Grandcross Limited

Chichester Court Care 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**
Is the service caring?	**Good**
Is the service responsive?	**Inadequate**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 26 and 29 February 2016 and was unannounced. A further day of inspection took place on 11 March 2016 following the receipt of concerns in relation to care planning documentation for people newly admitted to the home.

We last inspected Chichester Court on 19 and 20 November 2014 and found a breach of legal requirements in relation to meeting people's nutrition needs

The registered provider had not ensured people were protected from the risks of inadequate, nutrition and dehydration. People were not always supported appropriately with food and drink in a dignified way. During this inspection we found some improvements had been made to manage nutrition and hydration.

Chichester Court provides residential and nursing care for up to 52 people, some of whom are living with dementia. There are two units, one called Riverside which provides care and treatment for people living with dementia where 17 people were living and Haven which provides nursing and residential care where 27 people were living. At the time of the inspection there were a total of 44 people living at the home.

All of the bedrooms and communal areas are situated at ground level, with two dining rooms and a number of lounge and reception areas that can be utilised by people, visitors and staff at the home.

A registered manager was in post and had been registered with the Commission since July 2014.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

A staff dependency tool was used however visitors and staff told us there were not enough staff to meet people's needs, especially at meal times. Our observations supported this. Several visitors and people living at the service had raised concerns in resident and relatives meetings about the staffing levels and were told the staffing level met the level indicated by the dependency tool.

Risk assessments were in place however care plans were not always completed in a timely manner for people moving into the service. This meant care staff did not have the information they needed to manage the risks and support people appropriately. The registered provider's governance procedures for ensuring care records were completed in a timely manner for new admissions to the home were not effective.

An electrical installation condition report completed on 20 September 2012 had assessed the installation as unsatisfactory. There was no evidence that this work had been completed in 2012, however in response to our findings the registered manager arranged for the works to be completed and certificates of works were

produced.

There were gaps in staff training and staff had not received regular supervisions, i.e. one to one meetings with their manager to discuss their development and competency. Annual appraisals were being completed however 10 were outstanding.

Deprivation of Liberty Safeguards (DoLS) had been applied for, although the manager said there were some outstanding that would be completed as a priority.

Staff meetings and meetings with residents and relatives had been held during 2015 but they were not routine or frequent. We saw that improvements were being made to ensure regular meetings were held.

Staff were knowledgeable about how to report concerns and safeguardings were logged and recorded.

Systems were in place to ensure people who had been assessed as at risk of poor nutrition and hydration were supported to maintain their nutritional needs. This included referrals to speech and language therapy and dietitian services.

Staff treated people with kindness and respect. They spent time with people whenever possible.

Complaints were recorded and logged. The Provider used an iPad feedback point called 'Quality of Life' to capture views about the quality of the service from people, relatives, external professionals and staff.

Regular health and safety inspections were completed and staff knew how to respond if there was an emergency.

There were two activities coordinators in post and there was a dedicated activities room. People told us, "There's plenty to do." We saw a range of activities on display and saw people enjoying making Easter cards.

Recruitment was managed safely and appropriate checks were completed before staff started in post.

Medicines were managed safely. Regular audits were completed of medicines using an Ipad system which flagged any concerns directly to the registered manager.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

There was no evidence that an electrical installation condition report from 2012 had been acted upon at the time of inspection.

Staffing levels were not sufficient at busy periods of the day such as mealtimes.

Risk assessments were in place but did not have associated care plans.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff training had not always been delivered in line with the provider's refresher periods.

Staff had not received supervision in line with the Registered Managers aims. Some staff had not received an annual appraisal.

Deprivation of Liberty Safeguards were authorised for some people. The registered manager had some yet to complete.

People were supported with their nutritional needs.

Is the service caring?

Good

The service was caring.

Staff engaged in warm and pleasant conversations with people when time allowed, and clearly knew people's interests.

Visitors made positive comments about the care their family members received.

Is the service responsive?

Inadequate

The service was not responsive.

Care plans were not completed in a timely manner following a

person's admission to the home.

Some care plans were not available for care staff to follow and some had not been completed.

There were a range of activities on offer for people to choose from.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Governance and audit procedures had not identified that work needed to be completed in relation to the electrical installation.

The provider did not have an effective system for ensuring the timely completion of care records for people recently moved into the home.

An IPad based quality assurance system was in place for care records and medicines which flagged any concerns directly to the registered manager.

Chichester Court 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 26 and 29 February 2016 and 11 March 2016 and was unannounced.

The inspection team was made up of one adult social care inspector, one specialist advisor with a nursing background and one expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was in dementia care.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about.

We contacted the local authority commissioning team, Clinical Commissioning Group, the safeguarding adults team and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we spoke with eleven people living at the service and eleven relatives. We also spoke with the registered manager, two nurses, one activities co-ordinator, a team leader, five care staff and the handyman.

We reviewed five people's care records and the care records of a further four people who had moved to the home since January 2016. We reviewed five staff files including recruitment, supervision and training

information. We reviewed seven people's medicine records, as well as records relating to the management of the service.

We looked around the building and spent time in the communal areas, including the lounges and activities room. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Requires Improvement

Is the service safe?

Our findings

During the last inspection on 19 and 20 November 2014 we recommended the manager reviewed the administration of medicines and utilised the NICE guidelines for the management of medicine in care homes. We found some improvements around medicine management had been made however other areas noted for improvement were raised with the registered manager.

On day one of the inspection we observed the call bells rang on an almost constant basis and observed staff going from room to room to support people. On the second and third day of inspection the call bells rang considerably less often however over lunch time they were constant.

We saw one person had their room door open. The person had their legs through the bed sides. The person was calling and shouting for staff for ten minutes before anyone was able to attend to them. This was raised with the registered manager who immediately went to address the situation.

One relative said, "The staff are generally good but there is just not enough of them sometimes, especially at mealtimes." Another said, "Well it's been up and down with this home over the years, been a lot of managers and staff, but the problem is that there isn't enough staff, especially at mealtimes." They added, "Sometimes there is a very long wait for staff, we have said time and time again at relatives meetings, but we are always told that it is Four Seasons policy to have this staffing level, but it only takes one person to be sick and the whole thing falls apart, it's a worry."

A staffing dependency tool was used and calculated the need for one nurse and four care staff on the Haven unit which accommodated 27 people. At lunch time seven people ate in the dining room, the other 20 people ate in their rooms. Staff told us ten people who ate in their rooms needed physical support with their meals.

A staff member said, "It's so difficult to get everyone done, with so many to feed it's really difficult." Another said, "It's very difficult we have so many rooms to do, with 10 needing assisted feeds." They added, "By the time you've done the rooms people have sat in here for ages waiting for their puddings but you need to feed everyone in the rooms first. If one goes off (staff) we [can't manage]."

A nurse said, "Management need to focus on the dependency to re-focus on the quality of care, there's not enough staff, we need enough staff to feed the residents, we need five carers on the nursing unit and the lounges need to be supervised." On day one of the inspection we observed people sitting in the lounge area with no staff present. One person started to cough and splutter on their drink and an ancillary staff member brought them tissues, made them comfortable and reassured them. We checked this staff member's training and noted they had attended moving and handling and first aid courses.

One relative said, "Don't get me wrong the girls are good but it is just so busy and mealtimes are horrendous, they do their best but if [family member] is in the dining room and everyone starts to shout at one another and there is no one there to see to them, it worries me to death."

This was a breach of regulation 18 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Our observations on staffing levels were discussed with the registered manager. They explained dependency assessments were completed as part of the care planning process which generated an indicative staffing level linked to people's assessed level of need. They said, "There are two nurses during the day and seven care staff; one nurse on either side and four carers on Haven and three on Riverside." Rota's confirmed the staffing levels were as described by the registered manager and the numbers of staff met, if not exceeded the indicative staffing level generated by the dependency tool.

An electrical installation condition report dated 20 September 2012 stated the installation was unsatisfactory. An unsatisfactory assessment indicates that dangerous (C1) and/or potentially dangerous (C2) conditions have been identified. We asked the registered manager for evidence that the works had been completed but after speaking with the estates team this information could not be sourced. The registered manager advised that electricians would be on site on 1 March 2016 ensuring the safety of the electrical installations. Certificates of works completed have since been received.

Staff were knowledgeable about safeguarding and knew how to report concerns. A safeguarding file was in place and contained the threshold guidance to support staff with their decision making. Safeguarding concerns and consideration logs had been completed. We asked about outcomes and action taken in response to concerns and considerations. The registered manager said, "If it goes to strategy the minutes would be attached to the logs." They added, "Lessons learnt are completed on our Datix system." This is an electronic system used by the provider. The registered manager was able to show us completed electronic records which included action taken and lessons learnt. Information was also recorded on this system with regard to the reporting of accidents and incidents.

The care planning process included the completion of risk assessments which included an assessment of the level of risk. Risk assessments were completed for falls, nutrition, choking, continence and skin integrity. Standard supporting tools such as the Waterlow Pressure Ulcer Risk Assessment and Malnutrition Universal Screening Tool (MUST) were routinely used in the completion of individual risk assessments. For newer admissions these tools were not routinely completed in full.

Some people had an assessed need for the use of bed rails or sensor mats. Risk assessments were in place and had been regularly reviewed, together with a record of the person's capacity to consent and decisions had been made in person's best interest.

A schedule of health and safety inspections and checks were available and up to date. A gas safety certificate and legionella risk assessment had been completed as had portable appliance testing (PAT). A range of health and safety and environmental risk assessments had been completed but some of them were overdue for review. The registered manager was able to provide an action plan which stated these would be renewed by 31 March 2016 as awaiting final policy and procedural changes.

A fire log book was in place which showed regular checks on fire safety equipment had been completed. There was an evacuation plan and regular fire drills had been completed. People had personal emergency evacuation plans (PEEPS) which provided a written record of the needs each person would have should there be a fire in the home. The Fire Service had visited on 22 July 2015. Works recommended by the Fire Service had been completed.

A contingency plan was in place and was available in several key points around the building. There was also

an emergency grab bag available which contained key information should the building need to be evacuated.

Staff recruitment included the completion of an application form and attendance at interview. If successful two references were sought and a disclosure and barring service check (DBS) was completed before staff took up their post. DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

The registered manager completed checks of nurse registrations at the point of recruitment and also on a monthly basis. Where foreign nationals were employed checks of eligibility to work in the UK were completed.

The registered manager explained they had been short of nursing staff and had used an agency nurse on occasion. They had recruited a nurse who was currently completing pre-employment checks and the deputy manager had recently been recruited. At times the registered manager had provided nursing care, but they said this had been done as overtime so it didn't impact on the management of the service.

Medicines were securely stored in a locked treatment room and only the nurse on duty held the keys. Medicines were transported to people in a locked trolley when they were needed. The nurse checked people's medicines on the medicines administration record (MAR) and medicine label, prior to supporting them, to ensure they were getting the correct medicines.

We saw staff explain to people what medicine they were taking and why. The nurse gave people the support and time they needed when taking their medicines. People were offered a drink of water and the nurse checked that all medicines were taken. The MARs showed that staff recorded when people received their medicines and entries had been initialled by staff to show that they had been administered.

Appropriate arrangements were in place for the administration, storage and disposal of controlled drugs, which are medicines which may be at risk of misuse. Systems were in place to ensure that the medicines had been ordered, stored, administered, audited and reviewed twice daily.

Fridge temperatures were monitored and recorded together with the treatment room temperature. Fridge and treatment room temperatures need to be recorded to make sure medicines were stored within the recommended temperature ranges. This meant that the quality of medicines was not compromised, as they had been stored under required conditions.

One person received their medicines covertly and there was a letter from their doctor authorising the administration method. A best interest meeting with the General Practitioner (GP), care home staff, pharmacist and family member had not taken place. The decision making did not adhere to the National Institute for Health and Care Excellence (NICE) guidelines around covert medicine. Which states, 'Medicines should not be administered covertly until after a best interests meeting has been held. If the situation is urgent, it is acceptable for a less formal discussion to occur between the care home staff, prescriber and family or advocate to make an urgent decision. However, a formal meeting should be arranged as soon as possible.'

Written guidance was kept with the MAR charts, for the use of "when required" (PRN) medicines, such as paracetamol. These detailed when and how these medicines should be administered to people. The Abbey pain scale was used to measure pain in people who were unable to verbalise their pain.

Topical medicines application records (TMARs) were used for recording the application of creams.

People's care records showed their medicines were regularly reviewed by their GP.

Requires Improvement

Is the service effective?

Our findings

During our inspection in November 2014 we found the provider had not ensured people were protected from the risks of inadequate, nutrition and dehydration. People were not always supported appropriately with food and drink in a dignified way.

During this inspection we found improvements had been made to meet people's nutrition and hydration needs. However, as detailed in safe, we found some concerns in relation to the number of staff available to support people during meal times.

The registered manager shared with us a training matrix and an ELearning training matrix. We found there were gaps in the delivery of some training. The registered manager told us the refresher timeframe for moving and handling, theory and practical training and safeguarding and mental capacity training was 12 months. 81% of care staff did not have training in line with this timeframe for mental capacity and safeguarding training. 34% of care staff did not have up to date moving and handling practical training and 19% needed to refresh their theory training.

Of the seven nurses on the ELearning matrix five did not have up to date safeguarding training or mental capacity training.

An appraisal and supervision matrix was in place. This showed that staff had not received regular or routine supervision. We asked the registered manager if there was a policy on supervision. They said, "We don't have a policy." They added, "I try to do supervision every two months but I missed the target last year." The supervision matrix showed that out of the 47 staff on the matrix only 40% of staff had attended four supervisions between March 2015 to December 2015. This meant the registered manager was not meeting their own target.

The registered manager was completing annual appraisals with staff but they told us there were 10 that remained outstanding.

This was a breach of regulation 18 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they felt supported by the registered manager. They told us they had attended training in safeguarding, medicines, moving and handling and end of life. A nurse told us, "Moving and handling, wound management." They added, "My mandatory training is up to date. I learnt about types of dressing, moisture lesions and pressure damage." They went on to say their medicine competency had been assessed when they started in post.

The registered manager explained that newly recruited staff would have a care mentor who would support with the staff induction. This included two shifts where they shadowed a competent staff member. New staff induction was linked to the Care Certificate and was available for staff to complete on-line. The Care

Certificate is an identified set of standard skills, knowledge and behaviours for care staff to provide compassionate, safe and high quality care and support.

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.

Assessments were made as to whether people had capacity to consent. These were decision specific and the assessments covered, 'specific drug administration, mobility needs, nutritional needs, personal hygiene needs, catheter needs and psychological needs'.

Records of best interest decisions showed involvement from people's family and staff. This meant people's rights to make particular decisions had been upheld and their freedom to make decisions maximised, as unnecessary restrictions had not been placed on them.

The registered manager had a matrix which recorded whether or not a person had been assessed as needing a DoLS application, whether the application had been made and whether it had been authorised. Where it had been authorised the expiry date was recorded. The outcome of some applications had not been received. We asked the registered manager about this. They said, "I do give the DoLS lead a ring to see how far we are on with them." This information was not recorded but during the inspection we saw authorisations were received. The registered manager was in the process of completing applications for six people. They said this would be done by the end of the week.

Some people had made advanced decisions on receiving care and treatment and do not attempt cardio-pulmonary resuscitation orders had been completed (DNACPR). The correct form had been used and included an assessment of capacity, communication with relatives and the names and positions held of the health and social care professionals completing the form. However, for three people we saw the person's original home address was entered on the form. The registered manager reassured us this had been discussed and they were contacting the General Practitioner to address it.

Emergency Health Care Plans were in place which meant healthcare information was available to inform staff of the person's wishes at this important time and to ensure their final wishes were respected.

People and relatives told us the food was good. People said, "The food is good," another, "The food is ok," and another, "The food is alright." One relative said, "We have helped [family member] eat in their bedroom and I have to say those mince and dumplings I could have had myself!"

Systems were in place to ensure people who were identified as being at risk of poor nutrition were supported to maintain their nutritional needs. People were routinely assessed against the risk of poor nutrition using a recognised Malnutrition Universal Screening Tool (MUST). MUST is a five-step screening

tool to identify if adults are malnourished or at risk of malnutrition. Choking risk assessments were completed to identify if people were at specific risk and whether referrals should be made to external professionals. Where appropriate food and fluid balance charts were completed to record the amount a person consumed each day.

Records included notification to the kitchen regarding food likes, dislikes and dietary needs. This meant there was good communication between care and catering staff to support people's nutritional well-being.

One relative said, "They look after [family member] really well, they were poorly a few days ago and it was like grand central station in here there were so many people to see [family member]." Another relative was not so positive. They said, "I say to the nurses and nothing gets done, so I go to see (the manager) and they say 'see the nurse' but I said 'I've seen the nurse now I've come to see you, so do something."

People's records showed details of appointments with and visits by health and social care professionals. Staff had worked with various agencies and made sure people accessed other services in cases of emergency, or when people's needs had changed, for example General Practitioners (GPs), social workers, dietician, speech and language team (SALT), tissue viability nurses, district nurses, community matrons, occupational therapists, community psychiatric nurses, crisis team, dentist and podiatry. Care plans reflected the advice and guidance provided by external health and social care professionals. This demonstrated that staff worked with various healthcare and social care agencies and sought professional advice, to ensure that the individual needs of the people were being met, to maintain their health and wellbeing.

Dementia friendly signage was used to differentiate between bedrooms and bathrooms and the registered manager said they had plans to develop this further although there was no written improvement plan in place.

Good

Is the service caring?

Our findings

One person told us, "It's alright, they do look after me." Another said, "They always say hello, they speak to me." Observations showed staff knew all the people in the home as they referred to people by name and knew their needs. Interaction was warm and respectful and we saw people were treated with kindness and consideration.

When staff had time they engaged in pleasant conversations with people, although these were often brief.

Although visitors had commented that additional staff were needed they generally made positive comments on the care their family members received and spoke warmly about several by name. One relative said, "Very happy with it, they look after [family member] very well. [They are] easy pleased but as long as [family member] is in here (indicating their bedroom) they are happy. We sit and watch the birds in the nut tree, it's lovely." They added, "I come in when I want, I just let them know I'm here." Another relative said, "It's marvellous I cannot fault it, they look after [family member] really well." Another commented, "We are really pleased with it, [family member] came from hospital and it has been so much better than I expected. The girls have been so good, [family member] has improved in the short time they have been in." Another relative said, "We think it's pretty good on the whole."

On the first day of inspection we noted the nurse call bells were constant and care staff went from room to room providing task based care and support to people. On the second day of the inspection the care staff said, "Friday wasn't a routine day, it isn't like that all the time. It was a very difficult day." During the remainder of the inspection we observed call bells were quieter, and when they did sound they were responded to quickly.

We observed lunch time on both Haven and Riverside. One person who lived on Haven said, "I'm having fish and chips, we sit together four of us at the table and have a bit of a conversation."
Only seven people were in the dining room. All the other people were nursed in bed or chose to eat in their rooms.

On Riverside 13 people ate in the dining room with other people coming and going as they chose to do so. There were three staff members supporting people and they spent their time in and out of the dining area ensuring people received the care and support they needed. The team leader remained in the dining room at all times supporting people and directing the care staff.

Menus were on display outside of the dining room, and pictorial menus were on the wall in the dining rooms. Specialist crockery and cutlery was available for those people who needed it. People were asked if they wanted to wear an apron to protect their clothes, if they said no this was respected by the staff. Aprons were homely and made from material so they did not stand out. Some people were gently prompted to use cutlery however if they chose to eat with their fingers this was respected by staff who ensured food was not so hot that people were at risk of burns.

The food looked appetising and was obviously enjoyed by people, some of whom accepted second helpings. The cook came to collect the trolley and said, "Even though we ask what people want I do enough so people can change their minds."

Care plans recorded whether people and their relatives had been included in the development of the plan. One relative said, "We have been consulted about everything, they call us if anything is wrong."

Information was available on advocacy services for people who did not have the support of family or friends to represent them.

Inadequate

Is the service responsive?

Our findings

Following the inspection on 26 and 29 February 2016 we were made aware of concerns in relation to the timeliness of completion of care records for new people moving into Chichester Court Care Home.

We spoke with the registered manager about this who said there was a four week assessment period during which time care records would be completed. There was no policy to confirm the registered provider's requirements in relation to the completion of initial care records for people moving into the home. The registered manager provided a document titled, 'Outcomes profile; Admission timescale guidance to the end of the 1st calendar month.' This document was part of the old style of care planning documentation used by the provider. The registered manager confirmed they had continued to use this document.

All the care records we viewed contained a pre-admission assessment. We found that for people who had moved into the home during 2016 this had not been used to prioritise the completion of care plans based on risk.

One person who had been resident for four weeks had a pre-admission assessment which stated they used a full body hoist and needed the support of two staff. They had a falls risk assessment which rated the risk as high but they did not have a moving and handling risk assessment, nor did they have a care plan or room manual handling profile. This meant there was acknowledgement of high risk but no care plan for staff to follow which left the person at potential risk. The person's pre admission assessment also stated they needed two hourly positional changes but there was no evidence of this in any of the completed care plans. This meant staff may not have been aware of the need for positional changes or how frequently they were needed which left the person at risk of a breakdown of skin integrity.

Their continence care plan included information that was out of date. The care plan said they had a catheter fitted but the monthly evaluation of the care plan stated it had been removed. The medicines detailed in the care plan had also changed as noted in the review however this had not led to an update or rewrite of the care plan which staff did not have accurate, up to date information in the care plan to follow.

The registered manager said core care plans included those for sleep and communication but these had not been completed within the four week timeframe the registered manager described for completion of care records.

One person who moved to the home in January 2016 had whole sections missing from their care records in relation to personal hygiene, sleep and communication. The registered manager said, "They will be in the nurse's lockers because they are working on them." This person also had a risk assessment completed 22 February 2016 for physical aggression however there was no care plan for staff to follow. This meant care staff had no information to follow in relation to meeting the person's needs in these areas which left people vulnerable to harm.

They had some care plans which had been completed at the end of January 2016 and early February 2016

but there was no evidence of a monthly review. The registered manager said, "I told them not to do it until March."

One person had moved in three weeks ago and had been assessed as being at high risk of falls. This person had a care plan in place which was dated two weeks after their admission which said they had a sensor mat at the side of their bed and a sensor cushion in their comfortable chair. These measures were being used to alert staff if the person was up and about so they could observe them closely. We asked a nurse about the sensor mat, they said, "[Person] has a sensor mat near the bed and a sensor cushion for their chair which they use in their room but nowhere else as they like to walk around." This meant if the cushion was not used when the person was in the communal areas staff would not be alerted that the person was walking around and was therefore at risk of falls. We saw this person had experienced three falls since moving into the home, one of which required the support of the emergency services.

Core care plans re continence, personal hygiene, skin integrity, sleep and communication had not yet been completed.

Another person had been resident in the home for 11 days. The pre-admission assessment identified their needs as, 'Has epilepsy, is completely immobile, hoist transfers.' Their long term care falls risk assessment had been completed and assessed them as high risk but their care plan had not been completed so staff had no detailed information to follow on how to provide care for the person in relation to their mobility needs.

The pre-admission assessment for continence care evidenced the person had high needs in this area but there was no care plan for staff to follow in relation to continence care or personal hygiene even though the pre admission information said they needed the support of two staff as they become distressed during personal care.

An initial assessment of skin integrity assessed the person as very high risk. The care plan had not been completed which left the person vulnerable to harm. The person also had no verbal communication but there was no care plan with information for staff on how to effectively communicate with this person.

We asked staff about care planning for new people moving into Chichester Court. One care staff member said, "We would do the meeting with the person and family and hospital, and hand that information over to staff until the care plans were completed. We'd use the hospital discharge information and if anything changed we would put it in the handover file."

Handover records showed that people's needs, daily care, treatment and professional interventions were communicated when staff changed duty, at the beginning and end of each shift. Information about people's health, moods, behaviour, appetites and the activities they had been engaged in were shared, which meant that staff were aware of the current health and well-being of people. However, for some people there were no care plans for staff to follow.

We raised concerns with the registered manager that the pre-admission assessment for some people evidenced they were at high risk in some areas or had a high level of need but care plans hadn't been developed to ensure staff supported them appropriately. They said, "I see what you are saying but we have four weeks to complete them, they wouldn't be person centred if we did them before that, in some cases four weeks isn't enough to make them person centred." We asked how staff knew what care to provide for people if the care plans weren't in place, they said, "I know what you are saying, but it's the providers policy."

This meant areas of high risk or high need were being identified but the information was not being used to prioritise the completion of care plans which left people vulnerable to the risk of harm as staff did not have detailed care plans to follow.

This was a breach of regulation 12 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Initial assessments were signed by the person or if they were unable to sign a relative or representative had signed for them. Care plans included information on how the care plan had been developed, for example, 'Written on the basis of observations and discussion with the person, family and the staff.

People who had been resident at the home before January 2016 had care plans for their daily needs such as mobility; personal hygiene; nutrition and health needs which gave staff specific information about how to meet the person's needs in the way the person wanted. They also detailed what the person was able to do to take part in their care and maintain their independence. The care plans were regularly reviewed to ensure people's needs were met and relevant changes added to individual care plans.

Communication care plans in place were appropriate to the person and we saw specific detail for staff to follow in relation to how they engaged with people.

The Cornell Scale for Depression in Dementia (CSDD) was used. This was designed for the assessment of depression in older people with dementia. By completing this assessment the service was making sure they were aware of signs of depression and could put management plans in place to support people if needed.

One relative said, "We had a full assessment and we have a review in two weeks." Staff told us they were responsible for updating designated people's care plans.

Daily notes were completed, although not for all the people who had moved in during 2016. Where they had been completed they were concise and information was recorded regarding basic care, hygiene, continence, mobility, nutrition, activities and interests.

A complaints file was in place and included a copy of the complaints policy. Complaints were recorded as being investigated and resolved in a timely manner. Some concerns raised by relatives such as staffing levels and room decoration had been addressed in the relatives and residents meetings and staff meetings as they had not been raised as formal complaints.

There were mixed views from relatives about feedback. One relative said, "We've never had any feedback or surveys, there's that feedback portal at the entrance but that's all." The Provider used an iPad feedback point called 'Quality of Life' to capture views about the quality of the service from people, relatives, external professionals and staff. Another relative said, "We've never been asked for feedback."

Minutes of resident and relatives meetings which had been held in March and June 2015 were available. Discussion at both meetings included room decoration and the gardens, activities and reviews of family members care. New care planning documentation and relative's involvement had been discussed. Staffing levels had been raised as a concern.

The next meeting had been held on 28 January 2016. Several concerns had been raised during this meeting including, staffing levels; general care of people such as lack of a quilt cover on someone's bed; lack of availability of continence products; bathing and personal toiletries being used by other people. We asked

the registered manager about these concerns. They said, "Relatives are happy with my explanations as long as they can see improvements. It really boils down to staffing levels I think." The registered manager said, "These meetings have been sporadic but I plan to hold them every two months this year."

One relative said, "We just had minutes from the relatives meeting for the very first time this month, we've never had them before."

A hairdresser visited the home twice a week and there was an equipped salon for them to use.
There were two activity co coordinators in post and between them they usually provided a service seven days a week. A large well equipped activities room was available but it was locked on day one of the inspection as the activity coordinators were not in work. On day two the door was open and the room was being used by several people making Easter cards for their family members and friends.

There was a comprehensive list of activities on display and one person said, "There is stuff to do if you want to." Another person said, "There is plenty to do."

There was a smoking courtyard and a small enclosed patio garden with pots and plants for people to use. We some staff on Riverside engage people in a game of Dominoes, whilst another person looked through a reminiscence book, and others listened to music.

Requires Improvement

Is the service well-led?

Our findings

We spoke with the registered manager about the governance process for managing new admissions to the home. The registered manager said, "We have a four week assessment period for the completion of care records." We asked if there was an admissions policy around this. They said, "No, there's a grid in the needs assessment that we follow, some things have to be done within a few hours for others we have four weeks." We noted the admission timescale the registered manager referred to was from the old care record system used by the provider, it was not evident in the new care planning documentation. The registered manager added, "We have an in-house procedure, folders in need of completion are stored separately and the date of admission is on the spine so we know when it has to be completed by." We asked if this was completed on the care record TraCA, the electronic system for auditing care records, they said there were only two questions in relation to new admissions so they followed their in house procedure. They also said, "I check what needs to be completed on a regular basis." They confirmed it was the responsibility of the nursing staff to complete the care plans and risk assessments.

We found this system had not been effective in identifying the concerns noted during the inspection in relation to the completion of care records for people who had moved into the home since January 2016.

We spoke with the registered manager about the electrical installation condition report dated 20 September 2012 which had been assessed as unsatisfactory. This report included 21 items which had been assessed as C2 which means potentially dangerous. The registered manager was unsure if the works had been completed so contacted the estates department. It was explained that the contractors for works changed in about 2014 so there was no record of whether the works had been completed or not. This meant the governance procedures for managing the electrical safety of the premises were ineffective.

Feedback from relatives and residents meetings consistently raised concerns around staffing levels, particularly at meal times. The response from the registered manager was that the dependency tool generated the indicative staffing level which was being met. We spoke with the registered manager about the meal time experience. The registered manager was aware of the concerns but reiterated that the dependency level was being met.

During the last inspection we found people were not always supported appropriately with food and drink in a dignified way. In response to this the registered manager completed an action plan which included that, 'our in house monthly "Quality Dining Audit" will be completed. We saw evidence that this had been completed during February 2015 by the registered manager. This had identified some areas for improvement such as inconsistency in presentation of food; people participating in menu planning; desserts being placed with people whilst they were still eating their main course and the environment not being consistently welcoming. We did not see evidence that this had been completed on a monthly basis as stated in the providers own action plan.

This was a breach of regulation 17 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

We asked staff about the management of Chichester Court. One staff member said, "The manager is very approachable, there's good teamwork between staff." Another said, "Their okay, they're accommodating, they're trying to support us."

One staff member said they couldn't think of anything that could be done better at Chichester Court. The registered manager told us, "The quality is good, what's not so good is the 'resident tracker trend' and the information I put in the 'snagging book' I'm not always as quick to fix things such as the lap belt risk assessment. We've had an increase in admissions, about 2 per week and I've been 77 nurse hours short a week, I've started allocating nurses certain aspects of new residents care plan to complete." The registered manager told us they had been working some overtime shifts as a nurse to cover the shortfall.

Staff meetings had been held but not routinely during 2015. A meeting in May 2015 discussed staffing levels, nutrition, file audits, dementia care and personal care. The next meeting in August 2015 focussed on admissions, staffing and standards of care as concerns had been raised by relatives. A further meeting in October 2015 also focused on concerns raised by relatives during the resident and relatives meetings.

The registered manager said they planned to improve the frequency of meetings during 2016. A nurse governance meeting had been held in January 2016 to discuss care plans and the resident care TraCa. This was an electronic system for auditing files and identifying areas for review and improvements. Medicine rounds were discussed and it was agreed that nurses should continue to administer all medicines as it also gave the opportunity to review people's needs on a regular basis.

The nursing staff had raised concerns about the quality of personal care over the weekend period and care staff not following instruction from nurses. This was addressed with care staff during a team meeting in January 2016. Standards in the home were discussed as well as confirmation of who was 'in charge' if the registered manager wasn't in the building. A further staff meeting was held in February 2016.

As with resident and relatives meetings, team meetings had not been held on a routine basis during 2015. The registered manager said, "Team meetings and nurse governance meetings will be held monthly." We saw the frequency of meetings had improved.

A quality and clinical governance and health and safety meeting had been held in January 2016. Some actions were recorded such as confirmation that the fire risk assessment had been updated. There were comments that the level of feedback received needed to be improved upon and discussed. There was sporadic feedback on customer surveys noted and it was recorded to discuss a staff champion to encourage more feedback.

The registered manager was responsible for conducting monthly medicines audits to check that medicines were being administered safely and appropriately; there were no observations or recommendations noted on the recent audit. Daily and weekly audits were also completed on the Ipad TraCa system. The registered manager explained that the system flagged any concerns directly to him. We saw that no concerns had been raised.

An external medicines audit had been conducted by Boots on 28 November 2015, where minor recommendations had been made and actioned.

Monthly audits included safety tours of the premises; monthly people checks which included pressure relieving equipment checks, skin integrity, weight and bed rails.

The ratings of the last inspection were on display in the entrance foyer together with a full copy of the report and the registration certificate.

The provider had a range of policies and procedures which were version controlled and specified the date of issue and the date for review.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes had not been fully established and operated to ensure compliance. There was a failure to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. Measures to reduce or remove risks within a timescale that reflects the level of risk and impact on people using the service were not effective. Records relating to the care and treatment of people had not been completed with undue delay. Regulation 17(1); 17(2)(b); 17(2)(c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing We observed insufficient numbers of staff to meet people's care and treatment needs at key times of the day. Appropriate action had not been taken to ensure training was in line with the provider's requirements. Staff had not received regular supervision or appraisal to ensure competence was maintained.

Regulation 18(1); 18(2)(a)

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not always provided in a safe way. The assessment, planning and delivery of care and treatment did not include arrangements to respond appropriately and in good time to people's needs. There was a failure to do all that was reasonably practicable to mitigate risks as care plans for new admissions had not been completed in a timely manner. Regulation 12(1); 12(2)(a); 12(2)(b)

The enforcement action we took:

We issued a warning notice