being calm and in turn allow the person time to calm down. If the situation escalated staff knew that they should call the police.

We recommend that the registered manager checks staff competence in practice subsequent to staff completing distance learning tools used.

At our inspection in February 2015, care staff on duty during our inspection had not received training in nutrition, falls prevention, promoting continence management or mental health awareness. The registered manager had identified training in all of these areas as appropriate for staff to effectively support the people living at the home to further enhance their existing skills set and had been included on the training matrix. Staff usually monitored people's health and well-being and kept daily notes, including any advice or guidance from visiting healthcare professionals such as a district nurse or care coordinator. However, we found instances of ineffective care. Examples included inaction where a nutritional screening tool had identified weight loss as a risk for one person, but no further action was taken. The person was placed at risk because a referral to a dietician had not been made, or any steps to identify other underlying health concerns that may lead to loss of weight.

In December 2015 staff monitored people to ensure they received adequate nutrition. For example, people were weighed on a monthly basis and staff monitored how much food and drink people consumed. If a person was found to have lost weight, staff monitored them more closely and weighed them on a weekly basis. They knew that where changes occurred they should then also refer people to their G.P. who would in turn refer them to a dietician. Staff we spoke with said they had not needed to make any recent referrals for people to their G.P. One health professional wrote about the effectiveness of care provided to one of their patients by the registered manager. They wrote, 'This effectiveness may be due in equal measure to the personal and gentle treatment style of the registered manager and consistent care and nursing on a 24 hour basis I have observed sympathetic care and resultant progress in my patient's case.'

In December 2015, one person said, "I like the staff. They are very nice. They help me" and, "They [staff] look after me well." Staff were satisfied with the training and supervision available to them. Training records confirmed that staff had completed training in subjects such as behaviours which may challenge, safeguarding adults and moving and handling training. If a person had a fall staff knew to check if the person was injured and referred them to an appropriate medical professional. The registered manager had put in place a falls protocol to determine the level of seriousness and what staff should do in the event people had a fall. Falls risk assessments and protocols were in place for staff to follow in the event incidents occurred. The registered manager had made improvements to include providing falls awareness training for staff although falls were not a presenting risk for most people at the service. Since the inspection in February 2015, staff recorded falls incidents and on those occasions people were not injured. The registered manager sent us notifications when these events occurred and notified us of control measures taken to reduce risks to people.

One person assessed as at high risk of falls had a risk assessment in place to reduce risk of falls. This assessment had been used in practice, including obtaining special shoes and walking aids to help them walk safely and support from staff when undertaking personal care tasks. The person's mobility needs were assessed by a physiotherapist and they were offered a walking frame which they declined. They had a bath seat in place to support them to safely take a bath. The person was supported to take positive risks as they wanted to remain independent and access the community. The person took a mobile phone with them whilst out in the community to contact staff in the event of a fall. They were familiar with public buses and could access a taxi if needed. One health professional wrote to us about safety measures in the home, 'I have visited this home on several occasions over the last year, following the transfer of my long term patient to live there. The layout of the home, the response of staff and healthcare equipment visible appears safe. There appears to be good attention to immediate needs such as to divert falls or relieve distress.' The registered manager told us that they were preparing a checklist for staff to use

Is the service effective?

to ensure they completed all necessary actions in the event people had a fall. However we could not review the effectiveness of the checklist as it was still being developed at the time of the inspection in December 2015.

At our inspection in February 2015, some people had conditions that meant it was difficult to cut food and eat, for example the loss of use or restricted use of an arm. There was no information for staff on what to do to support people with meals or special cutlery or plate guards to assist people to eat. We did not see staff offer to cut up people's meals. One person chased their food around the plate with a fork, sometimes the food fell off their fork before they could put it in their mouth or it went over the edge of the plate onto the table. No condiments were offered. If people wanted salt or pepper, they had to ask for it. This meant that some people did not receive appropriate food for specialist diets or necessary support to eat or drink. Where adaptive or specialist cutlery or plates would have supported some people to eat, suitable equipment was not assessed or provided.

At our inspection in December 2015, we observed people had special equipment where needed to included plate guards to promote their independence when eating. Staff supported people to cut up their food to enable them to eat their meal effectively. We observed the dining room looked welcoming as small tables were well presented. The meal was fish in parsley sauce with mash and peas or roast chicken. People were all offered tea and coffee before and after the meal. However, there was no menu on view and three people did not know what was for dinner.

We received mixed views from people about the quality and availability of food and snacks. One person said, "The food is okay, there is plenty of it." Another person said, "The food is really nice." One person told us, "The regular chef was taken out of the kitchen and put on care duties. For the past two weeks there's been a new person filling in, as the usual chef is [on leave]. Toad in the hole was dished up last week but wasn't cooked in the middle. Meals are usually served cold, vegetables are not cooked and the food is greasy. There are no afternoon cakes or treats."

We recommend the registered manager ensures people can access food and snacks at all times and regularly consults people about their food preferences to ensure people's needs are met.

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	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing 1. Sufficient numbers of suitably qualified, competent, skilled and experienced persons had not been deployed in order to meet the requirements of this Part.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent 1. Care and treatment of service users had not been provided with the consent of the relevant person. 2. Paragraph (1) is subject to paragraphs (3) and (4). 3. If the service user is 16 or over and is unable to give consent because they lack capacity to do so, the registered person must act in accordance with the 2005 Act* 1. But if Part 4 or 4A of the 1983 Act** applies to a service user, the registered person must act in accordance with the provisions of that Act. *** Mental Capacity Act 2005** ****Mental Health Act 1983**

Regulated activity	Regulation

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance (1) Systems or processes had not been established and operated effectively and systematically to ensure compliance with the requirements in this Part. (2) Without limiting paragraph (1), such systems or processes did not enable the registered person, in particular, to— (a) assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services); (b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity; (c) maintain a complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided (f) evaluate and improve their practice in respect of the processing of the information referred to in sub-paragraphs (a) to (e).
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care 1. The registered person did not ensure the care and treatment of service users was- a. appropriate b. met their needs, and

This section is primarily information for the provider

Action we have told the provider to take

c, reflected their preferences

3. Without limiting paragraph (1) the things which a registered person must do to comply with the paragraph include-

a. carrying out, collaboratively with the relevant person, an assessment of the needs and preferences for care and treatment of the service user;

b. designing care or treatment with a view to achieving service users' preferences and ensuring their needs are met.