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Beech Haven Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Inadequate



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

The inspection took place on 28 April 2015 and was unannounced. The last inspection of the service was on 9 December 2014, where we found breaches in seven Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These breaches related to safeguarding people who used the service from abuse, supporting staff, consent to care and treatment, meeting nutritional needs, respecting and involving people who used the service, care and welfare of people who used the service and assessing and monitoring the

quality of service provision. We rated the service Inadequate. The provider wrote to us on 27 March 2015 with an action plan stating how they would make the required improvements. They said they would have made all the necessary improvements by 1 May 2015.

Beech Haven Residential Care Home is a care home for up to 30 older people. There were 26 people living at the home at the time of our inspection. The majority of people funded their own care. The service is a family-run

Summary of findings

business with the owners also overseeing the day-to-day management of the home. One of the owners is the registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

There had been improvements to the service and the provider was able to demonstrate plans for further improvements. However, the improvements at the time of the inspection were not sufficient and the provider was in breach of seven Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection we identified the staff did not always have the skills, knowledge and training to make sure people were protected from abuse. Since then the provider had made improvements but not all staff had the information they needed and therefore may not have recognised when someone was being abused.

People's medicines were not always managed in a safe way. Some of the records relating to medicines were inaccurate and we could not tell whether people had received their medicines as prescribed. The staff administering medicines had not had sufficient training or competency assessments to ensure they could do this safely.

At our last inspection we identified the staff did not always have the skills and knowledge they needed to support people. At this inspection we found the provider had made improvements including better staff training. However, they had not implemented a system of formal supervision and appraisal.

At the last inspection we found the provider had not always acted in accordance with their legal responsibilities under the Mental Capacity Act 2005. At this inspection we found improvements had been made but not everyone had consented to their care and support. People's capacity to consent had not been properly assessed. The CQC monitors the implementation of Deprivation of Liberty Safeguards (DoLS). These safeguards ensure restrictions to people's

liberty are lawful. The provider had recognised the deprivation of one person's liberty but had not made the necessary applications for this to be lawful at the time of our inspection.

At our last inspection we found people did not always receive personalised care which met their individual needs. This was still the case. There was not enough information about people's individual preferences and social needs. The provider had introduced some new organised activities but these did not provide enough stimulation or variety and they did not consider people's individual needs and choices.

At our last inspection we found the provider did not operate an effective system to monitor the quality of the service. At this inspection we found improvements had been made and the provider had created a system to audit and monitor quality, however this was not fully operational and the provider had not always sought the views of people who lived at the home.

The provider had not displayed the rating from the last CQC inspection report and this information was not made available to people who lived at the home and their representatives.

Areas of the environment were not accessible for people with mobility needs.

The risks to people's wellbeing had been assessed and there was clear information for staff on how to support people to reduce risks. The premises and equipment were managed to keep people safe.

There were enough staff employed to keep people safe and to meet their needs.

People's nutritional needs had been assessed and they were given support to meet these. However, information about these needs had not always been clearly recorded. The provider had made improvements to the variety and quality of food at the home and people were able to make choices about their meals. However, there was limited forward planning of menus and people were not involved in planning or informed of the choices in advance of mealtimes.

People's healthcare needs were assessed and they were supported to meet these.

Summary of findings

The service was caring. People had good relationships with the staff and they felt their privacy and dignity were respected.

People told us the staff were kind and caring and were available whenever they needed them.

There was an appropriate complaints procedure and people knew how to make a complaint.

People living at the home and staff felt there was a positive culture and one staff member told us there had been significant improvements at the service in the last few months.

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. At our last inspection we identified the staff did not always have the skills, knowledge and training to make sure people were protected from abuse. Since then the provider had made improvements but not all staff had the information they needed and therefore may not recognise when someone was being abused.

People's medicines were not always managed in a safe way. Some of the records relating to medicines were inaccurate or unclear. The staff administering medicines had not had sufficient training or competency assessments to ensure they could do this safely.

The risks to people's wellbeing had been assessed and there was clear information for staff on how to support people to reduce risks.

There were enough staff employed to keep people safe and to meet their needs.

Inadequate



Is the service effective?

The service was not always effective. At our last inspection we identified the staff did not always have the skills and knowledge they needed to support people. At this inspection we found the provider had made improvements including better staff training. However, they had not implemented a system of formal supervision and appraisal.

At the last inspection we found the provider had not always acted in accordance with their legal responsibilities under the Mental Capacity Act 2005. At this inspection we found improvements had been made but not everyone had consented to their care and support and people's capacity to consent had not been properly assessed. The CQC monitors the implementation of the Deprivation of Liberty Safeguards (DoLS). These safeguards ensure restrictions to people's liberty are lawful. The provider had recognised the deprivation of one person's liberty but had not made the necessary applications for this to be lawful at the time of our inspection.

People's nutritional needs had been assessed and they were given support to meet these. However, information about these needs had not always been clearly recorded. The provider had made improvements to the variety and quality of food at the home. However, there was limited forward planning of menus and people were not involved in planning or informed of the choices in advance of mealtimes.

People's healthcare needs were assessed and they were supported to meet these.

Areas of the environment were not accessible for people with mobility needs.

Requires Improvement



Summary of findings

Is the service caring?

The service was caring. People had good relationships with the staff and they felt their privacy and dignity were respected.

They told us the staff were kind and caring and were available whenever they needed them.

Good



Is the service responsive?

The service was not always responsive. At our last inspection we found people did not always receive personalised care which met their individual needs. This was still the case. There was not enough information about people's individual preferences and social needs. The provider had introduced some new organised activities but these did not provide enough stimulation or variety and they did not consider people's individual needs and choices.

There was an appropriate complaints procedure and people knew how to make a complaint.

Requires Improvement



Is the service well-led?

The service was not always well-led. At our last inspection we found the provider did not operate an effective system to monitor the quality of the service. At this inspection we found improvements had been made and the provider had created a system to audit and monitor quality, however this was not fully operational and the provider had not always sought the views of people who lived at the home.

The provider had not displayed the rating from the last CQC inspection report and this information was not made available to people who lived at the home and their representatives.

People living at the home and staff felt there was a positive culture and one staff member told us there had been significant improvements at the service in the last few months.

Requires Improvement



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

The inspection took place on 28 April 2015 and was unannounced.

The inspection team consisted of two inspectors and an 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. The

expert-by-experience on this inspection had personal experience of using health and social care services. They had also taken part in voluntary work, chairing a safeguarding group and advising local authorities about health and social care.

During the inspection we spoke with 12 people who lived at the home, two of their visitors, 11 staff, including the registered manager, the owner, three senior members of staff, four care assistants, the housekeeper and the chef. We observed how people were being cared for and supported. We looked at the environment, how medicines were managed and records held at the home. The records included the care records for six people, the training and supervision records for three members of staff, records relating to food and nutrition, quality audits and checks, records of complaints, accidents and incidents.

Is the service safe?

Our findings

When we last inspected the home on 9 December 2015 we found people were not always protected from abuse and avoidable harm because the provider had not given staff the training and information they needed to recognise and respond to abuse. At this inspection we found the provider had made improvements. They had organised for the staff to undertake safeguarding training using a video. The staff then completed a written test of their knowledge. The provider told us that the majority, but not all of the staff, had undertaken this training. Three of the staff we spoke with were not able to tell us what abuse was or what they should do if they suspected someone was being abused. Two of these staff had watched the training video about safeguarding. The provider's action plan told us they planned to discuss safeguarding procedures as part of ongoing supervision and training with staff. However, this had not taken place at the time of our inspection. Therefore people continued to be at risk from abuse and avoidable harm because the staff who cared for them did not understand and could not recognise signs of potential abuse or know what to do about them.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

However, we saw that the provider had made improvements in this area and had plans for further improvements.

People were at risk because their medicines were not always managed in a safe way. The amount of some medicines was not accurately recorded. For example one person had a supply of 90 tablets of one medicine. The records stated that 28 tablets had been received on 12 April 2015. There was no record of the additional tablets. Another person had been dispensed a particular medicine twice during April. The records of this did not show when the second supply of tablets had arrived. It was difficult to audit whether some people had received their medicines as prescribed because the amount of each medicine had not been accurately recorded. In some cases it was difficult to tell whether records were inaccurate or people had not received their medicines. For example, one record stated that 28 tablets of a medicine had been received on 12 April

2015. The administration chart indicated that 15 tablets had been administered since this time. However, we found 18 tablets remained in the box of 28 which had been dispensed on 12 April 2015.

Information was not always recorded in a clear way and some details were lost because of this. For example, when medicines had been received from the pharmacy. Records of this did not always clearly state how much of each medicine had been received and when. Records of administration were up to date and showed who had been responsible for administering the medicine. However, staff had not recorded how many tablets they had administered when someone was prescribed a variable dose.

There was no record and no medicine administration sheet for the supply of 18½ tablets of one prescribed medicine. The medicines administration record for one person showed they had been administered a pain relieving medicine on 16 April 2015. However, there was no supply of this medicine and no record of its receipt or storage.

Medicines were stored securely. The majority of these were stored appropriately. However, we found a foil pack of nine tablets of one type of medicine stored in a box of a different type of medicine. It was not clear whether both medicines belonged to the same person. Therefore they were at risk of receiving the wrong medicine. The foil package for two of the medicines we looked at had been split exposing the tablet to possible contamination.

Three members of staff told us they had been shown how to administer medicines by a senior member of staff a small number of times. They told us they now administered medicines on their own. They had not had formal training nor had their competency to administer medicines been assessed. Therefore people may have been at risk of not receiving their medicines in a safe way. The National Institute for Health and Care Excellence (NICE) guidelines state that "care home providers must ensure that designated staff administer medicines only when they have had the necessary training and are assessed as competent and ensure that all care home staff have an annual review of their knowledge, skills and competencies relating to managing and administering medicines."

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

Is the service safe?

Five people told us they felt safe at the home. We observed the staff keeping people safe, while allowing more mobile people to move around the home without constant supervision.

The risks to people's wellbeing had been assessed. We saw evidence of individual risk assessments in people's care plans. These were personalised and indicated if people were at risk from certain interventions, such as staff supporting them to move, or lifestyle choices, such as smoking. The assessments included information about how the staff should minimise risks and support people in the safest way. Risk assessments had been updated and reviewed as people's needs changed.

The premises and equipment were managed to keep people safe. There were some areas of wear and damage which we noted. The provider told us they were addressing these. The building had been made safe where risks were identified. However, we noted that not all bathrooms, toilets and corridors were equipped with hand rails to offer additional support when people needed. The floors were uncluttered and free from hazard. People could access the alarm system beside their bed. Three toilets had fixed alarm systems and would be out of reach if a person had a fall and were lying on the floor.

The provider undertook checks on the health and safety of the environment and equipment used. There was evidence of repairs and renovations where problems with the building had been identified. The provider had carried out a fire risk assessment, but could not locate the most recent copy of this. The risk assessment created in 2012 was detailed but required review and updating to make sure it was still relevant. Checks on fire safety and water temperatures were carried out regularly and recorded. The

provider audited this to make sure any areas of concern were addressed. The provider showed us evidence of service checks by external professionals on equipment. Some of these were due to be reviewed shortly after our inspection.

The provider employed sufficient staff to keep people safe. People told us that the providers, and their family members who were employed as senior staff, worked at the home most days and were available in emergencies. We saw staff were available throughout the day and people told us they

were able to ask for assistance when they needed. People who chose to spend time in their bedrooms told us call bells were within reach and were answered promptly. They also said the staff regularly checked on their wellbeing. One person said, "they come to see me and make sure I am ok but I can call them if I need."

Three members of staff had been employed since our last inspection. The manager had interviewed them to check their suitability and reference checks from previous employers had been received before they started work. The provider told us they had applied for criminal record checks for these staff but had not received the completed check back at the time of our inspection. They told us the staff did not work unsupervised. The staff had signed declarations to state they had no criminal convictions.

In general the home was clean and odour free throughout. However, on the day of the inspection not all toilets and bathrooms had a supply of liquid soap, disinfectant gel or hand towels. The use of bars of soap and no towels could lead to a risk of people acquiring infections. The provider's policy was to ensure that these rooms were appropriately supplied.

Is the service effective?

Our findings

At our last inspection on 9 December 2014 we found that the staff did not always have the knowledge and skills needed to carry out their roles and responsibilities. There was no system for the formal appraisal of staff. The staff did not have individual meetings with their manager to review or appraise their work.

At this inspection we found the provider had made some improvements. However, the staff did not always receive regular formal supervision and appraisal. There were no records of supervision meetings, competency assessments or appraisals in the staff files we looked at. The provider had started to hold individual and group meetings with some staff. Two members of staff told us they had not had individual meetings with the manager or senior staff. Three members of staff who had been employed in 2015 did not speak English as a first language. Their understanding of spoken and written English was limited. The provider told us the staff were constantly supervised; however they did support people on their own, they also delivered care and administered medicines. These staff were not able to explain certain aspects of the training they had undertaken, such as recognising abuse, capacity and consent or whistle blowing. People could be at risk if the staff were unable to understand them or their needs and communicate clearly with them. People were also at risk if the staff did not understand the training and information they had received.

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

The staff told us they felt supported. They said the providers and senior staff were available and approachable. They said they gave guidance when needed. They told us the staff supported each other and worked as a team. One member of staff said, "We're all a team now and everyone gets to have their say." There were good systems of communication for the staff to tell each other what had happened each day. These included reminders about tasks that needed attending to.

One person told us, "the staff seem well trained." The staff told us they had undertaken a range of training, mostly by watching videos in the home. The provider told us they planned to access external training provided by the local authority. The staff told us they had been given recent training in the Mental Capacity Act 2005, safeguarding, fire

safety, manual handling and food hygiene. The provider was in the process of updating records of staff training as these were not clear or accurate. The provider had created a system which would monitor when the staff required refresher training and they were in the process of updating this at the time of the inspection.

At our last inspection on 9 December 2014 we found the provider had not always sought the consent of people to their care and treatment in line with legislation and guidance. The provider's action plan stated they would make the necessary improvements by 1 May 2015.

At this inspection we found the provider had made some improvements. For example all staff had been trained about The Mental Capacity Act 2005. One member of staff was able to tell us about this and demonstrated an understanding of capacity, consent and the provider's responsibilities under this Act. The other staff were not able to recall the information they had been given and were not able to describe the difference between lawful and unlawful restrictions.

The Care Quality Commission (CQC) monitors compliance with the Mental Capacity Act 2005. The law also requires CQC to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that providers only deprive people of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

One person's capacity to consent had been assessed. This assessment was comprehensive and specifically related to their expressed wish to leave the home. The provider considered that the person would not be safe to do so without support. The person was restricted from leaving the home alone for their own safety and wellbeing. At the time of the inspection the provider had not made an application under DoLS, although they were planning to do this and had started the process for it.

With the exception of the person described above, the provider had not assessed other's people's capacity to make decisions. Care plans did not contain detailed information about people's capacity or how staff could support people to understand and make choices about their care and treatment. Some of the medication records recorded that people did not have "capacity but could say no." There was no evidence of how this assessment had been made.

Is the service effective?

There was limited evidence of people's consent to their care and support. Most care plans had a cover sheet which had been signed by the person. Some of these signatures were obtained almost a year before the inspection and there was no evidence the person had been consulted since. There was no evidence of how the care plan had been discussed with people or how their consent had been obtained.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection on 9 December 2014 we found the provider had not always supported people to have sufficient amounts to eat and drink and to maintain a balanced diet. The provider's action plan stated they would make the necessary improvements by 1 May 2015. At this inspection we found that improvements had been made. One person told us, "the food has definitely improved, we get more choice and they get me the extra things I have asked for." Another person said, "I'm not a fussy person so I usually eat whatever is served." A third person told us, "The food is usually all right." People told us they could ask for something different if they did not like the dish being served. We observed the lunch time meal and saw people were served food which was well presented and hot. People told us they had enjoyed their lunch. The staff were attentive and asked people about their enjoyment or if they wished for second helpings.

The staff had assessed the nutritional needs of everyone, using a recognised tool for this. The assessments were updated monthly and people's weights were recorded each month. Where people were assessed as at risk from poor nutrition, their food and fluid intake was monitored and recorded. The chef had information about people who needed additional calories and those on special diets.

However, the individual diet and nutritional care plans were not always clearly recorded. Where people had an identified need this was not always clear from the care plan. The medication administration instructions for one person's medicine stated a specific drink should be avoided. This had not been recorded in the person's care plan. References to fortified meals and supervision whilst eating were not always clearly recorded.

There was no evidence of forward planning of menus or of the involvement of people in planning these. Information about the day's menu was displayed although inconspicuously and no one we spoke to knew what the choices of meals were.

Some people felt they would like more variety or better quality of food. For example, One person said, "Yesterday for lunch it was ice cream and I said, 'Oh No, not again! I ate a banana that was offered.'" Another person told us, "We never get fresh vegetables or fruit, it all comes out of tins." One person told us it was a long time between supper and breakfast and they were not offered any food in between this time. They said, "Supper is at 5 o'clock and it's a long time till morning. There's nothing to do in the evenings so most people go to bed. I do, and often miss the night drink and a sandwich."

People told us they were happy with their doctors. But not everyone was happy with other healthcare services. One person told us they thought the chiropodist organised by the provider was expensive and not good enough. Another person told us, "I could do with a physiotherapist. They don't seem to have one here but I'd like to see if I could walk more. I'd like to be more mobile."

People were registered with a number of different GPs and were able to choose the practice they wished to use. The GPs did not visit the home routinely but the staff told us they could call and request a visit from the GP whenever they needed. They said the GPs were very supportive. People's health care needs had been recorded and there was evidence of regular appointments with different healthcare professionals. Information from the healthcare professionals had been recorded in care plans and the staff were aware of individual healthcare needs. However, we noted the information about the wound care for two people had not been properly recorded in their care plans. These wounds were dressed and monitored by visiting district nurses. But there was no information for the care staff about how they should support people with personal care or moving around to avoid harm or pain.

The building was not fully accessible to people who had mobility needs or those who used a wheelchair. There was a portable ramp for the front door that required putting in place which meant people could not access the outdoors independently. There was a lift to the upper floors but limited access to the rooms on the Mezzanine floor for

Is the service effective?

people using a wheelchair. The provider told us they were unable to obtain planning permission for a lift to this floor. We saw one toilet which was small and did not have sufficient space for staff to assist someone if needed.

Some people were mobile and were unrestricted within the environment. However, those who were less mobile were not always supported to move around. For example, some people were seated in arm chairs from early in the morning until late in the afternoon, when they returned to their bedrooms. They were not supported to move to a different

seat to eat their meals or for activities. The provider told us this was their choice, but the lack of movement and stimulation from different environments could mean people's mental and physical health were at risk.

We recommend that the provider considers whether there are other modifications to the environment which could be made to make it more accessible and offer appropriate stimulation to enhance people's wellbeing in line with relevant good practice guidance.

Is the service caring?

Our findings

At our last inspection on 9 December 2014 we found that some of the routines at the home did not

always consider the individual needs and wishes of people living there. For example some of the people we spoke with did not feel they could contribute their ideas and their individual preferences were not being met. People told us this had improved and they were offered more choice now. They said they could say if they wanted a specific item on the menu and this was catered for. People said they were given a choice when being offered care, medicines or food. One person told us, "They do ask me what I want to wear and they are kind. I don't have any complaints."

Everyone we spoke with told us the staff were kind and caring. They said they were respectful, calm and patient. Some of the things people said were, "the staff are very kind", "I am happy here", "the girls (care assistants) are good" and "family feel here." People told us they had positive relationships with the staff. The staff addressed people in a polite way which showed respect. One relative told us, "She says she is happy and likes the food". We observed friendly interactions. People told us they liked the fact the home was run by a family. They said the family members were always available when they needed them. One person said, "if I ask for anything they listen and act on it."

The staff were available to escort people to and from their rooms when they needed. They were caring and careful

when they supported people, being aware of their mobility needs and allowing people to take their time. The staff were gentle and patient and were attentive when people asked them questions or spoke with them. They made sure tables were laid appropriately for meals and people had the things they needed close at hand. One person said, "I am always given a clean serviette and that is nice."

The staff were discreet and attentive when someone asked for assistance with intimate personal care. They knocked on people's bedroom doors before entering. People told us they were supported to do things for themselves if they wanted. They said the staff did not interfere and allowed them to be independent. They were quick to respond to a person who said they were in pain and uncomfortable. People told us they were able to make choices about what time they went to bed and rose in the morning and whether they wanted to spend time in their bedrooms. They felt their privacy and dignity were respected. Everyone had their own room and they were able to lock these if they wanted. We saw the staff supporting people to adjust clothing when needed. They spoke discretely to people about their needs and when offering them support to use the bathroom.

People told us they were able to have a bath or shower when they wanted. They said the staff helped them as they needed. Everyone was nicely dressed and presented with clean clothes and nails. People's hair was washed and the staff took care to style this to meet individual preferences. Men living at the home were supported to shave each day if this was their choice.

Is the service responsive?

Our findings

At our last inspection on 9 December 2014 we found people did not always receive personalised care which met their individual needs. People told us there was not a great deal of things for them to do. People's personal tastes and preferences were not considered when organising menus or social activities. We observed that people were left for long periods of the day with nothing to do and no interactions. The provider told us they would make the necessary improvements by 1 May 2015. At this inspection we found that some improvements had been made but that these were not enough.

People told us they did not have enough to do. Some people told us about things they would like to do, for example going out to the shops, using the garden and pursuing specific interests. One person told us they kept themselves busy and active but other people did not and they said, "some people are bored and they do not have things to do or occupy their minds." Some of the comments people made were, "There's not much to do. We used to go out more and do things but not now", "There is not much to do, the home doesn't have its own transport. There is a visiting library and when they came they told me I could ask them to get particular books", "I do like something happening, especially in the afternoons. Monday we have games, one day someone comes to do nails. Things could be organised during the day so we're not left looking at each other", "It's what you make it here – if you keep yourself busy it's better for you", "No, I don't go out unless my daughter takes me", "I want a hairdresser and I need to ask whether there is a visiting hairdresser. Without activities the day is very long. There are only two or three people living here that I can talk with but people go to bed early as there is nothing to do. I come down for company but people have already gone to bed" and "It would be good to have a pet."

We observed that many people were unoccupied throughout our inspection. For example, after breakfast people sat in chairs in the lounge. There was a sing-a-long session for half an hour with a visiting entertainer but after that there were no activities, entertainment and limited interactions. People were not offered anything to do. Games, puzzles, craft activities and other resources were not available for people to help themselves. The situation was the same after lunch and many people slept or sat

quietly in chairs in the lounge. Music was playing but this was very quiet. The television was on in one area but the sound had been turned down. People were not offered a choice of TV stations. The provider told us they were introducing some games and crosswords for people to do. They told us they offered these and some people enjoyed them. However, there were not enough opportunities for people to be entertained throughout the day.

The provider had arranged for some weekly organised activities but there were not many of these and there was very limited support for people to pursue individual interests if they needed support. There was no information on display about planned activities and upcoming events. On the day of our inspection the staff told people that someone was visiting to give nail care, however this activity did not take place and an impromptu bingo session was organised. Some people enjoyed this but there was no evidence of forward planning or involvement of people to help organise and plan individual and social group activities. There was no information about the local community facilities and people were not supported to access or be part of the local community, unless they did this with their family.

We looked at the provider's records of activities for three people during the month of April 2015. The main activities for all three people were either watching TV, listening to the radio, reading newspapers or doing crosswords. Two people had also had a number of 'keep fit' sessions. One person had taken part in 17 bingo sessions. One person had also taken part in art twice and singing twice. These records indicated that people did not have a varied and stimulating choice of activities.

People did not receive personalised care which met their social and emotional needs. There was information about some people's lives before they moved to the home, their interests and hobbies. However, this information was only very brief in some cases. Where particular interests had been identified the provider had not always supported people to pursue this interest.

People were not involved in planning their own care or in making decisions about the home. None of the people we spoke with could remember being asked about their care plan or involved in any reviews of this. Two people said they might have been asked but could not remember what it was about. Two visitors told us they had been asked

Is the service responsive?

about their relative's likes and dislikes when they moved to the home, but they had not been asked anything since. However they said they would speak with the manager if they had any concerns.

Care plans had been signed by some people, although there was no record of discussion about the care plan nor evidence of involvement with the person other than these signatures. The provider told us they planned to hold a meeting to discuss the menu, activities and the choice of table cloths. But this had not happened before our inspection and there had been no formal meetings, no survey of people's opinions and the staff did not routinely ask people about these things as part of their daily communication. Menus or information about activities were not displayed in advance for people to make decisions. There was no information displayed about who was on duty, how to make a complaint or information from the latest CQC inspection report. Therefore people did not have the information and were not given opportunities to be involved in the things that affected them each day.

Where people's care plans contained information about their preferences and choices, this was basic. For example, "likes cranberry juice." There was no evidence that the staff had explored people's choices, preference, background or culture more to find out about their lifestyle and how they would like to live. For example one care plan recorded that someone was Jewish. However, there was no reference to whether they wished to celebrate Holy days and festivals, follow a Kosher diet, attend synagogue or anything else

about how they celebrated their religion and culture. There was no information about the Jewish culture for staff to gain a better understanding of this person's history and beliefs.

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

The provider had introduced more planned activities than when we last inspected. They had purchased a bingo machine and told us bingo was a popular activity. We saw people playing this during the latter part of the afternoon. The provider also told us about visiting entertainers and keep fit sessions that had started.

People's care needs had been assessed and recorded in care plans. These gave basic information for staff on how to meet people's needs.

The provider had a complaints procedure and people told us they could raise concerns with the staff and felt these were appropriately addressed. The provider kept a record of complaints and this included the action that had been taken following the complaint. For example, we saw that one concern was discussed with the staff involved so they could learn from this.

People told us they felt confident their complaints would be addressed and were happy to raise these with the provider. One person said, "If I was unhappy or upset about something I would speak with (the providers)." Another person told us, "I'd talk to my son first to ask what I should do and he would help me to decide if I had a complaint."

Is the service well-led?

Our findings

At our last inspection on 9 December 2014 we found people were at risk of receiving inappropriate care and support because the provider was not operating an effective system to assess and monitor the quality of the service. There was no analysis of the incidents that resulted in or had the potential to result in harm and the registered person did not seek the views of people who lived at the home, persons acting on their behalf and staff. The provider's action plan told us they would make the necessary improvements by 6 April 2015.

At this inspection we found that they had made some improvements and had plans for further improvements. However, the provider had not consulted with people who lived at the home about their views and experience. They had not asked them about their skills and how they could contribute to the home or if there was any role they would like to play in monitoring and improving the quality of the service. There was also no analysis of accidents and incidents, therefore the provider was unable to say whether there were trends or themes to this and put in place procedures to reduce the likelihood of accidents.

The provider had developed systems to audit different aspects of the service but the majority of these audits had not started and some had only started shortly before the inspection.

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

However, the provider had made improvements to the governance and quality monitoring at the home. They had created systems which would highlight when audits were due and what action was needed to improve the service. They had developed a business plan which reflected on their achievements and laid out their plans for the future of the service. They had also asked relatives of the people who lived at the home to complete satisfaction surveys.

They had started to receive completed surveys and these were largely positive about the service, particularly about the care people received and the attitude of staff. One visitor told us, "I filled in a survey form which was very long and covered many issues but I haven't heard anything since."

The provider had created a business plan which focussed on improvements to the environment and plans to involve people living at the home in reviewing the service.

The Care Quality Commission (CQC) awards rating for the performance of registered services. The law requires providers to display this rating conspicuously and legibly at each location delivering a regulated service and on their website. The provider had not displayed their most recent performance rating at the location or on their website. On 24 April 2015 we reminded the provider of this requirement, however the rating was not displayed at the location on 28 April 2015, the day of our inspection. We discussed this further with the provider during the inspection visit. The provider's website did not display the rating when checked on 29 April 2015. The provider's website stated, "We consistently meet all CQC national standards." However, the provider had been in breach of at least one Regulation at this location following eight inspections by CQC since December 2012.

This was a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider's website had been removed from public access by 30 April 2015.

The staff told us there was a positive culture at the home and they felt well supported. They said the manager and provider were kind, caring and listened to them. They felt valued by the provider. One member of staff told us, "things have improved greatly in recent months, there is more involvement for staff and more training."

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	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The registered person had not protected service users from abuse and improper treatment because the systems and processes to prevent abuse were not operated effectively.</p> <p>Regulation 13(2)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Service users were at risk of care and treatment which was not safe because the registered person had not made arrangements for the proper and safe management of medicines.</p> <p>Regulation 12(2)(g)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>The registered person did not make sure staff were given appropriate support, training, professional development, supervision and appraisal to enable them to care for service users safely.</p> <p>Regulation 18(2)(a)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent</p>

This section is primarily information for the provider

Action we have told the provider to take

The registered person had not always obtained consent from the relevant persons or assessed their capacity to consent in accordance with the 2005 Act.

Regulation 11(1) and (3)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

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

The registered person had not always provided care and treatment to service users that reflected their preferences, enabled them to understand the choices available to them or to participate in decision making.

Regulation 9(1) and (3)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person did not effectively operate systems to assess, monitor and improve the quality of the service because they did not seek and act on feedback from service users and they did not always evaluate and improve their practice.

Regulation 17(2)(a), (e) and (f)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 20A HSCA (RA) Regulations 2014 Requirement as to display of performance assessments

The provider had not displayed the most recent rating awarded by CQC on their website or at the location where they provided the regulated activity.

Regulation 20A(2)(c) and (3)