

Abbey Health Care Limited

Abbey Court Nursing Home - West Kingsdown

Inspection report

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Ratings

Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service effective?

Inadequate



Is the service responsive?

Requires improvement



Is the service well-led?

Inadequate



Overall summary

We carried out an unannounced comprehensive inspection of this service on 05 and 09 March 2015. At which four breaches of legal requirements were found. There were breaches for consent, governance, records and medicines management. We issued requirement actions in respect of these breaches. After the comprehensive inspection, the registered manager completed an action plan to meet legal requirements in relation to the breaches.

We undertook a focused inspection on the 29 June 2015 to check that the registered manager had followed their action plan and to confirm that legal requirements had been met.

This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Abbey Court Nursing Home – West-Kingsdown' on our website at www.cqc.org.uk

Summary of findings

There were 22 people living at the service. People received nursing and personal care. Older people with physical, mental health and sensory loss needs and people living with dementia received care and treatment at the service.

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

At our focused inspection on the 29 June 2015, we found that the registered manager was following an action plan which recorded some of the actions to address shortfalls from the last inspection. Some improvements had been made since the last inspection, however not all legal requirements had been met. Breaches of regulation with regard to consent, governance and records identified at the inspection in March 2015 had not been adequately addressed. We identified two additional breaches of regulation with regard to premises and person-centred care.

Staff had received training on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). This legislation sets out processes to follow when people do not have capacity to make their own decisions and what guidelines must be followed to ensure people's freedoms are not unlawfully restricted. However people could not be assured they were provided with care and treatment they had legally consented to. The registered manager and senior staff had not followed correct guidelines to assess people's mental capacity. This could mean that people were unlawfully deprived of their liberty.

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

Some improvements had been made to the quality assurance systems, however further improvements were needed as there were still some shortfalls as identified at the previous inspection. The registered manager had not systematically reviewed and implemented the necessary improvements to the quality assurance systems. The registered manager had not acted on all breaches of

regulation and recommendations made at the last inspection. The registered manager had not systematically monitored progress against their action plan to improve the quality of the service or taken appropriate action where progress was not achieved as expected.

This is a breach of regulation 17 of the HSCA 2008 (Regulated Activities) Regulations 2014.

The registered manager had not made improvements to ensure environmental adjustments had been made for people living with dementia.

This is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Premises and equipment.

The registered manager had not made improvements to provide activities suitable for people living with dementia and confusion related to other health conditions.

This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Person-centred care.

The registered manager failed to produce full records of personal emergency evacuation plans (PEEPs) to show how people would be supported to vacate the premises in the event of a fire. They did not send us all information as requested after the inspection and could not produce all records in a timely manner on the day of the inspection.

This is a breach of Regulation 17 of the HSCA 2008 (Regulated Activities) Regulations 2014.

Improvements had been made to the management of medicines. This met the legal requirements. This ensured that people received their medicines safely and in line with their prescriptions.

The overall rating for this provider is 'Inadequate'. This means that it has been placed into 'Special Measures' by CQC. The purpose of special measures is to:

- Ensure that providers found to be providing inadequate care significantly improve.
- Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.

Summary of findings

Services placed in special measures will be inspected again within six months. The service will be kept under review and if needed could be escalated to urgent enforcement action.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The required action had not yet been taken to improve the safety of the service. This meant that the provider was not meeting legal requirements.

People were not always protected from the risk of cross infection. Cleaning schedules required additional detail to enable the registered manager to monitor which areas of the home had been cleaned each day.

The registered manager had not updated or provided all PEEPs records to show how staff would support people to safely evacuate the premises in the event of an emergency.

Risk assessments were up to date so staff had the most current guidance about how to support people safely.

Medicines were administered and recorded safely.

Inadequate



Is the service effective?

The required action had not yet been taken to improve the effectiveness of the service. This meant that the provider was not meeting legal requirements.

The registered manager had not followed guidance to assess people's mental capacity under the MCA and DoLS. People were not provided with care and treatment they had lawfully consented to.

There was no suitable signage for people with dementia or items within the premises to stimulate people's interest.

Staff had received training they needed for their role, which included training in dementia care.

Inadequate



Is the service responsive?

The required action had not yet been taken to improve how the service responds to people's individual needs. This meant that the provider was not meeting legal requirements.

The provision of activities was limited and did not take into account the needs of people living with dementia and those experiencing confusion related to other health conditions.

Requires improvement



Is the service well-led?

The required action had not yet been taken to ensure the service is well-led.

This meant that the provider was not meeting legal requirements.

The registered manager did not have effective quality assurance systems in place to record, monitor and address all shortfalls in line with agreed timeframes.

Inadequate



Summary of findings

<p>The registered manager had not put in place specific activities or environmental adaptations to meet the needs of people living with dementia.</p>	
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Abbey Court Nursing Home - West Kingsdown

Detailed findings

Background to this inspection

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

We undertook an unannounced focused inspection on 29 June 2015. This inspection was completed to check that improvements to meet legal requirements planned by the registered manager after our comprehensive inspection on 05 and 09 March 2015 had been made. We inspected the service against four of the five questions we ask about services: is the service safe, effective, responsive and well-led. This is because the service was not meeting legal requirements in relation to these questions.

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

We spoke with three people and two of their relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with the registered manager, matron, nurse, administrator and two members of care staff. We also spoke with a member of the housekeeping team and the cook. We looked at the care and support that people received. We looked around the premises and at people's bedrooms, with their permission. We looked at care records and associated risk assessments for seven people. We inspected medicine administration records (MAR). We looked at management records including audits, staff rotas and records of staff training and support.

Is the service safe?

Our findings

At the comprehensive inspection in March 2015, there were personal emergency evacuation plans (PEEPs) in place so that staff knew how to support each person in the event of a fire or other emergency at the service. The plans contained basic information and needed to be brought up-to-date to reflect changes in the support some people would require in this situation. We recommended that plans for the support of people in the event of an emergency at the service were reviewed to reflect people's current needs and to ensure they were in line with published research and guidance.

At this inspection some improvements had been made to PEEPs, however there was still a shortfall. Ten out of twenty-two PEEPs had been updated to provide more detailed information. Details included the person's mobility and sensory needs and the equipment needed to enable staff to support people to safely evacuate the premises in the event of a fire. Senior nursing staff told us that they had completed PEEPs for everyone at the home. However, all PEEPs records were not made available on the day of the inspection as they could not be located. People could not be assured that they would be safely evacuated in the event of a fire as detailed information was not available on each person's needs and the PEEPs could not be easily located in the event of a fire.

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

At the comprehensive inspection in March 2015, there were cleaning schedules that domestic staff signed to show they had completed tasks. Staff were unsure of their allocated responsibilities with regard to cleaning tasks. Staff did not always properly complete them and the registered manager had not reviewed their effectiveness. Some people's wheelchairs were unclean in places due to food or drink spillages. The cleaning schedules had been ticked to show the cleaning had been completed. However, although the registered manager told us they knew wheelchairs could become dirty in a day and the cleaning was carried out weekly, they had not considered increasing the frequency of cleaning wheelchairs. This meant that people could be using a soiled wheelchair for up to a week and be at risk of an infection. We recommended that an up to date review of cleaning schedules take place to reflect current published infection control guidance.

At this focused inspection we found that improvements had been made, however further improvements were required. The cleaning schedules had been appropriately completed when domestic staff had cleaned areas of the service. However the schedules did not provide a detailed breakdown as to which areas of the home had been cleaned. There were cleaning schedules of wheelchairs and commodes to record and monitor their cleanliness. These indicated that they were regularly cleaned and we looked at thirteen wheelchairs which were clean and fit for purpose. However one hoist in the lounge required cleaning. This could pose a risk of infection to people. Cleaning duties were carried out each day as two staff ensured they covered each others duties in case of absence. A member of domestic staff confirmed they carried out daily cleaning. We looked at three bedrooms, two bathrooms and the communal areas which were appropriately clean. The kitchen cleaning schedules had been appropriately completed by the cook and the kitchen was clean and well maintained.

At our comprehensive inspection in March 2015 people's individual care records contained information for staff about identified risks to people's safety and guidance for staff about how these risks could be reduced. Staff knew how to care for people safely and they were aware of people's risk assessments. The risk assessments had been reviewed regularly, but if people's needs had changed in between reviews, they had not always been brought up to date to reflect these changes. This meant that staff did not have the most appropriate guidance to follow to provide people with safe care or to reflect their current needs.

At this focused inspection improvements had been made to records about people's care and risk assessments. Risk assessments were up-to-date in people's files. Where people had changes in need, those changes were recorded in their care plan and updated information was transferred to the person's risk assessment. They included identified risks to people and measures to reduce those risks. These measures were appropriate and were communicated to staff in handover meetings. Members of staff were aware of the recommendations in people's care plans and we observed they implemented these in practice. For example, to reduce the risk to a person's skin integrity, staff repositioned that person every three hours to ensure they did not develop pressure wounds. People who were at risk of falling from their bed had been provided with pressure mats or bed guards. A person who was at risk of choking

Is the service safe?

whilst eating was assisted by staff at mealtimes. Senior nursing staff told us that monthly reviews were completed for each person. Monthly reviews had been recorded in all care plan and risk assessments. If the person experienced a change in need, their care plan and risk assessments would be reviewed at that time. This meant that risks to people were reduced as staff followed guidance and up-to-date risk assessments to keep them safe.

At the comprehensive inspection in March 2015, the service had medicine policies and procedures in place that had been reviewed in November 2014. Staff had signed to confirm they had read and understood them. Only qualified nursing staff administered medicines. The medicine policy included guidance for staff to follow if a person wished to self-medicate and had been assessed by staff as competent to do so. Two people partially managed their own medicines but no assessments had taken place to confirm if they were competent to do this. The registered manager told us that they had not assessed whether people self-medicating were competent to do this safely. Therefore, the registered manager was not making sure staff followed the guidance in the medicine policy and that assessments were completed to show if people could safely manage their own medicines.

At the comprehensive inspection in March 2015, people's Medicines Administration Records (MAR) recorded correctly the medicines staff had administered to them and there were no gaps. However, we saw examples of where staff had made changes to some people's MAR with no

signatures, dates or explanations as to why alterations were made. The matron told us that the changes had been made on the advice of the G.P. and had not been added yet by the pharmacy to prescription sheets or recorded elsewhere. As there was no record made of a G.P. or other health professional making the changes we could not be sure people were receiving the correct medicines in the correct doses.

At this focused inspection improvements had been made to medicines management and the legal requirements had been met. The registered manager had completed a written assessment to show that people who wished to partially manage their own medicines were competent to do so. The assessment showed what the person was able to do independently and had a risk assessment completed with the involvement of the person. They had assessed the person as able to make this decision and complete this task competently and independently. Improvements had been made to make sure that staff followed guidance in the medicines policy and assessments were completed to show where people could manage their own medicines.

Staff had correctly recorded on the MAR records where people's prescribed medicines has changed or stopped. This was now detailed on the MAR records with the staff signature and was dated to show when the changes were made. Details were recorded on the back of the MAR to explain when and why the medicine had been stopped. This ensured people received the correct medicines in the correct doses.

Is the service effective?

Our findings

At our comprehensive inspection in March 2015, mental capacity assessments had not been completed for people who may not have the capacity to make decisions about their care and treatment. The registered manager had not completed assessments to identify people's ability to make decisions, nor the support they needed in respect of making these decisions.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring that any restrictions to their freedom have been authorised by the local authority to protect the person from harm. All staff and the registered manager had completed training in the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). The registered manager demonstrated an understanding of the principles of the MCA, however they told us they had not needed to make any applications to restrict any person's liberty. The registered manager did not demonstrate sufficient understanding of when they needed to complete mental capacity assessments for people to enable them to reach this conclusion.

At this focused inspection, improvements had not been made to ensure people were not unlawfully deprived of their liberty. The registered manager had not assessed people's mental capacity for specific decisions such as using bed rails to keep them safe in bed, or being able to leave the premises unaccompanied as they pleased or for taking their own medicines. They had not carried out mental capacity assessments for people in line with MCA and DoLS guidelines. When a person is assessed as not having mental capacity to make a specific decision about their care and treatment, a meeting with an appropriate representative must take place to decide the least restrictive care provision in the person's best interest. These meetings had not taken place and no DoLS applications had been submitted to the appropriate authority. We discussed this with the registered manager who told us they, "Struggled with understanding how to apply this legislation in practice." Senior nurse staff told us they did not understand how to complete mental capacity assessments. Some mental capacity assessment forms were in place but they were inappropriately completed.

This showed a lack of understanding about the processes to follow. The registered manager planned to make improvements in the assessment of people's mental capacity by the end of July 2015. However people could not be assured that this would take place as the registered manager and senior staff did not understand how to apply the principles of MCA and DoLS in practice. This meant that people may be deprived of their liberty unlawfully.

We observed that staff sought and obtained verbal consent before they provided support to people. Staff checked with people whether they agreed before repositioning them, helping with eating and drinking, or getting assistance with personal hygiene needs. A person declined to be helped while they moved around, and this was respected, although staff remained close by in case the person changed their mind. Consent forms were in place in people's files about the use of their photographs or about agreeing with their care plans. Three out of five consent forms were signed. However, the registered manager had not completed a mental capacity assessment to determine whether people had the mental capacity to sign consent forms and understood what they had signed.

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

At the comprehensive inspection in March 2015, the premises required upgrading in places. The main areas in need of attention were the lounge and dining rooms, which the registered manager told us, were due to be redecorated and re-carpeted. Some people lived with dementia or displayed confusion but there were no specific adaptations to the premises to meet their needs or signage to help them identify what certain rooms, such as the dining room or toilets were for, or items to use or look at to stimulate their interest. We recommended that the registered manager sought information on and provided suitable signage and environmental items of interest for people with dementia in line with current guidance.

At this focused inspection improvements had not been made in line with the recommendation we made at the last inspection. There was no signage in place throughout the service, to help people orientate themselves around their home. The registered manager told us that only two people lived with dementia. Although two people had been diagnosed with dementia, we found that at least ten people displayed signs of confusion and possible cognitive impairment. A person told us they were frightened because

Is the service effective?

they did not know where they were and where to go next. Out of twelve people in the lounge, only two people were able to communicate effectively with us. A member of staff told us that most people living at the home experienced confusion. Information for people was not provided in an appropriate format to help them understand service and care options available to them. For example, when people were asked what they preferred to eat, staff did not help them decide by showing pictures of food or photographs. The menu was written on a board without pictures to help people identify the meal. The registered manager told us that staff showed photographs in a book to people. The book contained one photograph of a main meal and one of a pudding. Staff told us the photographs were only to say 'main dish' or 'pudding' and that they did not use this aid. We observed staff offered people two options of dishes and automatically selected the main dish on offer when people did not respond.

The registered manager had not made improvements to the premises to meet the needs of people living with dementia. They had recorded in their action plan that this would be completed by 30 May 2015. A well designed living space is a key part of providing dementia friendly care. A dementia friendly environment can help people be as independent as possible for as long as possible. People's bedroom doors had not been personalised so they could locate and recognise their bedrooms. There was no activities programme displayed in a pictorial form for people to understand activities available for them to take part in. There was no information about staff displayed for people's information and staff did not wear badges to identify themselves. Two people we spoke with were unaware of staff's names. There was a board that displayed the current date in large red font in the lounge. The fitted carpet that was worn in places had not been replaced since the last inspection. However, the registered manager showed us a refurbishment plan for the premises which indicated all flooring in the lounge and dining area was due to be replaced. A contractor had been booked to replace the carpets but the registered manager had not made the improvement in a timely way.

This is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Premises and equipment.

At the comprehensive inspection in March 2015 there were procedures in place to assess and monitor people's specific

health needs. Staff recorded and monitored the weight, food and fluid intake of people who were assessed as being at risk of not being adequately nourished or hydrated. Staff completed records for people who needed repositioning regularly to prevent them developing pressure sores or to support the healing of pressure sores. However, staff did not always follow the systems in place to record that they had assessed and monitored people's specialist health needs effectively. Nursing staff told us they checked the records each day and knew that more detailed information was needed. The matron told us they had asked night staff to record in more detail the support given to people more than once but staff had not done this. This meant that there was a lack of information to show when support other than repositioning had been provided, and staff were not following instruction from senior staff to make sure that records were correctly completed.

At this focused inspection improvements had been made to these records. People were weighed monthly and food and fluid intake charts were completed by staff when their appetite had declined. Staff effectively communicated people's health and updates about their care and treatment during three daily handovers. These handovers were recorded and detailed changes in people's behaviour, medicines, visits from healthcare professionals, medical appointments and incidents. When people's health changed, staff informed the nurses without delay. The nurses monitored these records daily and referred people to G.P.s, specialist nurses and consultants when appropriate. A person who was at risk of choking was being referred to a speech and language therapist to obtain further guidance on how to best support this person at mealtimes. When people had pressure sores, nurses had sought and followed professional guidance to dress and monitor these appropriately. All records about the management of people's recovery showed that nurses and staff managed pressure sores appropriately. One person had a pressure sore and this had healed satisfactorily. The nurses and staff closely monitored people's pressure sores. During our inspection, three people were referred promptly as soon as staff became aware they experienced pain or discomfort. The nurse told us, "We are vigilant about people's needs and call professionals straight away." A relative told us how their family member's health had

Is the service effective?

improved beyond expectations. They told us, “The staff went into action straight away and although my family member was approaching the end of their life when they came in here, they have now made a full recovery.”

Is the service responsive?

Our findings

At the comprehensive inspection in March 2015, a part time activities coordinator was employed and care staff provided some activities. A member of the domestic staff told us they also helped to provide activities, but had no set days for doing this. Activities included bingo, music and singing sessions, gentle exercise and one to one sessions for people who preferred to stay in their rooms. One person told us they did some activities. They said, “I do bingo sometimes “and another person said they felt there was enough to do and they enjoyed the bingo and quizzes. A record of the activities people had taken part in was kept but this was not up to date and activities were only provided during the afternoons. There were no regular activities provided by external providers although there had been musical entertainment provided by an external provider at Christmas time. There was little co-ordination between the staff providing activities and whilst some activities did take place, there was no evidence that staff took the needs of people who were living with dementia into account when planning what activities to provide. We recommended that activities are provided to meet the needs of all people living at the service, and to take into account the needs of people living with dementia in line with current guidance.

At this focused inspection the registered manager had not made sufficient improvements to provide activities to meet the needs of people or to take into account people living with dementia. They had recorded in their action plan that this would be completed by 30 March 2015. The registered manager told us that two activities co-ordinators ensured activities were provided for two hours a day five days a week. However, during our inspection, the activities coordinator was absent without cover and staff told us that watching television was the activity of the day. Activities were not provided on Mondays as “There is a church service every third Monday”. Some activities were provided to people, such as bingo, colouring, ‘throwing the ball’, listening to music. Some external activities providers came in the service. For example, a ‘Pat the dog’ service visited every two weeks and a pianist student performed for people at weekends. We observed two people watched tennis on the television in the lounge without the sound on, while ten people either conversed with staff or slept. One

person was having their nails painted by staff. One person was taken outside in their wheelchair upon request. Two people were rocking in their armchair and did not communicate with others.

Records completed by the activities coordinator showed that some group activities took place as well as one to one activities with people who remained in their room, such as conversing, music therapy and hand massage. However records did not show that all people had been asked or took part in activities on a daily basis. For example activities records for 24 June 2015 showed that 5 people were engaged in a conversation, talking about family whilst having lunch. This was the only activity recorded for all people on that day. Similarly on 26 June 2015, activities records showed that 4 people were engaged in a conversation about their family and photos in their rooms. This was the only activity recorded for all people on that day. People’s hobbies and interests had not been taken in consideration when activities were planned. Some people’s care plans stated that they liked knitting and jazz music. It was not recorded that people had been supported to pursue these hobbies and interests. People said, “There is little to do but sleep” and, “I never go out unless my family takes me. There’s not much to do here.” One visiting relative told us that their relative did not like to go downstairs and they were not aware of one to one activities taking place in their room. There was no indication that people benefitted from any sensory or reminiscence equipment, which can provide stimulation to people, particularly those living with dementia.

People had limited access to outings, although some of the people were taken out on outings by their relatives. The registered manager told us that trips had been recently organised to the local shops and to a garden centre for six people at a time, but that this had left people exhausted and had been, “Too difficult due to attending to people’s toileting needs before, during and after the outing”. They said they had not considered alternative ways of caring for people to provide trips out. A relative told us, “I wish they [people] would go out more.” This meant that activities did not meet the social needs of all the people who lived in the service to reduce their social isolation.

This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Person-centred care.

Is the service well-led?

Our findings

At the comprehensive inspection in March 2015, the registered manager had some systems in place to monitor and review the quality of the service. However, they had not recognised the shortfalls that we found or taken action to address these.

At this focused inspection some improvements to the quality of the service had been completed in response to the last inspection. The registered manager had written an action plan to address some of the shortfalls identified. However not all shortfalls from the previous inspection were recorded or had been addressed. Where some actions had been recorded they had not always been completed in line with the registered manager's agreed timelines. The registered manager had not monitored the quality of the service or the care sufficiently to identify the new breaches and shortfalls we found at this inspection.

Systems for making sure people were safe from the risk of cross infection were regularly reviewed to make sure they were effective. The cleaning schedules recorded when domestic staff had cleaned areas of the service. However they did not provide a detailed breakdown as to which areas of the home had been cleaned. People could not be assured that all areas of the home were cleaned regularly because there was not a detailed system for regularly checking this had taken place.

People's assessments were kept up-to-date to reflect any changes in their needs. At the inspection in March 2015, we recommended that the registered manager developed a system to make sure that risk assessments were updated more frequently in order to accurately reflect people's needs. Senior nursing staff told us that monthly reviews were completed for each person. Monthly reviews had been recorded in all care plan and risk assessments. Whilst care plans and risk assessments were up-to-date, no formal audit system had been implemented to ensure that care plans and risk assessments were continuously reviewed for quality assurance purposes. People could not be assured that recent improvements would be sustained without a monitoring system in place.

Some people's emergency evacuation plans had been brought up-to-date to reflect the current level of support they would require in an emergency at the service, yet

other people's PEEPs required updating. This action had not been specifically recorded on the registered manager's action plan for completion since this shortfall was identified at the last inspection.

The registered manager did not always have an understanding of the needs of people living with dementia or experiencing confusion related to other health conditions. We raised concerns with them that people living with dementia did not have activities to meet their needs and that the premises did not promote their independence. They said: "There are only two people with a formal diagnosis of dementia living at the home. We are not registered for dementia care." One staff member said that most people at the home experienced confusion. We observed that the majority of people experienced some degree of confusion. The registered manager had not followed best practice in providing care to people living with dementia. We asked the registered manager whether they had researched best practice in dementia care. They told us they had explored this on the internet, however they could not tell us which websites they had consulted. There was no evidence to demonstrate that research had resulted in improvements to practice in dementia care.

The registered manager had not made sufficient improvements to ensure stimulating activities and outings were provided and that they were suitable for people to include those people living with dementia. They had recorded in their action plan that this would be completed by 30 March 2015. They had not taken action to address this shortfall since the last inspection to meet the recommendation we made. They had not addressed this shortfall within the agreed timeline in their action plan.

The registered manager had not ensured that environmental adjustments were in place for people living with dementia, to promote their independence around their home. The registered manager had recorded in their action plan that this would be completed by 30 May 2015. They had not taken action to address this shortfall since the last inspection to meet the recommendation we made. They had not addressed this shortfall within the agreed timeline in their action plan.

The registered manager did not consistently demonstrate good management and leadership. There were continued breaches of regulation from the last inspection and new breaches of regulation identified as part of this inspection. During the inspection the registered manager did not

Is the service well-led?

demonstrate a proactive response to our requests for information. There was not always a timely or consistent response to our requests for information. They needed to be regularly prompted to ensure they provided us with information we had requested. They could only produce ten out of twenty-two PEEPs records for people to show how they would support people to vacate the premises in the event of a fire. They could not locate medicines audits and sent these to us after the inspection. After the

inspection we asked the registered manager for further information to support our findings. On one occasion the registered manager responded to our request. They failed to respond to our second request for additional inspection evidence to ensure they met their legal obligations.

These examples constituted a breach of Regulation 17 of the HSCA 2008 (Regulated Activities) Regulations 2014: Good Governance.

This section is primarily information for the provider

Action we have told the provider to take

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

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance 17.—(1) Systems or processes had not been established and operated effectively and systematically to ensure compliance with the requirements in this Part. (2) Without limiting paragraph (1), such systems or processes did not enable the registered person, in particular, to— (a) assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services); (b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;

This section is primarily information for the provider

Action we have told the provider to take

(c) maintain a complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided

(d) maintain securely such other records as are necessary to be kept in relation to -

ii the management of the regulated activity.

(f) evaluate and improve their practice in respect of the processing of the information referred to in sub-paragraphs (a) to (e).

Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises

1. The registered person did not ensure that premises and equipment were-

c. suitable for the purpose for which they are being used.

Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

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

1. The registered person did not ensure the care and treatment of service users was-

a. appropriate

b. met their needs, and

c, reflected their preferences

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

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

This section is primarily information for the provider

Action we have told the provider to take

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

h. making reasonable adjustments to enable the service user to receive their care or treatment.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

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

People, to include those living with dementia, did not always receive person centred care and support in a way that met their needs.

The registered provider had not ensured that people had adequate person centred, planned activities to meet their needs.

The enforcement action we took:

We served the registered provider with a warning notice. We asked the registered provider to achieve compliance with the regulation by 01 October 2015.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

People were not provided with care and treatment they had lawfully consented to.

The registered provider had not followed guidance to assess people's mental capacity under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

The enforcement action we took:

We served the registered provider with a warning notice. We asked the registered provider to achieve compliance with the regulation by 01 October 2015.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

People living with dementia did not have access to premises that were designed and adapted in a dementia friendly way.

The registered provider had not made improvements to ensure environmental adjustments had been made for people living with dementia.

This section is primarily information for the provider

Enforcement actions

The enforcement action we took:

We served the registered provider with a warning notice. We asked the registered provider to achieve compliance with the regulation by 01 October 2015.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

People were not protected against the risk of unsafe or inappropriate care because the registered provider did not have effective systems in place for monitoring the quality and safety of the service and identifying when there were issues or acting to make improvements.

The registered provider had not maintained complete, contemporaneous and accessible records, to include people's personal emergency evacuation plans in the event of a fire.

The enforcement action we took:

We served the registered provider with a warning notice. We asked the registered provider to achieve compliance with the regulation by 01 October 2015.