

Ranc Care Homes Limited

The Withens Nursing 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?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected The Withens Nursing Home on 5th and 6th December 2016. The inspection was unannounced. The Withens Nursing Home provides care support and accommodation for up to 33 people with nursing needs. At the time of inspection there were 24 people living at the service.

An acting manager in post was going through the processes of being registered with the Care Quality Commission. 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.

At our last inspection on 17, 20, 23 May 2016, we found eight breaches of the Health and Social Care Act 2008 (Regulated Activities). These breaches were in relation to staffing levels, recruitment practices and training, medicines management, Mental Capacity Act 2005 (MCA) processes, activities, care plans, records and auditing systems. The provider sent us an action plan stating that they would address all of these concerns by November 2016.

At this inspection, we found that the registered provider had not fully addressed the issues relating to staffing levels and of the provision of meaningful activities.

There were not always sufficient staff on duty to meet people's needs. People, relatives and staff told us that more staff were needed.

Activities were not consistently provided to people who remained in their rooms. The acting manager had identified this and an additional activities coordinator was being recruited. We have made a recommendation about this in our report.

Trained competent staff were safely managing medicines. An accurate audit trail to monitor the administration of medicines was not undertaken. We have made a recommendation about this in our report.

People were protected against abuse and harm. The provider had effective policies and procedures that gave staff guidance on how to report abuse. Staff were trained to identify the different types of abuse and knew who to report to if they had any concerns.

The provider had ensured that the home was well maintained. Up to date safety checks had been carried out on electrical and gas installations. Equipment, such as hoists, were being checked and serviced.

People's needs had been assessed and detailed care plans had been developed. Care plans had appropriate risk assessments that were specific to people's needs.

The principles of the Mental Capacity Act 2005 (MCA) were adhered to. People were being assessed appropriately and best interests meetings took place to identify the least restrictive methods of keeping people safe. Staff had training on MCA and had good knowledge.

The CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Appropriate applications to restrict people's freedom had been submitted and the least restrictive options were considered as per the Mental Capacity Act 2005.

Spot checks were not being effectively recorded and fully implemented by the acting manager. We have made a recommendation about this in our report.

People were supported to have a healthy and nutritious diet. Staff could identify when people required further support with eating and appropriate referrals were made to health professionals and staff were seen to be following the guidance provided.

People and their relatives told us they were involved in the planning of their care. Records also confirmed people's involvement. Care plans and risk assessments were being reviewed on a monthly basis by staff and at any time when it was required.

People had freedom of choice at the service. People could decorate their rooms to their own tastes and choose to participate in any activity. Staff respected people's decisions.

People's private information was not always kept secure. We found that care plans were left unattended in a communal area and the secure storage unit was, at times, not locked correctly.

The provider had ensured that there were effective processes in place to fully investigate any complaints. Outcomes of the investigations were communicated to relevant people.

The acting manager was approachable and supportive and took an active role in the day-to-day running of the service. Staff were able to discuss concerns with them at any time and were confident these would be addressed appropriately. The acting manager was open, transparent and responded positively to any concerns or suggestions made about the service. The provider produced a yearly survey for people living at the service and their relatives. However, the provider was not producing a staff survey to capture staff views on the service. We have made a recommendation about this in our 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 not a sufficient number of staff deployed at the service to fully meet people's needs.

People were protected against abuse by staff who had the knowledge and confidence to identify safeguarding concerns.

Trained competent staff were administering medicines safely.

Is the service effective?

Good ●

The service was effective.

The principles of the Mental Capacity Act 2005 (MCA) were applied in practice.

People were referred to healthcare professionals promptly when needed.

Staff received appropriate training to give them the skills and knowledge required to provide care.

People had access to a range of food options that was nutritious and met their needs. People were supported to maintain their dietary requirements.

Is the service caring?

Requires Improvement ●

The service was not always caring.

People's confidential information was not always kept secure by staff at the service.

People and their relatives were involved in their care. Records confirmed people and relative involvement.

People and relatives told us they were happy with the staff at the service. Staff had good knowledge of the people they supported.

Is the service responsive?

The service was not always responsive.

People had access to activities, however there were periods where people had little or no stimulation. Activities were not consistently provided for people who remained in their bedroom.

People were encouraged to make their own choices at the service.

People's friends and family were welcomed by staff and could visit when they wished to.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Not all notifiable events were being sent to the Care Quality Commission. Not all authorisations for deprivation of liberty safeguards had been received.

The culture of the service was not always person centred. Staff had to be task orientated to ensure that people's personal care needs were met.

Audits were being carried out by appropriate staff and the acting manager to identify areas that needed to be improved.

The acting manager was seen to be open, transparent and approachable. People, relatives and staff could approach the acting manager at any time with a concern.

The provider had systems in place to obtain feedback from people using the service.

Requires Improvement ●

The Withens Nursing 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.

The inspection took place on 5 and 6 December 2016 and was unannounced. The inspection team consisted of one inspector, one pharmacist inspector 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. At our previous inspection on 17, 20, 23 May 2016, we issued six requirement notices in relation to breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider sent us an action plan detailing the improvements they would make.

Prior to the inspection, we gathered and reviewed information we held about the service. This included notifications from the service and information shared with us by the local authority. Before the inspection, the provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We took this information in consideration.

As part of the inspection, we spoke with the acting manager, two nurses, four care staff, five relatives, nine people living at the service, the activities coordinator and the chef. We looked at people's bedrooms, with their permission, and all facilities at the service. We made observations of staff interactions with people and the general cleanliness and safety of the home. We looked at eight care plans, three staff files, staff training records and quality assurance documentation.

Is the service safe?

Our findings

At our previous inspection on 17, 20, 23 May 2016, we found the provider was in breach of regulation of regulation 18 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. We found that the provider had not deployed sufficient numbers of staff on duty to meet people's needs. The registered manager assessed people's needs and the support they required. However, this was not effective in ensuring there were enough staff to consistently meet people's needs in a timely manner. We found at this inspection that staff numbers had increased but this was still an area that required improvement.

All people, relatives and staff we spoke with told us there was not enough staff on duty. One person told us, "The staff come to me when they have to." Another person told us, "I can sit here for ages waiting to go to the toilet, I keep calling them." One relative told us, "Things are not acted on promptly because there is not enough staff." Another relative told us, "There is not enough staff. I can see they are under pressure." A third relative told us, "The staff are caring when they get the time." One member of staff told us, "Some days we need more support." Another staff member told us, "I have not managed to have a break today." The acting manager used a dependency tool to identify the staffing levels required at the service. The dependency tool used identified the amount of staffing hours required based on the levels of need of those living at the service. The dependency tool was completed monthly and the most recent, completed 29 November 2016, identified that the service required 30.2 nursing hours. On our first day of inspection, there was one nurse during the day and one nurse during the night. Each nurse had 12 hour shifts, so only 24 hours could be covered, not taking staff breaks in consideration. On the second day of inspection, there was a clinical lead and nurse during the day and this was sufficient to meet people's nursing needs. We reported our concerns to the acting manager who told us, "We have increased care staff levels by one during the day since the last inspection. There are three care staff on the top floor and two on the ground floor." There was an activities coordinator during the day, one additional member of staff to support during meal times, cleaner, a person responsible for maintenance, a chef, a cooking assistant, a gardener and an administrator. We found that people did receive the support they required however, they may have to wait for long periods. We observed one person having to wait 15 minutes before getting assistance to go to the toilet. Staff also had to spend long periods of time completing people's records. Two members of staff on the first floor had to spend one hour and 15 minutes completing records. This left one member of staff to attend to people's needs during this period.

We reported our concerns to the acting manager and senior management team. Immediately following our inspection the acting manager reported to us that changes had been made to staffing levels and an action plan was in place to ensure that the regulation would be met.

The provider had not ensured there were sufficient numbers of suitably qualified, competent, skilled and experienced staff deployed to meet people's needs safely. This is a continuing breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection on 17, 20, 23 May 2016, we found the provider was in breach of regulation of regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. We found that

medicines were not always managed appropriately and staff handling medicines had not been assessed as competent to administer medicines safely. There were gaps in medicines administration records (MARs) and some records were unclear regarding what people were currently taking. This meant that people might not have received all of their prescribed medicines. At this inspection, improvements had been made.

Registered nurses who had received training from the community pharmacy administered medicines and we saw evidence that staff had been competency assessed by the manager or senior nurse. The home used agency nurses to cover some shifts. Registrations and competencies of agency staff were checked and staff were shown the processes on their first shift. A medicines policy was in place and had been signed by staff. There was evidence of weekly and monthly medicines management audits and that actions identified had been completed. Nurses ordered people's regular medicines using repeat slips sent to the GP practice. Nurses recorded quantities of medicines received into the home on MARs, provided by the community pharmacy. However, we found that there were some discrepancies between physical quantities of stock and quantities that should have been remaining according to what had been administered. For example, the physical balance of one person's medicine prescribed for Parkinson's disease did not tally with what was documented when received into the home and what had been administered. This meant that the person could have missed some doses of the medicine. The MAR also showed that another medicine, given 'when required,' had not been administered. However, the physical balance was less than stated and we could not be certain if the medicines had been administered without being signed. We were told that any medicines errors were reported to the GP, people and/or their representative were informed and the pharmacy was contacted for advice. The home had recently informed a nursing agency of an error made by an agency nurse and this had been resolved.

We recommend that the registered provider seeks guidance from a reputable source to ensure the accurate audit trail of medicines, including medicines received and administered and that medicine errors, near misses are recorded with any actions taken.

Medicines were stored safely and securely. Fridge and room temperatures were recorded and signed by staff twice a day and were within range. This meant that medicines would be safe and effective. Unwanted medicines were recorded appropriately and were disposed of according to waste regulations. Controlled drugs (CDs – medicines with potential for misuse, requiring special storage and closer monitoring) were stored correctly. Nurses carried out weekly balance checks against the CD register and unwanted CDs were destroyed in line with legal requirements. People's allergies were recorded appropriately on MAR charts and all repeat medicines had clear directions. The home stocked a number of homely remedies (non-prescription medicines for short-term management of minor ailments). These were recorded on a stock sheet and each person had a homely remedy chart signed by the GP enabling nurses to administer homely remedies if needed. Some medicines were prescribed on a 'when required' basis and there were additional administration records in place detailing the indication when the medicine should be given and the directions. A medicines administration round was observed. The nurse administered medicines safely. We were told that no one was able to self-administer their medicines and no one left the home for periods of social leave where they needed to take medicines with them.

At our previous inspection on 17, 20, 23 May 2016, we found the provider was in breach of regulation of Regulation 19 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. We found that the provider had failed to carry out safe recruitment practices. At this inspection, improvements have been made and the regulation is now met.

The provider followed safe recruitment practices that ensured that staff were safe to work in a care setting. The information provided in staff files included completed application forms, two references and photo

identification to ensure that the member of staff were allowed to work in the United Kingdom. The records showed that checks had been made with the Disclosure and Barring Service to make sure people was suitable to work with vulnerable adults. The acting manager told us there was an approved agency list in place so that they could use agency staff that had worked at the service before who had had appropriate training and safety checks. The acting manager told us, "This is also beneficial to the people living here as they will recognise the agency staff and they get to know each other well."

People were protected against potential abuse. The provider had an effective system in place to recognise record, investigate and track any safeguarding incidents. Staff had received appropriate training and could identify abuse and the action they should take that included reporting to the management team and the local authority. Staff told us they had a good understanding of safeguarding and the providers' policy.

People had risk assessments in their care plans that were individually designed to minimise risk. Each of the care plans we looked at had risk assessments for falls, swallowing difficulties and moving and handling. Staff were observed assisting people to transfer and move around the units, and this was done in a safe way. People had risk assessments that were specific to their needs. People's risk assessments addressed communication, mobility, falls, and bed rails when appropriate. Sleeping risk assessments instructed staff about the frequency of night observations and repositioning, to ensure that people were safe. Staff were following these instructions in practice.

Accidents and incidents were checked and investigated by the acting manager. Staff were reporting any concerns promptly. Staff followed correct procedures as identified in the home's policies. A review had taken place following a recent accident that included increased observations to ensure that the person was safe. Care plans contained a history and included updates until a conclusion was met.

There were arrangements in place to keep people safe in an emergency and staff understood the procedures to follow. People at the service had an appropriate personal emergency evacuation plan (PEEP) in place that was individually designed to keep them safe in case an emergency evacuation was required. There were appropriate emergency contingency plans in place for the service. This information was also stored in an emergency evacuation 'grab bag' that staff could quickly access in the event of an emergency.

The provider had ensured that the environment was safe for people. There were up to date safety certificates for legionella, gas appliances, electrical installations, portable appliances, lift and hoist maintenance. The maintenance staff were quick to respond to repairs. Staff logged any repairs in a maintenance logbook and the maintenance staff monitored these until completion. The maintenance staff carried out routine health and safety checks of the service including regular checks of water temperatures, fire safety equipment and fire drills.

Is the service effective?

Our findings

At our previous inspection on 17, 20, 23 May 2016, we found the provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. We found that the provider had failed to act in accordance with the Mental Capacity Act (2005) requirements. At this inspection, we found that some improvements had been made and the regulation was met.

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 people 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 services and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The provider had introduced further compulsory training on MCA and DoLS to complement what was already in place. The acting manager was making appropriate DoLS applications to the local governing body. All the staff we spoke with told us that the training was useful and gave them a better understanding of the topic. Staff told us, "We must always assume that a person has capacity to make a decision and we must seek consent before carrying out an activity." During our inspection, staff were seen to apply these principles in practice. Staff asked for consent before assisting people and before entering their rooms. Consent was sought by the provider for providing care and taking photographs. Those that had the mental capacity to do so signed the relevant consent forms. People's mental capacity in regard to specific decisions was assessed when appropriate. Staff told us of the importance of making a decision in the person's best interest. One member of staff told us, "It is important to find the least restrictive option that is in the person's best interest."

At our previous inspection on 17, 20, 23 May 2016, we found the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. We found that the provider had failed to provide appropriate support, training, supervision and appraisals for staff. At this inspection, improvements had been made but this was an area that required improvement.

The provider had introduced an induction program that ensures essential training was given and staff were checked for their competencies before working alone with vulnerable people. Staff were given an induction handbook that needs to be completed that included competency-based observations on moving and handling and personal care. New staff's knowledge was also tested on fire safety, safeguarding, infection control and person centred care. The acting manager told us, "New staff shadow experienced members of staff until they are ready to work alone." One member of staff told us, "When we get new people in, they always work with us and never alone." All staff we spoke with told us that training had improved and that

they were receiving additional face to face training to complement e-learning. Staff were receiving additional face to face training in challenging behaviour, sensory deprivation, MCA and DoLS. Care and nursing staff's essential training included moving and handling, medicines, dementia care and safeguarding. The training schedule also identified when staff needed to renew their training. There were no records to show if the acting manager was carrying out spot checks on staff to ensure that they were working safely and in line with the provider's policies and procedures. We reported this to the acting manager who told us, "I am aware that this needs to be done and I will be implementing spot checks of the night staff and I am carrying out checks at the weekend but these are not being recorded." Staff we spoke to told us that the acting manager was carrying out checks when they were at work.

We recommend that the acting manager seeks guidance from a reputable source to identify a suitable method to actively record spot checks.

The provider ensured that people's nutritional and hydration needs were being met. Care plans had nutritional risk assessments. One person's nutritional assessment told staff that the person liked to eat independently using a plate guard. Staff used a Malnutrition Universal Screening Tool (MUST). MUST is a five step screening tool to identify adults, who are malnourished, at risk of malnutrition or obese. The MUST in care plans identified if people were at low, medium or high risk. One person's care plan identified that they were at medium risk and staff were required to observe and record what the person was eating each day. People were being weighed on a monthly basis or weekly when there were any concerns. People's records showed when referrals were made to a GP, dietician or speech and language therapist. Care plans identified when people were on specific diets, such as soft or diabetic diets. Risk assessments were in place for those who were diabetic. The chef told us, "We only use sweeteners in our recipes and we make sure there are diabetic options and plenty of fresh fruit and vegetables." We checked the food storage and there were diabetic mousses, ice creams, choc-ices and jellies. The chef had introduced a menu that was responsive to people's likes and needs. The chef had a diet sheet that identified what diet people required and what options they had selected. There was also an area for medical information that included guidance on when certain medicines could not be mixed with certain foods. People told us that they liked the food that was on offer to them. One person told us, "I like the food and I get a choice."

People at the service were being supported by staff to attend routine health visits and were getting support with routine optician, dental and GP checks. Staff were managing pressure sores effectively. People's care plans had a Waterlow Score. A Waterlow score gives an estimated risk for a person to develop a pressure sore and these were reviewed monthly. Records showed that staff were identifying any pressure sores at early stages and were recording their healing appropriately with pictures and body maps. Updates were being recorded along with any health care guidance from people's GP or Tissue Viability Nurse (TVN). Referrals to other health professionals were done in a timely manner by nursing staff following assessment and observations by staff.

Is the service caring?

Our findings

People and their relatives spoke positively about the staff that provided care. One person told us, "The staff are very caring." Another person told us, "The carers are very nice to me and help me." One relative told us, "The staff are genuinely caring people who do the best they can."

Staff were seen to be kind and compassionate towards people. Throughout our inspection, care interactions seen were kind and respectful. When staff interacted with people who were sitting down, staff were lowering their position so people who were seated could see them at eye level and talk in a clear way to make themselves understood. For example, one member of staff noted that one person was not their usual self when in the communal area. The member of staff spoke in calm and caring way to identify how this person was feeling. Once the member of staff established that the person was experiencing pain, they reassured the person and promptly alerted a nurse. We also observed a nurse comfort a person who was in pain after having taken their medicine. The nurse sat with the person by their bed, stroked the person hand, engaged in conversation throughout which calmed the person, and allowed their medicine to take effect. Staff spoke kindly to people, did not rush them and addressed them in the way they preferred. Staff knew people well and understood what care they needed. Staff noticed and responded when people needed support, for example, if they wished to get up from their chair and required assistance to do so. Staff were guided by people's care plans on how people preferred to communicate. One person's communication risk assessment identified that staff needed to be aware of specific non-verbal prompts. Staff were seen to apply this knowledge in practice.

People and relatives told us that they were involved with the planning and reviews of their care plans. One person told us, "I am involved with my care plan." One relative told us, "My dad was involved with his care plan." Another relative told us, "The staff will contact me to discuss any changes." Each care plan had a relative contact section that staff would complete when families were involved with care plans or the decision making process. One member of staff told us, "We involve family members, usually informally, and document our contact in the care plans. It is really important that we look after people's family members also." Another member of staff told us, "We supported a family to make a big decision. We had a number of meetings with them and the GP. They found it very difficult but we gave them time, support and guidance throughout." This event was recorded in the person's records.

People's dignity and independence were respected at all times. Staff had an understanding of what people were able to do for themselves and staff encouraged people to remain as independent as possible. Staff gave examples of how they assisted and encouraged people to be independent. One member of staff told us, "One person requires prompting with personal care but likes to do as much as possible." Care plans gave personal care guidance to staff and staff could identify people's individual needs. Staff were observed knocking on people's doors, introducing themselves, asking for permission to enter, and closing doors when giving personal care. People's dignity was respected during meal times.

The provider had not ensured that people's personal information was stored securely at all times. During our inspection, there were three occasions where people's personal information was left unattended on a

table in the communal lounge. We also noted on two occasions that the lockable cupboard for storing people's personal information had not been locked properly and so could be opened by any person visiting the service.

People's personal information was not kept safe and secure at all times. This is a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We reported this to the acting manager who told us that it will be rectified immediately.

Is the service responsive?

Our findings

At our previous inspection on 17, 20, 23 May 2015, we found the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. We found that the provider had failed to provide meaningful activities to meet people's needs. At this inspection, improvements had been made but this was an area that still required improvement.

There was an activities coordinator in place who had established an activities program throughout the week that was designed around people's needs. One person told us, "There is a lot more going on now we have someone to organise activities." Activities included cooking sessions, quizzes, art and crafts, baking, movie days and bingo. One person's care plan identified that they were fond of animals and the activities coordinator had brought their dog to meet with people, additional pet therapy was sourced from an external provider. People told us that they enjoyed the baking days that included making chocolate cakes, homemade pizza, ginger bread men and scotch eggs. The chef was involved with the baking days and assisted people during the activity. One person told us, "I help decorate the Christmas tree. We made ginger bread men and scotch eggs and I like doing the art and crafts." Staff and people were also preparing for a Christmas party that friends and relatives were invited to. Friends and relatives were also invited to Christmas dinner for a small additional charge. An external activities provider came in every Thursday to provide mental stimulation, exercise, games, relaxation and music therapy. An entertainer attended once a month. However, people told us there were still not enough activities for people that required care from their bedrooms. People's records showed that there were activities being taken to their rooms but this was not on a regular basis. For example, one person's activity log told us that a person took part in five activities during November and another person there were four recorded. During our inspection, we saw that staff did not always spend time engaging with people outside of providing for their direct care needs. We saw that many of the people who used the service spent their time in the afternoons following a morning activity and lunch sleeping in their armchairs with staff waking them for meals and drinks. One person told us, "There is not a lot to do." Another person told us, "There needs to be more activities." The activities coordinator told us, "I try to get and see everyone every day but this is not possible." This had been identified and acknowledged by the acting manager who told us, "Recruitment is underway for an additional full time activities coordinator and interviews are due to take place next week." We were shown evidence following the inspection to support this.

We recommend that the registered provider ensure that regular stimulating activities are made available to all people in the home to consistently meet their social needs.

At our previous inspection on 17, 20, 23 May 2015, we found the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. We found the provider had failed to ensure that people's needs were always met, as there was not appropriate documentation in place to support staff. At this inspection, improvements had been made and the regulation had been met.

The registered provider had implemented a new care plan that reflected people's preferences. The new care plans included full medical history, allergies, religious beliefs, appropriate risk assessments, contact sections

for family and other professionals, and people's likes and dislikes. For example, one person's care plan identified that they liked to attend the hairdresser weekly; another care plan indicated that one person liked a glass of wine; these wishes were taken into account and respected by staff. Care plans were reviewed on a monthly basis; included input from family members and were appropriately updated. For example, one person's care plan showed that staff had noted a person's decrease in their cognitive abilities. Appropriate referrals had been made to relevant health professionals and the care plan had been updated. People received a full assessment of their needs prior to living in the service and this had been appropriately documented so that staff would be prepared for their arrival. Pre-admission assessments included information on clinical history, medicines lifestyle and part of their life history such as their childhood. Care plans were developed as staff became more acquainted with people's needs, wishes and personalities.

People were encouraged to make their own choices at the service. People's rooms were decorated to their own choosing and included their choice of furniture and personal items. People had choice over what they would like to eat. Each day people could choose from a selection of food options and drinks. One person had difficulty understanding the options for lunch and so a picture menu was implemented to assist them prior to food service. The chef also ensured that there were different options each day and if people did not want what was on the menu, something else could be prepared. During mealtime, one person did not want to have dessert and staff respected this. A member of staff gave the person options of an alternative. People who were in the lounge during activities were asked if they wanted to participate and the activities coordinator respected people's choices.

People and their relatives were encouraged to communicate their views on the service they received. The provider had a complaints procedure in place that people and their relatives told us they were aware of. The acting manager had in place a complaints log to record all complaints received, relevant investigations, their outcomes and how this was communicated to the people involved. People and their relatives took part in yearly satisfaction surveys and the chef used the baking activity to discuss with people future menus. The chef also obtained a good understanding of people's likes and dislikes and as a result had put in place a fried breakfast, and fish and chip Friday. The chef told us, "Not everyone likes fish so we make sure that we also do battered sausage. This gives people the full fish and chip shop experience that they like." 'Resident and relative meetings' took place however the last recorded meeting was in July 2016. We reported this to the acting manager who assured this would be remedied shortly. They told us, "I need to start implementing regular meetings with people living at the service." Not having regular meetings with people and their relatives means that up to date views on the service may not be captured to assist to improve the service.

We recommend that the registered provider puts in place systems to ensure that regular meetings with people living at the service and their families take place.

Is the service well-led?

Our findings

People and staff spoke positively about the acting manager and the improvements made to the service. One person told us, "The manager is nice, she comes into my room to chat." Another person told us, "The manager is new but very promising." One member of staff told us, "The new manager is good and I am confident there will be more improvements." However, people and staff did express concerns about the acting manager not staying at the service. One member of staff told us, "I hope the new manager stays." One person living at the service and their relative told us, "My husband has been here for nine and a half years and we have seen 28 managers come and go." The acting manager was open, honest and transparent and encouraged an open door policy. People, relatives and staff were seen to approach the acting manager during inspection. The acting manager highlighted the improvements that had been made to the service that included implementing new care plans that needed to be completed for all people, improvements with the recruitment process and with people's nutrition. The acting manager also understood where improvements needed to be made and that included improved activities and staffing levels to provide them.

At the time of inspection, there was no registered manager in post and there had been no registered manager since February 2015. During this time there have been acting managers in post who have not completed registration with the Care Quality Commission. There was an acting manager in post who started the role in October 2016 and was going through the processes to be registered with the Care Quality Commission.

At our previous inspection on 17, 20, 23 May 2016, we found the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. We found that the provider has failed to operate an effective quality assurance system to assess, monitor and mitigate the risks relating to the health, safety and welfare of people and failed to maintain accurate records. At this inspection, improvements had been made.

The provider had systems in place to audit and monitor the quality of the service. The acting manager and appropriate staff were completing these audits. The chef was completing a kitchen audit that checked that cleaning was being completed, appliances were checked to be safe and fully functioning, calibration of food thermometer and that all temperatures of food, fridges and freezers were being carried out when needed. From this audit, a shortfall about a freezer's temperature had been identified and remedied. The acting manager was completing care plan audits. One incident had not been recorded in a care plan and their audit had identified this omission. As a result, the care plan had been appropriately updated. The acting manager completed a daily audit of the service and this included staffing levels for the day, checks of rooms and to ensure the two week rota was up to date. In a recent daily audit, it was identified that certain rooms had not been cleaned; this had been reported to the cleaner and actioned. A health and safety audit was carried out on a regular basis and a recent audit identified an issue with the heating system. The audit identified that this had been resolved and there were no concerns identified during our inspection. The person responsible for the maintenance of the premises carried out audits to ensure that all safety certificates were in place and monitor when they needed to be reviewed. Maintenance also carried out audits to identify any potential repairs. A recent accident and incident audit had identified that there was a

pattern with the amount of people having skin tears. Actions included further training for staff on skin viability and moving and handling. Records showed that these training sessions had been provided.

Records relating to the care of people using the service were accurate and complete to allow the acting manager to monitor their needs. The records included information about day to day care and professional input when it was provided. The records were detailed about people's physical and personal care needs, but did not include information about how people's social needs were met.

We recommend that the system for recording the delivery of care to people on a daily basis is reviewed to ensure it includes people's social needs.

The provider had not ensured the culture of the service was completely person centred. The service was organised and operated in a way that responded to people's physical needs, but did not always meet their social needs. There was a lack of evidence of social activities for people who remained in bed and staff did not always take opportunities to talk with people outside of providing for their physical care needs due to time restrictions to ensure that all personal care needs were met. All the staff we spoke with told us that this was the people's home and they want to provide the best care they can for them but they are restricted by what they can do.

The acting manager had not consistently notified the Care Quality Commission of incidents as per the Health and Social Care Act 2008 legal requirements. When a submission to the Deprivation of Liberty Safeguards (DoLS) had been authorised by the Local Authority, the Care Quality Commission had not been notified. We spoke to the acting manager who was aware of all notification obligations. Our records show that authorisations were being received prior to the acting manager taking post but we were told that there had been an authorisation since that time. The acting manager told us, "I will make sure that this is completed and that such notifications are sent as soon as we are sent the authorisation." Staff acted in accordance with the Mental Capacity Act 2005 Deprivation of Liberty Safeguards code of practice and referred to the local authority when appropriate; therefore, people were not at risk due to this omission. All other statutory notifications were being received by the service in a timely manner.

We recommend that the acting manager puts effective systems in place to ensure that DoLS authorisations are notified to the Care Quality Commission.

People, relatives and staff had ways to communicate their views of the service. A 'Resident and Relative meeting' had been held in July 2016. In the meeting, people had requested more sandwich variety and one person asked about getting involved with gardening. Since this meeting, these points had been actioned. The service now has a gardener and people's records showed that they took part in gardening activities. There was also a suggestion box in the entrance hall that people and relative were free to use. The provider gave people and relatives a yearly survey to complete. The last survey showed that people were satisfied with the level of care that was being provided. Under the 'any other comments section' people and relatives had stated their wish to have more activities. However, there were no questions asked in relation to the activities being provided to people. We reported this to the senior management team. Staff could communicate with the management team through regular staff meetings and one to one supervisions. Staff told us that they could use these sessions to express their views. However, there was no staff survey carried out by the registered provider.

We recommend the provider seek guidance from a reputable source to ensure that staff views are being captured, recorded and acted on.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The provider had not ensured that people's personal records were kept secure at all times.
Treatment of disease, disorder or injury	regulation 17(2)(c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Diagnostic and screening procedures	The provider failed to deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff to make sure that they can meet people's care and treatment needs.
Treatment of disease, disorder or injury	Regulation 18 (1)