

Ashill Lodge Care Limited

Ashill Lodge Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 22 January 2019 and was unannounced. At the last inspection on 12 and 14 December 2017 the service was rated as requires improvement in each key question we inspect against. This was the first inspection to the service since a change of provider. There was no registered manager at the time of the last inspection but one was appointed shortly after our first inspection under the new provider. Six regulatory breaches were identified which included concerns about staffing levels, oversight and management, the care and safety of people using the service, insufficient support and training for staff, insufficient staff recruitment processes and poor person centre planning to ensure people's needs could be met. The statement of purpose was also out of date. Following this inspection, a report was issued and the provider sent an improvement action plan detailing what actions they had taken. This has been systematically updated and shared with the Care Quality Commission (CQC) and the local authority quality monitoring team who have supported the provider to make the necessary improvements. Since the last inspection another manager was appointed but has subsequently left, a new manager came into post without delay and we have sought additional assurances from the provider about this.

Ashill Lodge is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection.

Ashill Lodge provides accommodation and personal care to a maximum of 20 older people, some of whom may be living with dementia. Bedrooms are arranged over two floors with a stair-lift between them. This makes parts of the home unsuitable for, and inaccessible to, people with significant difficulties with their mobility. At the time of our most recent inspection there were seventeen people using the service.

At the time of this inspection there was a manager in post who was not yet registered with CQC but their registration interview was imminent. 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.

In summary we found the service was improving and people were confident in the care they received. We identified one repeated breach of regulation for safe care and treatment in relation to medicines. The manager was newly in post and had only been in post for three months. They had worked hard to stabilise the service and boost the confidence and morale of staff. They were very focused on people's experiences. The quality assurance systems were not yet fully developed and could not clearly demonstrate how they improved the service based on feedback from people. Record keeping needed to be improved to clearly show people's care needs and how staff were acting consistently to meet them. Staffs knowledge and training required improvement and some staff had not had the support or training they needed in the past so we were not assured of their competency. The environment required some further update but was much improved. The level of activity and opportunity for people also needed improvement.

Since the last inspection there have been two different managers with a third manager starting only recently. We have received a high number of concerns about this service which have recently subsided and there have been genuine attempts to improve the standards of care provided. The service has been supported by the local authority quality monitoring team who recently visited and inspected the service and helped determine what was working well and where the service needed to improve. We found some of the improvements being made were not firmly embedded. We found staff were kind and caring and were being supported to develop their skills and confidence. A new quality assurance lead had been appointed and would oversee the audits and ensure the safety and development of the service. The manager had reviewed the care plans and was developing them to make them more person centred. They had identified training needed by staff and had already put into place staff champions based on their skills and knowledge. Some activities were taking place but these were insufficient and did not support a person- centred approach to care.

The provider was described as supportive and caring to people using the service, even taking people out on occasion. They planned to expand and upgrade the service and had made cosmetic improvements. We found the service was mostly safe and well maintained with staff recognising what actions they needed to take if they recognised a person being at risk of harm or actual abuse. Staffing levels were sufficient but a more clearly defined plan for activities was required. Staff mostly had the skills necessary but more investment in training and staff supervision would enable staff to increase their confidence and recognise when a person's health was not being managed.

The service was working in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA ensures that people's capacity to consent to care and treatment is assessed. If people do not have the capacity to consent for themselves the appropriate professionals, relatives or legal representatives should be involved to ensure that decisions are taken in people's best interests according to a structured process. DoLS ensure that people are not unlawfully deprived of their liberty and where restrictions are required to protect people and keep them safe, this is done in line with legislation. We found that staff understanding of MCA and DoLS was adequate and appropriate DoLS referrals had been made for people. Care records around care and capacity needed review to ensure they were not contradictory.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice

You can see what action we told the provider to take at the back of the full version of the report. Please note that the summary section will be used to populate the CQC website. Providers will be asked to share this section with the people who use their service and the staff that work there.

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 yet safe.

Improvements had been made since the last inspection but we still found a breach of regulation in regard to the safe management of medicines. We noted a number of discrepancies relating to poor recording.

Risks were mostly well managed but not always adequately recorded.

Staff knew how to recognise safeguarding concerns and how to take this forward. Not everything that should have been reported had been in a timely way.

There were enough staff to meet people's needs but insufficient activity during the day.

The service was sufficiently clean and hygiene was maintained.

Staff recruitment processes were sufficiently robust.

Requires Improvement ●

Is the service effective?

The service was not yet effective.

Improvements made since the last inspection meant the service was no longer in breach of regulation.

Progress was being made in terms of ensuring staff had the necessary skills and competence for their job role. Training and supervision was ongoing and planned for the coming year. The manager was not yet able to demonstrate that all the staff had the necessary competencies.

People's health care needs were not robustly recorded and not all staff had enough knowledge about people's needs.

The service supported people with decision making but where they lacked capacity this was not always adequately recorded.

The environment was mostly fit for purpose and there were plans

Requires Improvement ●

to update the building. Refurbishment had been extensive.

Is the service caring?

Good ●

The service was caring.

The staff were caring and promoted people's choices and routines.

People were involved in day to day decisions about their care and had choices about their preferred routines.

Staff treated people with respect and people's care outcomes and experiences were improving.

Is the service responsive?

Requires Improvement ●

The service was not yet responsive.

Improvements made since the last inspection meant the service was no longer in breach of regulation.

Care plans were not all up to date and not used by staff to inform the care they should be providing.

People were not sufficiently occupied throughout the day and did not have sufficient opportunity to be.

There was an established complaints procedure and the service considered people's feedback.

Is the service well-led?

Requires Improvement ●

The service was not yet well led.

Improvements have been made since the last inspection but we identified a breach of regulation 12 in regards to the safe administration of medicines.

The service had undergone a number of changes recently and had a change of ownership in 2017 and has since had three managers. The new manager was making good progress and has made some changes to the service delivery. The changes were not yet fully embedded and until they are we are not able to rate the service as good.

There are systems in place to assess and improve the quality of the service provided and to improve the environment in which people live.

Ashill Lodge Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. The inspection took place on 22 January 2019 and was unannounced.

The inspection team was made up 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.

Before the inspection we reviewed information already known about this service including the previous inspection report, their action plan and feedback we had requested from the provider in response to concerns raised. We reviewed feedback from share your experience forms and statutory notifications made to us. These relate to information about specific events taking place in the service and which they must tell us about by law. We have had regular communication with the Local Authority quality improvement team who have been supporting the service to improve. Their view was improvements were being made. We received a provider information return. 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.

As part of our inspection we spoke with the manager, a senior care assistant, two care staff, the maintenance person, the housekeeper, the cook and the administrator. We spoke with four people using the service and two visitors. We spoke with three relatives following the inspection. Some people were not able to tell us about their experiences of care so we used observations to make a judgement about the care they received. We reviewed three care plans, three staff files and other records relating to the management and oversight of the service.

Is the service safe?

Our findings

We last inspected this service on 12 and 14 January 2017 and rated this key question as requires improvement. At our most recent inspection on 22 January 2019 we found a repeated breach of regulation 12: safe care and treatment.

At our last inspection we found a number of breaches in regulation. This included regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment. We found concerns about how risks were assessed and managed. We had concerns about fire safety and staff knowledge of safety procedures. There were concerns about the safety of medicines and people not always having access to the medicines they needed. There were also concerns about the cleanliness and maintenance of the service. We also found a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, for fit and proper person's employed. We also had concerns about staffing levels within the service but did not consider this to be a breach of regulation.

At our recent inspection we found some improvements had been made.

The service still did not have safe systems in place to ensure medicines were administered as required and staff could account for medicines administered. For example, we found gaps in recording relating to patches applied to the skin and could not always see when the patches had been applied and changed. This meant we could not be assured that the patch was sufficiently rotated to reduce the risk of skin irritation. Medicines were not always dated when opened so staff could observe the best before date. This meant medicines could lose their effectiveness if out of date. There was some incorrect information about the number of tablets carried over from one month to another. We also noted that the administration of controlled drugs required two signatures in the controlled drugs register and this was not happening with only one signature being recorded. This increased the risk of staff error with medicine administration. Staff were not always recording the fridge temperature where some medicines were required to be kept which meant we could not see if medicines were being stored according to the prescribers instruction. We found there were protocols in place for prescribed when necessary medicines but these had not been reviewed when they were given regularly. They need to be reviewed to establish if they need to be prescribed as a routine prescription on a more permanent basis.

Medicine audits were completed by the senior staff and the manager both weekly and monthly. They did identify issues but not always the actions taken to address any shortfalls identified. The service had not identified the issues we picked up. The issues we identified meant we were not assured people always received their medicines safely and as intended.

We noted staff administering medicines were disturbed by other staff whilst administering medicines which could increase the likelihood of a mistake being made.

This supports a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014, Safe care and treatment.

We observed medicines being administered and this was done in a safe, timely way with staff asking people's consent and observing them whilst they took their medicines before signing to say it had been administered. People told us they received their medicines as intended. One person said, "Medication is usually on time. They watch me put them in my mouth and they pour me a drink to wash them down."

Medicines were administered by staff who had received the appropriate training and only after they had been assessed as competent to administer medicines. The manager acknowledged that currently only one night staff member was qualified to give medicines. The only medicines required at night was on a administer when necessary basis and should someone require medicines at night the on- call person could be contacted. The manager said more staff were being trained and they were undertaking everyone's competencies and evidence of this was provided.

One person administered their own eye drops and there was a risk assessment in place for this and the person had been assessed as having capacity to do this safely. Medicines were stored safely and the trolley locked when not in use.

The service was planned around the needs of people using it. Documentation showed how staff had considered individual risks and risks posed from the environment. Steps had been taken to reduce the impact of risk on individuals. People told us they felt safe and told us what helped them feel safe was having enough staff to check on them. One person said the staff responded to any change in their need and called the doctor when necessary which helped them to feel safe.

Individual risk assessments were in place and in people's care plans. Staff assessed people's capacity to make their own decisions and the right to take risks as they chose as long as they had capacity to do so. We looked at documentation for one person who was at risk of choking. We observed them at lunch time and they were eating a normal diet, including chips and were coughing whilst eating. Staff said they chose to eat a normal diet which they said went against the advice of the speech and language team (SALT) to have a soft diet. They had been assessed as having capacity to make this decision and understood the consequences. We found however the guidance from the SALT team was not available in the person's file. This meant we only have the services word that the risks had been fully discussed with the relevant professionals.

During our inspection we did not identify any immediate hazards for people's safety. The service was clean and well maintained and records inspected showed there was a programme of routine servicing, replacement and repair. We looked at audits in relation to call bells, fire safety, portable appliance testing, gas safety, equipment testing including walking frames and wheelchairs. These were in order. We asked about fire safety as this was a concern last time. Staff had received a debriefing about fire safety, where the fire exits were and actions they should take on discovering a fire. Safe zones had been identified within the service which were located near fire exits. Fire doors which were regularly checked would keep a fire back for half an hour. There was a fire risk assessment and plan in place and fire drills helped to establish that staff knew what actions to take. There had not been a fire drill at night which was a time of reduced staffing. The maintenance staff said they would organise this.

The service had a record of accidents and incidents and staff were able to tell us what actions to take should someone have a fall and sustain an injury. Records included body maps and any actions taken to reduce the likelihood of it happening again. There was a record of falls including the time and date and a description of what happened but there was not a detailed analysis of this to help identify any themes or patterns. For example, if most falls occurred at a time of day this might be indicative of less staffing. We discussed this with the manager who told us that they held monthly management meetings where they discussed any

events affecting the safety of people using the service. They said they carried out daily management walk arounds and handovers which ensured risks were established and handed over. We noted the daily handover was missed completely on some days which meant systems established to identify risks were not firmly established.

There were arrangements in place to ensure the service was kept clean and the risks of cross infection were minimised. We noted staff wore aprons, and hair nets when serving food and when entering the kitchen took sensible precautions to reduce infection. Hand-gel was around the service with reminders for staff to use it. Chemicals were locked away when not in use. Staff had received training in infection control and had sufficient understanding of this. We found the service was clean with daily records showing what tasks were undertaken which included deep cleaning of the service. Domestic staff were currently employed over five days a week which resulted in them feeling a bit stretched. They expressed concerns about doing the domestic tasks and keeping up with the laundry. The facilities in the laundry could be improved upon as there was only one washing machine and dryer, the latter was said to frequently break down. The number of domestic staff on shift varied, sometimes one and at other times two. Staff reported it was better with two as this was a big service to clean. A recent staff member had been recruited to cover weekends which should help ensure high standards of cleanliness are maintained. We received concerns from relatives about the laundry and one relative said that clothes they had purchased for their family member were sometimes worn by other people or disappeared. They had raised this with the service.

Staffing levels during the day were decided by a dependency tool which looked at people's needs and the likely level of support they would require. We found there was some fluctuation of staffing levels and there was not a clear rationale for this. There was a reduction in staff in the afternoon/evening and across the night shift which could impact on the care the service was able to provide. People spoken with however did not have concerns about staffing levels or response times to their call bell. One person said, "Most of the time there are enough staff." Another said, "Yes, there's certainly enough staff for my needs."

We were unable to establish if there was an increased risk due to a reduction of staff because the service did not sufficiently analysis data about falls or other incidents to see if these had any bearing on staffing levels. Staff reported there being enough staff on duty but said some days were busier than others and at times they could be really stretched. Some people required high levels of support and care. We observed staff working well as a team and some staff were able to side step into different roles to ensure there was adequate cover. We saw there was a recent impact of the lack of designated activity hours. The designated activities person was on extended leave and the staffing rota did not identify a specific person to oversee activities. This resulted in no clear plan for the day and people spending a disproportionate amount of time with little to do. Domestic staff were also reported to be a little stretched.

Staffing had changed recently with a lot of staff leaving and staff being recruited. At times there had been high use of agency staff to help ensure shifts were covered and to ensure people's needs could be met. There was a gradual reduction in agency staff as new staff had been appointed. The service used three agencies and were able to demonstrate that the agency staff used were regular to the service and familiar with people's needs. The service sought assurances from the agency that the proper recruitment checks had been carried out and they had received the training considered mandatory. The manager could not however produce an on-site induction record for agency staff to show they were familiar with the building, safety procedures and people's needs.

Recruitment records for permanent staff were filed and indexed and showed how the service had ensured the person was fit for employment. The service had taken up references, previous employment history and proof of identity and address. A disclosure and barring check helped to ensure the person had not

committed an offence which might make them unsuitable for employment. Interview notes were kept but these were scant and did not link to a personal specification or job description or clearly show how the person through their interview demonstrated their suitability for the role. This was discussed with the manager for them to address.

There were systems in place to ensure people were safeguarded from possible abuse and staff received training to help ensure they understood their responsibilities. A recent audit from the local authority had identified that the previous manager had not been reporting all safeguarding where people had suffered harm from an incident or accident within the service. The service responded appropriately by completing retrospective safeguarding concerns. We reviewed a number of safeguarding concerns and found issues were being referred when required to the local safeguarding team and the Care Quality Commission (CQC). We noted however that a recent theft at the service had not been reported and asked for this to be referred. The manager must ensure that all staff with responsibility for leading the shift have a sufficient understanding of what needs to be reported without delay.

Is the service effective?

Our findings

We last inspected this service on 12 and 14 January 2017 and rated this key question as requires improvement. At our most recent inspection on 22 January 2019 we found it still required improvement.

At our last inspection we found a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing. We found staff did not receive proper induction and support to help them become competent in the job role. At our most recent inspection we found the service was no longer in breach of regulation but further improvement was required.

Staff were supported to be effective in their role and meet the needs of people using the service but this was still work in progress. Since the last inspection a number of staff had left and there was a new manager in post. A lot of new staff had been employed in the last six months. New staff had received an initial safety briefing and familiarisation of the building. An induction record was in place but this was basic and all subjects covered and signed on the same day. The manager confirmed new staff who were inexperienced in care did the care certificate, a nationally recognised induction for care staff. The manager however was unable to confirm how each member of staff were progressing or if they had all started the care certificate induction booklet. New staff worked alongside more experienced staff when first starting work.

The manager had set up regular supervisions for staff so they would be able to identify any issues with their performance and they regularly worked alongside staff. They told us they were setting up dates for annual staff appraisals and regular opportunity's for staff to meet and discuss the service such as team meetings, and head of department meetings. They were able to give examples of how they had tackled poor performance and said in future they would like to carry out observations of staff practice for all staff as part of their supervision. This had already happened for staff administering medicines to ensure they were competent.

Staff training was on going but a lot of training was based on e-learning and it was not clear how the manager ensured staff had sufficient knowledge and how this was embedded in their practice. The manager intended having more recorded observations and discussions with staff to ensure they had sufficient understanding for their role.

The manager had identified additional training for staff based on the assessed needs of people using the service, such as dementia care and end of life care. The manager had identified lead roles for staff based on their knowledge and interest. For example: infection control, dementia care and information technology. Staff would support other staff and keep up to date with best practice and cascade their knowledge to other staff. They said there would be opportunities for staff to attend external events and said some staff had recently enrolled in professional courses.

The manager was continuing with their ongoing development and had signed up for courses and conferences to keep their knowledge up to date. They had liaised with the local authority quality monitoring team and accessed training made available through them. They told us they had familiarised staff with the

key roles of other professionals including the local authority, the clinical commissioning group and the CQC. There was up to date guidance and literature of best practice in the staff area and staff were encouraged to reflect on their practice. Staff meetings were used to consider how the month had gone, any risks or events and what could be learnt from them to help improve the service. Staff spoke positively about this and said the culture the manager had created was a learning culture. One staff member said they were learning every day and the manager led by example. Staff reported an increase in morale and well-being and felt the service provided was open and transparent.

People's health care needs were mostly met. Staff told us that they were well supported by other health care professionals and people had a choice between three GP practices and regular district nurses and health care practitioners. People told us they had their health care needs met. One person said, "A dentist, optician etc is arranged on request to the office." Another person said, "A chiropodist is arranged. I have an account in the office to pay for these things when necessary. The staff are trained to look after our fingernails."

We found gaps in people's records relating to their health care needs. We also found gaps in staff knowledge about people's health care needs which meant they might not be confident in managing these or recognising when a person was becoming unwell. We looked at people's records which gave some good information about people's health care needs. For example, a diabetic care plan which was in sufficient depth. It however spoke about monitoring the person's blood sugars monthly but there was no record of this being done. The manager said the GP had advised this was no longer required but we could not see this recorded anywhere. For another person with diabetes this was mentioned in their care plan but there was no separate diabetic care plan to support staff. Staff referred to guidance for another person about their diet as recommended by the SALT team but this was not seen in the file. Another person took medicines to regulate their pulse. There was no record of their pulse being checked which was important to ensure the medicine was only given when needed.

We reviewed fluid records and saw in the main people had achieved reasonable targets although amounts were not always totalled or checked. Staff told us that when supporting people, they might tell the member of staff updating records how much a person had eaten or drank. It is important that records are completed contemporaneously and by the person delivering the care to help ensure their accuracy and accountability. We found gaps for some people in terms of their weight record and malnutrition screening tool. Staff told us these were kept in the person's care plan but this was not the case for one person. Staff when asked had not had training for key aspects of their role or to help them meet the health care needs of people they were supporting such as diabetic care. This meant we were not confident staff had the knowledge necessary to recognise when a person might require health interventions.

People received adequate nutrition and hydration for their needs. We did however observe that meal time was not the social occasion it could be. There was limited communication between people using the service and staff did not sit with people to encourage them or enhance their meal time experience. Staff stood around near the kitchen rather than sitting with people.

People said the food was good, one person told us they had a low sugar diet due to their diabetes. One person said, "You get a choice of food, there's good variety and the food is good. There's plenty of vegetables."

Through our observations of lunch, we saw food and drink was made available to people at request. People had a choice of where they took their meals and what they wished to eat. Staff asked people what their preference were giving them a number of choices. Choices could be enhanced further if staff used the picture cards or showed people the alternative plated food options so they could make a positive choice

and change their mind if they wished. There were no menus showing what the main meal was. We received some concerns prior to the inspection that the food provided to people was limited and was 'low budget.' We viewed the menus the cooks were asked to work to but they said they could add dishes if people said they enjoyed them. There were two alternatives at lunch time and usually sandwiches, soup or another hot option at teatime. Some of the options might not be in keeping in with people's experiences such as chicken dippers, hamburgers etc but there was scope for people to have choice. Cooked breakfast options were limited to once or twice a week and the cook said foods were not always made from scratch. The cook had a list of people's dietary needs and preferences but not clear information of those prone to unplanned weight loss. Several people were on supplements and food/fluid charts but this information was not known to kitchen staff. Regular drinks trolleys went out for people accompanied by cakes or biscuits. There was nowhere in the service where visitors or people could make themselves a drink and there were no snack stations around the home. The cook said there was fruit and crisps available but these were not evident in the service. The service monitored people's weights and supplements were prescribed when necessary but this could be reduced if people had more access to foods they might like to eat regularly.

The environment was mostly fit for purpose but was dated and we had concerns about the safety and accessibility of the stairs. Both sets of stairs leading to upstairs bedrooms were uncomfortably steep and had quite narrow treads. The main stairs had a chairlift but the installation had encroached to the extent that the single handrail had to be reached by stretching across the rails and was high. There was only one handrail possibly due to the narrowness of the stairs.

The provider had systematically improved the environment since they purchased it in 2017. Staff who were familiar with the service told us about the changes already made. Most of the flooring had been replaced, carpets only remained in a few rooms but on the whole lino was across the service and was hygienic without any smells. Communal areas had been decorated and homely touches added. The service was a good size and there was a choice of areas people could sit and good outside space. The dining room was next to the kitchen so people could smell the food being cooked. Plans were afoot to open an additional unit which would be attached and provide additional bedrooms. The plans included a lift to help improve access. Ongoing refurbishment and replacement was planned. For example, scuffed skirting boards were to be replaced with a plastic alternative which would help improve the appearance of the service.

There was some personalisation and signage around the service and people had nice rooms which contained their personal belongings. There were games and things to occupy people and some people were sufficiently engaged. People had access to an enclosed garden.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

Staff had sufficient knowledge about the principles of the MCA and supported people to make choices about their daily care and positive risk taking. Care plans included a record of the persons consent to care and care

related tasks such as support with medicines. We saw some gaps in terms of recording. For example, where people had been assessed as unable to consent to care and treatment it was not clear who should or had been involved in making decisions on their behalf. The manager was reviewing records to clearly establish if any person had someone with enduring power of attorney for finance and/or health and welfare. Once this was clearly established then staff could ensure they were clearly consulted. In principle there was evidence that relatives were routinely contacted but it had not been clearly established if they had the authority to act on the persons behalf. There was some information about people's advanced wishes should they become ill or require treatment. This was yet to be established for everyone.

We saw a folder which recorded any DoLS which had been authorised or those applied for but not a date when they needed to be renewed by. Guidance was in place for staff about MCA, DoLS and advice about possible scenarios which might arise and actions staff might consider.

Is the service caring?

Our findings

We last inspected this service on 12 and 14 January 2017 and rated this key question as requires improvement. At our most recent inspection on the 22 January 2019 we have rated this key question as good.

At our last inspection we did not identify any breaches of regulation in this key question but highlighted areas where the service needed to improve.

At this inspection we found the service was providing good outcomes for people. People gave us positive feedback. One person said, "The staff are very good. They'll get anything for you and are very friendly. I'm well looked after." Another person said, "I think the staff are marvellous. I've never had a bad word with any of them." Relatives spoke of an inclusive service, they told us staff were always cheerful, friendly and helped them feel welcome and involved in the care provided. They were all aware of who the provider was and said he helped and worked along staff and took people out. All relatives spoken with felt they were approachable and had high standards and would address poor practice.

Staff were observed treating people with compassion and dignity. Staff were caring and knew people well. Staff respected people's privacy and knocked on rooms before entering. We noted staff supporting people discreetly with their personal care and doors were kept shut to give people their privacy. Relatives reported that staff supported people whose behaviours could sometimes be challenging for staff. They said they did this well and were calm and reassuring.

People had sufficient space and were supported to make decisions about where they spent their time. We found people were well dressed and staff told us the service considered people's preferred routines and preferences. For example one person went out regularly for a cigarette, another helped the maintenance staff with odd jobs, some people stayed in the room but were encouraged to come out, some people said they had been taken out for a coffee. Staff said that they knew people's routines and offered people baths, or showers depending on their needs and wishes. The staff were observed to be relaxed as they went around supporting people and stopped to chat. The morning shift was busy and there were some missed opportunities to engage such as lunch time when staff did not sit with people in the dining room and encourage them to eat. We noted that some people were anxious by our visit and staff were on hand to support people and did so gently and with humour.

We noted people were encouraged to stay independent, one person told us they liked to walk up the stairs to try and stay fit but also had the option of the stair lift. We saw staff supporting and encouraging people to walk but ensuring their safety at the same time. We noted at lunch time most people ate independently and some people had plate guards to help them. We noted condiments were on the table so people could help themselves but felt the service could encourage people's independence further by putting sauces/gravy on the table so people could help themselves. One person was administering their own eye drops and the service had assessed people's capacity in line with positive risk taking.

People were consulted about their daily routines and preferences and there was some information in people's care plans about their life history and what was important to them. Care plan reviews were being held and families were involved. Evidence of regular resident/relative meetings was not provided but this is something the new manager was trying to instigate and they had held a family meeting in December. They told us they planned to put dates in for the rest of the year so people were aware in advance. Daily walk rounds helped to ascertain how people were and if there was anything people were unhappy about. Resident of the day when running effectively could be a useful tool and be able to demonstrate how the service considers people's experiences and feedback.

Is the service responsive?

Our findings

We last inspected this service on 12 and 14 January 2017 and rated this key question as requires improvement. At our most recent inspection on the 22 January 2019 we found it still required improvement.

At our last inspection we found a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, person centred care. We found people's care was not always properly assessed, planned and delivered taking into account their needs and preferences. We also found people had a lack of opportunity to engage in meaningful activity in line with their interests.

At our most recent inspection we found the service supported people in the way that they wished and were sensitive toward people's individual needs. A relative told us, "They do keep in touch with me and I am consulted about her care." Another relative said, "They keep me informed how she is, especially if she is not well."

We found the service did not sufficiently converse with people or help them to occupy their day in ways that would support their wellbeing. There was one planned activity on the day of inspection which was bingo. No one we spoke with said they joined in any activity. One person said, "I read and watch TV but the activities in the lounge do not generally interest me." There was not a member of staff currently designated to plan activities and help ensure they took place regularly.

There was an activity board which was not prominent and very small showing what was planned. There was no newsletter showing forthcoming events. Staff told us what people did during the week but agreed things were not regularly planned. Staff said people helped the domestic staff, some folded laundry, one person was in the kitchen the previous week peeling potatoes and we saw people with newspapers and games such as jigsaws and several people knitting. Some people reported going out with staff for a coffee which they clearly enjoyed.

People's experiences would be enhanced by regular opportunities to partake in activities based around their needs and interests. We found some people did not leave their room and for those who did there was limited engagement with others and staff and therefore little incentive to come into communal areas. We found that although the service had different areas people could use this was somewhat restrictive. The dining room was not currently big enough to accommodate everyone at the same time. One of the main lounges was exclusively occupied by one person who did not like the company of others, this potentially restricted other people.

People had an assessment of their needs and a care plan was put in place to tell staff what people's needs were and how they should be met. This helped ensure people had their needs met consistently by staff. People told us that they could choose how their care was delivered. One person said, "I look after my own affairs and I go to bed and get up whenever I like." Another person said, "I can get into and out of bed myself, so I can choose my own times."

We spoke with staff and they had a good understanding of people's needs but relied on daily handovers to tell them of any changes in people's needs and did not always refer to the care plans. This meant they might miss information pertinent to the individual. Some care plans had been recently reviewed and were more in depth but the manager told us they had not yet reviewed or reformatted all the care plans. Staff delivering care were not always the ones recording in people's care records which increased the risk of inaccurate recording and reduced accountability. Care reviews were taking place to help ensure people's records reflected their needs. Families were being invited to these. The service had a resident of the day when the person's care plan was reviewed and staff asked people if they had any concerns regarding their care, support, their environment, their nutrition and arrangements for laundry. We could not see where this was recorded or how staff involved people in the process. Staff told us they just checked everything, (records) were up to date and did not always do this with involvement of the person. We discussed this with the manager and said in order for this to be effective it should be recorded and show clear outcomes for people using the service i.e., 'you said we did,' to demonstrate how the service considered people's feedback in shaping the service.

We found that care plans sometimes lacked clarity and recording was not always consistent. For example, a care plan reported that a person could get upset and distressed but there was no guidance about what staff should do or possible triggers relating to an escalation of the person's behaviours. Training had been identified for staff in managing behaviours but staff also needed clear guidance and an understanding of distress behaviours. Records were not always cross referenced so staff would be aware of what documentation was in place and where to find it. For example, we saw from a person's daily notes that there was a behaviour chart staff were expected to complete to help identify any patterns or triggers for their negative behaviour. There was no mention of this in their care plan which meant it could be overlooked by staff. We found gaps in recording in terms of risk, guidance from other health care professionals and daily charts such as food/fluid intake.

The service considered people's wishes regarding end of life care and offered a service for as long as appropriate. We saw some advance care planning which documented people's wishes in terms of where they would want to die, if they wanted any invasive treatment, pain relief and contact arrangements with family. Additional records were put in place to monitor the person's skin integrity and physical health. The manager told us this was an area they would like to improve on to enhance people's experiences. They were organising comprehensive training for staff and signed up to be part of a NHS end of life project. The project included training for staff and the service was expected to develop a portfolio of evidence which matched gold standards for end of life care. As part of this an end of life care champion had been identified within the service to collate the evidence.

The service had an established complaints procedure and considered feedback it received about the service. We saw a lot of positive compliments and cards from relatives. We saw a record of complaints which had been responded to within the time scales. The complaints did not include detail about whether the complaint had been substantiated or if clear action had been taken to resolve the complaint.

Is the service well-led?

Our findings

We last inspected this service on 12 and 14 January 2017 and rated this key question as requires improvement. At our most recent inspection on the 22 January 2019 we found it still required improvement.

At our last inspection we found a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance. We found the service was not consistently well-led. Changes in the leadership of the service compromised consistency and there were poor systems in place to monitor compliance and improve the service. At our latest inspection we found the service was still in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment. Medicines were not properly recorded to show they had been safely administered.

At our most recent inspection we found a new manager was in post and had been for three months. They had replaced the previous manager. This is the third manager since 2017 which has clearly had an impact on the service and has meant the service has not made the progress we might have expected given its previous rating. We were however confident that the new manager demonstrated a passion and commitment to getting things right and had already made progress. They worked on the floor and had developed positive relationships with people using the service, staff and professionals. We spoke with staff, relatives and people using the service who were complimentary about the new manager. One relative said, "The difference in the atmosphere is very noticeable, much better with the new manager." A person using the service told us, "The manager is approachable and is regularly seen around the home and she helps with the meal at lunchtime." Staff also expressed their confidence and felt they were getting the support they needed. The feedback about the provider was that they were supportive but we felt they had not always had clear oversight of the service in terms of providing good outcomes for people. They now held regular management meetings with senior staff and had appointed a staff member to oversee quality audits.

The manager had already identified staff champions and had identified additional training for staff to help support them in their role. They had identified that e-learning for some staff was not enough to give the staff the confidence they needed. They were investing in a more in-depth induction for staff and setting up regular supervisions to support staff's professional development. This would take time to embed.

The service was not yet person centred and did not clearly demonstrate how it was providing good outcomes for people. This was because staff had not been adequately supported in the past and there had not been clear systems to induct, support and monitor staff's performance. Care we observed was good but did not always focus on the specific needs of individuals. For example, there was not a good understanding of people's behaviour, how it impacted on others and what affected people's behaviour. Care plans did not give clear guidance or strategies to follow to reduce people's anxiety and distress. The care plans were not all a good standard and staff did not always use them as a frame of reference to help ensure consistency in care giving. Staff did not have sufficient knowledge about people's health care needs and the impact this might have. Staffing numbers were adequate but currently people had little in the way of meaningful occupation or sufficient opportunity to pursue their interests and hobbies.

The service was not yet able to clearly demonstrate how they communicated their values in care and ensured people's feedback was listened to and acted upon to improve the service. Resident/relative meetings had been held and were scheduled every months. They did not clearly show what actions had been taken or carried over from meeting to meeting. The service had appointed a quality lead to complete regular audits which had previously been completed by the provider. They had only been in post for a month so had not yet had the opportunity to impact more positively on the service. The manager told us they had circulated surveys to relatives to gauge opinion. This was a positive start but when asked if these had been circulated to staff, and people using the service. This meant the service had not yet collated information about the service from its stakeholders about how well they were performing. This would be a useful indicator for the service.

There were systems in place to assess risk and help reduce the likelihood of incidents occurring which could affect the safety of people using the service. There was a schedule of servicing and planned maintenance to ensure equipment was safe to use and the environment was fit for purpose. We viewed risk assessments and emergency contingency plans. There was a record of events and incidents affecting the safety and well-being of people using the service but not all safeguarding's had been reported in a timely fashion and there was not a clear record of past concerns. Record keeping required improvement. Incidents, accidents and falls were collated but we were not provided with clear evidence of how this information when collated was clearly analysed or actions taken reviewed to ensure the responses were timely and appropriate.

Community engagement was an area the service could continue to develop. Relationships with family were positive and people had limited access to the community. The service did not have any volunteers or regular access to befrienders or others who could help enhance the well-being of people using the service. It was recognised that some people using the service were significantly younger than others and could benefit from interactions from younger people away from the service if they wished.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>There was not safe systems in place for storing checking and recording medicines to ensure it was administered as intended.</p>