

Button Space Limited

Grimsargh House Care Home

Inspection report

Preston Road
Grimsargh
Preston
Lancashire
PR2 5JE

Tel: 01772651031

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10 October 2016
11 October 2016

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Requires Improvement 

Is the service effective?

Inadequate 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

Grimsargh House is a Georgian country house in a quiet village in rural Lancashire. The home is registered to provide residential care for up to 28 people. At the time of this inspection 16 people were living in the home due to restrictions on admissions to the home.

The registered provider is 'Button Space Limited' which is a sole provider of adult social care with the Care Quality Commission.

The home did not have a registered manager in post as the registered manager at the time of the last inspection had left the employment of the provider. The home had a manager in post who had not yet begun the registration process. We discussed this with them and they told us that until their three months probationary period was complete they would not begin the process to register as manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection the service was rated inadequate overall and inadequate for four key questions, these were safe, effective, responsive and well led. Caring was rated as requires improvement. At the last inspection there were 12 breaches to the regulations identified. The regulations breached were; person-centred care, need for consent, safe care and treatment, safeguarding service users from abuse and proper treatment, meeting nutritional and hydration needs, receiving and acting upon complaints, good governance, fit and proper persons employed, notifications of other incidents and the requirement to display ratings of performance assessments.

This resulted in an urgent notice of decision to suspend any new admission to the home on 14 April 2016 immediately following the initial inspection. Further inspections in June and July 2016 were carried out to ascertain if any improvements had been made by the home. A notice of decision to cancel the registered manager's registration was sent on the 5 July, we did not receive any representations against this decision. A further notice of decision was served to cancel the home's registration on 6 October 2016 following the lack of progress made by the home in relation to the findings of the inspection in March and April 2016 and the subsequent inspections in June and July 2016.

The home was seen to be displaying the last inspection rating via a copy of the inspection report in the reception area. The home's website was not displaying the latest rating and was in need of being updated as it stated that the home had vacancies and it contained the name of the previous registered manager for people to contact. The new manager told us that they had not even seen the website as this was not within their remit or part of their immediate priorities. We asked that the website be updated with the current rating on display in line with the CQC's protocols for services that have received a rating under the current inspection methodology.

This inspection took place on the 10 and 11 October 2016 and the first day was unannounced. This means the home did not know we were coming on the day we arrived to inspect. This inspection was carried out at the request of the registered provider as part of an appeals tribunal process that is currently in motion. Previous follow up inspections had been carried out at the request of the appeals tribunal judge in June and July 2016. Formal inspection reports were not produced following these inspections however formal feedback was given to the provider and via the appeals tribunal process.

We saw during the inspection that some improvements to the service had been made. Progress varied across different areas and some areas showed little or no progress. At this inspection we have identified the home have met some of the previous regulation breaches however eight breaches to the regulations were found. The breaches related to safe care and treatment, need for consent, staffing, fit and proper persons employed, receiving and acting on complaints, good governance, requirement to display performance assessments and notification of incidents.

People's medicines were now managed safely. We observed staff administering people's medicines on both days of the inspection and found them to be knowledgeable and to follow best practice guidelines.

We saw that there were sufficient staff in place to meet the basic care needs of the people living in the home. There had been a number of staff changes since our last ratings inspection, a number of which were seen as positive. The home continued to use agency staff to cover staff vacancies and staff turnover was still high. However we could see that staffing issues were beginning to become more settled and staff we spoke with were happier in their work and told us they had seen a positive change in culture at the home.

We still found the management of falls a concern. This was due to monitoring systems that were previously found to be ineffective still being used, risk assessments not being robust or matching the information in people's care plans and protection plans from previous safeguarding alerts that had not been routinely implemented. There were also concerns regarding the number of staff having received recent moving and handling training, some of which had been involved in previous issues around falls.

Safeguarding procedures were now clearly on display within the home for staff to follow. We still found that staff knowledge around how to report potential safeguarding issues could be improved.

A number of issues with regard to fire safety within the home were still outstanding, some of which were longstanding issues. There was also a concern that the home had not had a gas safety certificate in place for over 2 ½ years.

We still found issues with how effectively the requirements of the Mental Capacity Act 2005 had been implemented. A number of people who were deemed as having capacity had documentation signed on their behalf and staff knowledge in this area was limited.

Whilst staff told us that support from management had improved greatly there was little in the way of formal support mechanisms in place at the time of our inspection. This included staff induction, supervision and appraisal.

Management of people's nutritional and hydration needs had improved however we found some people had lost significant amounts of weight so systems need to improve further to manage this area effectively.

We have reported concerns to the appropriate professional bodies regarding the validity of some staff contracts prior to 1 April 2016. We found that whilst recruitment issues had improved there were still

concerns regarding the validity of some established staff's references and other documentation.

Throughout the inspection we observed people being provided with support and interacting with staff. These observations were positive and we noted staff approached people in a kind and respectful manner.

People we spoke with told us they were involved in the planning of their or their loved one's care and able to make decisions and choices, if they wanted to and were able to. Not everyone was aware of their care plan but those people that were told us they were happy with the level of involvement and influence they had.

We found the home was dealing with complaints outside of its own complaints procedures. We had been made aware of a number of complaints prior to this inspection which were not recorded within the home's complaints file.

We could see that the home manager had begun to implement systems for quality and safety assurance. However we found that auditing systems had not been fully embedded and some of the actions following audits had not been carried out.

Staff spoke positively about the home manager. They told us that the new manager was supportive, knowledgeable and was beginning to embed a positive culture within the home.

The home manager told us that they were supported in their role but we could find little evidence to show that they received formal supervision or guidance in carrying out their duties.

At the last inspection the home had an overall rating of inadequate and was placed in special measures. After six months we have re-inspected and two key questions remain as inadequate. As a consequence the service remains in special measures.

This service will continue to be kept under review and, if needed we will take further action in line with our enforcement procedures preventing the provider from operating this service. Where necessary, another inspection will be conducted within a further time period, and if there is not enough improvement and there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

People were still at risk of falling as the falls management system was not effective. Some information in people's care plans was contradictory and some of the falls analysis tools highlighted as being ineffective at previous inspections were still in use.

There were still outstanding issues in relation to fire safety that had not been addressed. Some of the issues were longstanding so better progress should have been made.

Further progress was needed with regards to infection prevention control. Some progress had been made however further work was needed.

There were enough staff to meet the basic care needs of the people living at Grimsargh House.

Medicines were managed safely and this area had improved greatly from previous inspections. All staff with responsibility for administering medicines had received appropriate training. □

Requires Improvement ●

Is the service effective?

The service was not effective.

There were still issues with how effective the requirements of the Mental Capacity Act 2005 had been implemented.

Whilst staff told us that support from management had improved greatly there was little in the way of formal support mechanisms in place at the time of our inspection. This included staff induction, training in topics such as safeguarding, supervision and appraisal.

Management of people's nutritional and hydration needs had improved however we found some people had lost significant amounts of weight so systems need to improve further to manage this area effectively.

Inadequate ●

Is the service caring?

Requires Improvement ●

Some aspects of the service were not caring.

People we spoke with talked positively about the staff providing their care however some people raised issues with the use of agency staff.

We saw that staff interacted with people in a kind and respectful manner. We saw that there were some minor instances regarding dignified practices which could have been easily remedied.

Relatives told us that staff were approachable and there were no restrictions on them with regard to visiting the home.

Is the service responsive?

The service was not always responsive.

We saw that improvements had been made to people's care plans which had been redesigned following our last inspection. Staff spoken with told us that they found the new care plans to be easier to negotiate and contain better information. Some aspects of the care plans were person centred but more work was needed to support people's specific needs.

Some complaints were still not being managed through the home's formal complaints procedure.

We saw that some activities were taking place. The home would benefit from having a dedicated activities coordinator.

Requires Improvement 

Is the service well-led?

The home was not Well-Led.

A set of quality audits has been introduced but many have not been completed or actions as a result of the audits had not been actioned.

New policies and procedures were beginning to be introduced to the home. This process had only just begun at the time of our inspection but was a positive move as we had found issues with the previous policies and procedures in place.

Not all notifiable incidents were being sent to the Care Quality Commission despite the home's own procedures stating they should be submitted.

Staff and people spoken with commented on the improvements made to the atmosphere and culture within the home.

Inadequate 

Grimsargh House Care Home

Detailed findings

Background to this inspection

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

The inspection took place on the 10 and 11 October 2016 and was unannounced. This means the home did not know we were coming on the day we arrived to inspect.

The inspection team was made up of four adult social care inspectors on the first day of the inspection and three adult social care inspectors on the second day. The lead inspector for the service attended both dates however did not lead this inspection at the request of the registered provider.

Before our inspection, we reviewed the information we held about the home, requested information from professionals and updated our knowledge from the information provided to the quality improvement programme (QIP). The provider had signed up to the QIP following the last inspection. The QIP is a local authority led improvement programme designed to help failing providers improve by offering assistance and advice via the resources available within the local authority and its statutory partners.

We spoke with six people who lived in the home and three visitors to the home. We also spoke with eight members of staff, including the home manager, senior carers, carers, domestic workers and the cook. We spoke with one visiting professional on the second day of the inspection who was a district nurse.

We looked at the care records for nine people and the personnel files of eight members of staff. We looked at a range of records relating to how the service was managed including training records, staff supervision and appraisal, quality assurance systems, policies and procedures, accident and incident records, falls monitoring and notifications made by the provider.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Grimsargh House. One person we spoke with said, "There was one bad agency staff but they haven't come back, the other staff are nice". Another person told us, "I feel safe." One visiting relative we spoke with told us, "We are very happy now. Staff check on [name] regularly and offer drinks."

In previous inspections, and this one, we found the management of falls a concern. Risk assessments continued to be completed inaccurately or if accurate the risks were not being mitigated. We saw that protection plans from previous safeguarding alerts had not been routinely implemented. For example a developed and implemented procedure for staff to identify when they should refer people to the falls team was recommended by the local authority safeguarding team, to ensure as risk increased assessments were updated and appropriate action was taken. We could not find evidence of this being in place. There were a number of other examples of recommendations by the local authority not being implemented.

Risk assessments and care plan information did not always match up consistently. For example one person was deemed to be at an 'extremely high risk' of falls from reading their 'Falls risk assessment' but their 'Physical dependency assessment' indicated that their dependency was 'low'.

Accident records showed some signs of improvement in that they contained better information about the accident or incident and how it was dealt with but overall they were still poor and were not collated or investigated appropriately leading in insufficient actions to mitigate the risk. Audit tools for falls were still not reflective of other documentation used to record falls which had been highlighted as an issue at the previous follow up inspection in July 2016. This meant that there was a potential that people who were at risk of falling were not protected as audits were still ineffective at collating the number of falls people had.

The home manager informed us of four falls in the home since they took up their post on 18 July 2016. We found there had been other falls from reviewing records which had not been considered. This was of particular concern as there had been a number of falls at the home identified at previous inspection's that, as stated above, had not been recorded accurately so the management of this risk was still not as effective as it could have been.

Moving and handling training that had been identified as being required for staff as a result of serious incidents had still not taken place. The home manager did assure us that training was a high priority. We had been told by the registered provider during the local authority QIP process that moving and handling training had been completed for all staff but this was not the case. The training matrix we were given indicated that 50% of staff had completed recent Moving and Handling training. The training matrix did not however reflect correctly all the staff who worked for the service as there had been a number of staff leave and come into the home during the weeks previous to our inspection.

At the time of the inspection there was an on-going investigation into the circumstances of a death of a service user, which may have been as a consequence of a fall. We would have anticipated appropriate risk

assessments would have been in place and that training would have been prioritised for all staff in this area as a priority as a result of this as a standalone incident. Given there were other issues as well in this area this further evidenced the fact that risks to people who were susceptible to falling were not being managed appropriately.

These issues were a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was due to the fact that effective systems for managing falls were still not in place.

At our previous inspections from March 2016, we had found that safeguarding referrals were not being made for unwitnessed falls that had resulted in an injury. This resulted in a breach of regulation 13: Safeguarding service users from abuse and proper treatment. We found from speaking with staff that they had a better understanding of safeguarding procedures, although there were some staff who would clearly benefit from further training in this area. We did see that new safeguarding procedures were displayed in the office with the correct contact numbers for staff to ring if they felt that they could not raise issues internally or they were not being dealt with appropriately by the manager or provider. At previous inspections we had raised safeguarding issues as a result of our findings. We raised no safeguarding referrals as a result of this inspection. We therefore found that this breach had been met from the evidence presented during this inspection.

The home manager was referring incidents to the Care Quality Commission (CQC) including all medication errors, even though there is not a regulatory requirement to do so. This showed that the home manager was being transparent when errors were occurring. The home manager told us that if they were unsure what constituted a safeguarding incident they would ring the lead inspector for the home to discuss and to seek guidance.

The fire department had visited the home at the request of CQC on a number of occasions. The provider had developed a plan to address actions required by the home. At our previous inspection in March 2016 the home was in breach of regulation 12: safe care and treatment. We found at this inspection that some of the actions had been started but they had not routinely continued, including the testing of equipment. For example a number of doors in the home did not fit in their frames which meant they were not functioning fire doors. This had been a long standing issue. The home manager and handyman told us that they had sent off for quotes for a number of the jobs that needed completing externally but they had not received a response at the time of our inspection visit. They also showed us a list of jobs they had been able to complete without having to involve external agencies.

All the staff we spoke with confirmed that a weekly fire alarm test was carried out. They also told us that there were fire drills carried out when the alarm would be triggered and that the source of the 'fire' would have to be found by an identified member of staff. Three of the staff files we reviewed showed that recent fire marshal training had been delivered to key staff such as the handyman.

We reviewed the home's maintenance records to ensure that the home's premises and appliances were safe. We were shown a number of current service certificates, for example the home's lift, hoists and electrical equipment. However when asked the manager was unable to provide a gas safety certificate. We were told this would be sent to us following the inspection. We were sent a gas safety certificate however this was dated 27/3/2014, over 2 ½ years prior to our latest inspection. We were also sent an image of the service sticker on the home's boiler dated 27/5/2014. Again this was well over two years ago from the date of the inspection. We were contacted by the home manager who stated that a gas engineer would be called into the home but at the time of the report being sent to the home this had not been confirmed.

We saw within people's care plans that Personal Emergency Evacuation Plans (PEEPs) were now in place. PEEPs are put in place for people who may need help and assistance to leave a building in the event of an emergency evacuation. Previously the home had not had PEEPs in place and we saw that they were completed to a good standard. People were assigned a colour that indicated their dependency levels for if an evacuation was needed. This was based on a RAG (Red, Amber, Green) system with red being for people who needed the most assistance. Corresponding colours were placed above people's bedroom doors so staff could easily recognise what type of assistance people needed. We saw that one person had been assessed as being a 'Red' risk but that the sticker above their door was orange which meant that without looking at the person's PEEP staff may not recognise that person as needing additional assistance to evacuate the building.

These issues constituted a further continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was mainly due to the lack of progress in addressing the issues around fire safety in a timely manner given many of them still outstanding were highlighted within the inspection in March 2016 seven months previously.

At the previous inspection issues were identified with regards to the risk of cross infection and cross contamination. The home now had an infection prevention lead, who was employed as a domestic worker at Grimsargh House. They told us that good improvements had been made over the previous few months since the new manager came into post. They said, "When I first started I wasn't shown what to do. It's running miles better now. The new manager went out and got me everything I needed. I don't run out of things like before and it is much more organised."

Generally the home was clean and tidy although we did find some areas that were not up to standard, especially when we looked in people's bedrooms. We received a few negative comments from people and relatives and when we were in the office a visitor came in to discuss the cleanliness of their relative's bedroom.

The home had an Infection Prevention and Control file in place. This included a recent audit undertaken in July 2016. The audit identified concerns but there was no evidence on file to suggest that the concerns had been actioned or followed up in any way. We discussed this with the home manager who told us that a second audit had been completed but they were unable to locate the second audit following our inspection visit. The audit in July scored 35 from a possible score of 67.

We looked at the systems for medicines management. At the previous inspection in March 2016 medicines were not managed safely resulting in a breach of regulation 12: Safe care and treatment. We found that this area had improved greatly at this inspection. The home had a medicines management policy in place which included procedures for the administration, disposal, refusal and storage of medicines.

People who were able to speak with us told us they received support from staff to take their medication. They told us that they always got their medicines at the right time and that they did not have any concerns regarding medicines. Since our previous inspection all staff who have responsibility for administering medicines have received training from the pharmacy that the home has a contract in place with. We also saw that the same staff had received specific supervisions regarding medicines management; this was in part to address some recent medicines administration errors but also to ensure that staff were competent with the medicines management systems in place at Grimsargh House. We spoke with some of the staff who had attended the training and they told us that the training was of a good standard.

We observed the senior carer administering medicines during both days of the inspection and found they

did so in line with best practice guidance. Medicines were stored in a lockable trolley which was seen as being fit for purpose. Medication was pre-packed and each container detailed the person it was prescribed for including a recent photograph of them so it was easy to identify them which helped to prevent administering medicines to the wrong person.

A running total of boxed medicines was kept and we saw that numbers tallied with the records kept by the home. This was checked by the home manager via a weekly audit of medicines. We saw that there was a signature list within the front of the medication administration record (MAR) file so it was easy to see which member of staff had administered medicines for people. We found there to be good guidance in place for staff, for example a list of drugs and indications in front of the file for staff to refer to.

People's allergies and medical conditions were clearly written within their MAR alongside people's ability to communicate their needs, for example if they needed pain relief. We saw that the PRN (as needed) protocol for paracetamol could have been more specific to the type of pain people had and discussed the need for this to reflect people's specific needs with the home manager who told us they would amend this accordingly.

There had been five recent medication errors, i.e. since our previous inspection in July. All of these had been reported to the local authority safeguarding team and also notified to CQC. Whilst it would not be protocol to notify CQC of all medication errors, given the issues at Grimsargh House since March 2016 this was seen to be positive and show that the manager was dealing with issues in a transparent way. The errors were mainly with regards to medicines that had been signed as given but had later found to have not been administered. The appropriate medical advice had been sought following the issues being found and nobody had suffered any adverse health issues as a consequence of the errors.

Business continuity planning had been highlighted at previous inspections including arrangements in place with the local school for emergency evacuations that the school had never confirmed or agreed to as they did not have the facilities or insurance to agree to such an arrangement. Arrangements were now in place with the local village hall which we confirmed as being valid. People also had PEEPs in place which meant that individual assessments were now in place to assist people in the event of an emergency evacuation. The plan also contained arrangements for power failure, water emergencies, loss of heating, flooding and other events that could have prevented the home from operating. This was another area where we saw improvements had been made.

We reviewed 11 staff personnel files, including five new members of staff. This included the new home manager. This was to ensure that safe recruitment practices were now being followed as there was evidence previously to suggest that some documentation was not in place, incomplete or forged. This had resulted in a breach of regulation 19: Fit and proper persons employed at the previous inspection in March 2016.

We asked the home manager for a copy of the home's recruitment policy. We were told that the manager had been unable to locate a recruitment policy since they came into post so we were unable to determine what procedures the home were following given there was no formal guidance in place. We did see a staff training policy however this did not cover any recruitment procedures. The home manager told us that there were a number of policies and procedures they were not happy with and she was working through them in order to localise them to the home. We saw that there was a 'policy of the week' in the office that staff signed to say they had read and understood.

Staff we spoke with who had been employed since our last inspection told us that they had been through a robust recruitment process which included filling in an application form, attending an interview and having

the appropriate employment clearances in place prior to starting their role. We found some minor issues with regards to references for some new staff when reviewing their files however when we later discussed this with the home manager we were given satisfactory reasons why they only had one reference. This was mainly due to previous employers no longer being in existence. We suggested that personal references were sought in such circumstances.

However we found that some of the previous issues with regards to established members of staff still remained. This was mainly regarding the validity of some of the names given for references. The home manager told us that, as previously suspected by the inspection team, some reference details had been falsified by the previous management team. We confirmed this with two members of staff we spoke with. One of them told us, "They (previous registered manager and consultant) told me to lie. They had put training certificates on my file for training I had not done. When I came to interview [name] wrote down different from what I said." They told us that they did not recognise the names on their file which had been given for references. There was evidence of this happening within other longer serving staff files. We discussed this with the home manager who told us that they were sourcing other references for staff but at the time of our inspection this was still outstanding.

There were still concerns regarding staff contracts and who had employed staff prior to 1 April 2016 and their recruitment processes around this time. Regardless of attempts made to safely assess this regulation we have been unable to ascertain some staffs employment status prior to April 2016. We have reported these concerns to the appropriate professional bodies.

These issues constituted a continued breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Some staff did not have valid references and there was no suitable recruitment policy in place.

We had highlighted issues at our previous inspections with regards to staffing levels, staff deployment and the fact that staff rotas were produced late and were changed without management oversight or agreement which had resulted in a breach of regulation 18: Staffing. Staffing had continued to be an issue with a number of staff leaving the home, staff working in areas they were not qualified to be in, for example the kitchen and to carry out caring duties, and a high use of agency staff. We saw that there were a number of improvements in this area during the inspection.

Staff rotas were now produced at least two weeks in advance and covered a four week period as opposed to being completed weekly with little advance notice. Staff we spoke with who had been at the home under the previous registered manager told us that this had made a big difference in that they could plan for family and personal commitments and it gave them time to negotiate any changes to their hours. Staff confirmed that any proposed changes to their hours on the rota, for example swapping shifts with other staff, had to be signed off by the home manager.

The majority of the staff we spoke with told us that they were flexible in picking up extra shifts in the event of sickness or other short notice absenteeism and that most of their colleagues had the same approach. We saw this in practice on the second day of our inspection as member of the care team had handed their notice in and a senior carer who was not meant to be on shift that day had come in at short notice.

Previously an arbitrary staffing ratio was used in the home of 1:7 staff to people during the day and 1:10 at night. This was set regardless of people's needs and abilities and did not flex according to the number of people in the home or if a person's needs increased. At this inspection we saw that a staff dependency tool was now being used which was completed on a weekly basis. We were sent a copy of the dependency tool

which was completed electronically each week and reset automatically so it had to be completed prior to each weekly shift.

At the time of our inspection we felt that the home was staffed appropriately to meet the basic needs of the people living at Grimsargh House. However we felt that people's social needs were not being fully met and some of the people we spoke with told us that they felt staffing levels were not in place to meet this need. On a couple of occasions we saw people who needed assistance with mobilising safely either wait for a period of time for assistance or attempt to do so themselves. For example one person was not able to move their frame into the lounge so gave up and walked back to their room as they could not manoeuvre across the raised wooden carpet strip. If the home was to begin accepting new people into the service then it would be seen as a positive step to introduce a dedicated activities coordinator so people could receive mental and physical stimulation without this impacting on the work of care staff.

Is the service effective?

Our findings

We asked people, and their relatives, if their needs were met and if they felt supported by a staff team that was competent and well trained. The responses we received were mixed. One relative told us, "Things have gone down-hill. We are back to agency (staff) again. Some don't speak English and don't understand the systems." Another relative said, "We are very happy now, staff are generally good but the agency staff are sometimes hard to understand." One person we spoke to said, "I don't have much confidence in agency staff. They don't seem to know what they are doing." Another person told us, "The staff are nice."

We observed staff interacting with people in the home across both days of the inspection and found exchanges to be professional, warm and compassionate. This included an agency member of staff who was present at both days of our inspection. From our observations it was evident that staff knew people well and that people were comfortable in the company of the staff on duty.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We have consistently found little or no evidence of consent being obtained within people's care plans across the various inspections at the home since March 2016 which had resulted in the home being in breach of regulation 11: Need for consent. This was still the case at this inspection. For example one person had signed a consent form within their care plan but they did not have capacity to do so. Another person had a consent form signed by their relative however another person had power of attorney.

Generic capacity assessments had been completed but were not supported by decision specific assessments or any best interest decisions. DoLS had been applied for seven people in the home but were not supported by the appropriate assessment to show the least restrictive option was adopted. The lack of appropriate assessment left a lack of guidance in this area, predominantly leaving staff to assess as situations arose and use their best judgement. The risk of inappropriate decisions based on a lack of knowledge leaves some people at risk even though people in the home were predominantly low risk in terms of their care needs.

We saw that the home did have paperwork and templates in place for capacity assessments and recording

consent however they had not been completed in a consistent or detailed enough manner. Staff had still not received training in this area and as a result their knowledge was very limited. The lead inspector for the service had organised training on the MCA with the local Clinical Commissioning Group since the last inspection, however nobody from the home turned up to the training. Due to the issues above the home is still in breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw little evidence to show that staff were being inducted thoroughly which had been a concern at previous inspections which had resulted in a breach of regulation 18: Staffing alongside other mechanisms of support for staff. We asked new staff if they had received an induction. They told us that they had but when they described their induction it consisted of a tour of the building including fire procedures, an introduction to people at the home, a briefing regarding some of the homes policies and a period of shadowing. There was little in the way of formal inductions within people's files therefore the home was not meeting the requirements of the Care Certificate. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. Induction records consisted of a checklist of which many did not have a date on to say when specific tasks had been completed.

We asked if agency staff received an induction and the home manager told us that they received a verbal induction only and there was no record to say this had taken place. The home manager told us that this was an area that needed to be improved and systems needed to be put in place to evidence that all new staff, agency and permanent, received a thorough induction prior to starting work independently in the home.

At previous inspections there was little evidence to show that staff received formal one to one supervisions or annual appraisals to ensure that staff had the support they needed to carry out their duties efficiently. There was still no planned supervision or appraisal system in place at the time of this inspection. We could see that some staff had received 'reactive' supervisions when there had been some issues regarding medicines management but there were no planned supervisions in place.

The home manager told us that they were aware this was an area they needed to improve upon and that they had discussed with staff the need to set up formal, recorded supervision sessions and plan annual appraisals with staff. Staff we spoke with confirmed that these discussions had taken place. One member of staff told us, "I haven't had supervision yet but I do feel supported and can ask [home manager] questions or go to her for advice". All the staff we spoke with told us they felt supported now, that the atmosphere in the home was much improved and that the team worked well together. Staff told us that detailed handovers took place and that there had been a recent staff meeting and another was planned for the week of our inspection.

We saw that some training had taken place since our last inspection but this was another area that needed further attention to ensure that staff had the necessary skills, knowledge and expertise needed to care for the people at the home. Given some of the previous issues at Grimsargh House the need for staff to be trained has to be seen as a priority. We saw that all staff who had the responsibility for administering medication had now received training from the contracted pharmacist. We had also been sent a training spread-sheet detailing training for areas including; Safeguarding, Moving and Handling and MCA/DoLS. However this was only for approximately 50% of staff.

For example we had discussed with the manager the need for safeguarding training to be provided to all staff at the home to ensure that staff are aware of how to recognise and act upon potential safeguarding incidents and issues. At the time of our inspection we could see evidence that only 47% of staff had received safeguarding training whilst employed at Grimsargh House.

The infection control lead for the home informed us that they had had some training around infection prevention and control however we could not find any evidence of formal infection control or COSHH (control of substances hazardous to health) training on file. The infection control lead told us that someone was coming in to provide further training but they were unsure of when this was taking place.

When we reviewed staff files we found some certification to evidence the training that had taken place. Staff we spoke with told us that they had begun to undertake training and had discussions about their training needs. It became apparent when speaking with longer standing members of staff that they had been asked to sign to say they had completed training they had not received under the previous management regime. One member of staff told us, "I had not had any training prior (to new manager coming into the home). All my training records were falsified and I was told to sign forms to say I had done it." They informed us of the recent training they had undertaken and that they felt the new manager was very good and was turning the home around and that staff recognised this and were grateful for the support they now received.

There was little evidence to show that any improvements had been made in this area as there was little in the way of a robust, recorded induction process in place for newly appointed staff. Whilst some reactive supervision had taken place there was still no plan in place for staff supervisions or appraisals and there were still gaps within staff training. The home was therefore still in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw evidence that eating and drinking care plans were being completed and that people's needs were predominantly low in this area. At our inspection in March 2016 we had found concerns in this area resulting in a breach of regulation 14: Nutrition and hydration. We found a number of improvements which meant the regulation had now been met. We observed staff supporting people in a dignified and respectful manner during the lunchtime period and found this to be a pleasant experience for people.

However by looking at people's care records we saw that some people had lost significant amounts of weight, one example being one person losing up to 10 Kgs in three months. No additional support had been put in place for this person and the home manager was not aware there was a concern with another person until we identified them. This person, who had lost the most weight, we were told was to be reweighed. We were informed following the inspection that this person had lost just over 5kg in the last month. The home manager assured us they would refer the person to the dietician immediately and would be placed on a food and fluid record as well as being observed for swallowing difficulties and weighed weekly going forward which mitigated any further risk to this person.

We saw that two people had lost weight and had a low BMI. The cook was aware of this and told us they were trying to get the two people to eat but was struggling to do so. Snacks were not readily available as one person was removing these items. We discussed the possibility of introducing cheese and biscuits and boiled eggs for snacks and we were told this would be considered. Care plans in respect of eating and drinking were not person centred but we saw good practice when one person would not sit down for their meal. The carer walked with them and gave them food as they would accept it. This was done in a respectful way and met the person's needs. However this was not identified within their care plan and there was a risk other staff may not have been aware to do this. No one at the time of our inspection was having their food and fluid monitored except one person who was receiving end of life care whose fluid was monitored.

People we spoke with told us they enjoyed the food on offer and there was two choices at each meal and that they could have other options if they chose to. The cook was aware of people's dietary requirements, had put in place new menus since starting at the home two months previously as well as food ordering systems which had not been in situ. She was cooking a diabetic birthday cake on the day of the inspection

and spoke knowledgeably to us about all the people at the home considering their short time in post.

Improvements had been made in this area, mainly due to changes in care planning and the appointment of a specialist cook. We discussed with the manager the need for processes to be put in place to ensure that people's weight and nutritional needs were managed effectively.

Is the service caring?

Our findings

We asked people if they felt they were treated with kindness, compassion and empathy by staff. The majority of responses were positive but we did receive some negative comments regarding agency staff. We could see however that the service was looking to recruit more permanent staff and that the use of agency staff was necessary due to recent high staff turnover. When agency staff were used the home attempted to use the same staff to promote some consistency of care. One person told us, "It depends what time of day it is and how many (staff) are on duty." Another person said, "They (staff) are good." One relative we spoke with told us, "Staff are generally very good."

Throughout the inspection we observed people being provided with support and interacting with staff. These observations were positive and we noted staff approached people in a kind and respectful manner. Staff were seen to provide care in a patient and gentle way and take time to support people at their own pace. There were times when people were left in communal areas without the support of staff for periods of up to twenty minutes which meant if people did need assistance they were unable to access it easily as they could in their own rooms via the nurse call system. We saw a couple of examples of this during the two days of our inspection. One example meant a person not being able to access the communal lounge area and having to return to their own bedroom as a result.

We looked at how people's privacy and dignity were respected and prompted. People we spoke with told us they could get up and go to bed when they wished and they said their privacy and dignity was respected by the staff team. We observed this to be true from what we saw on both days of our inspection. Staff we interviewed spoke well in this area and talked us through how they would deliver personal care in a dignified way. We observed staff knocking on people's doors before entering their room and talking to people in a dignified and respectful manner.

There were some instances where we saw that this area could be improved. One person's care plan stated that they needed assistance with brushing their teeth when in fact they wore false teeth. We were later told that the person would not wear their false teeth however we found they were kept in a glass of water in their room and they were unclean.

We were able to see that people's rooms were personalised with people's own possessions. Relatives told us they could visit the home at any time they wanted to and there were no restrictions to visiting their loved ones.

People we spoke with told us they were involved in the planning of their or their loved one's care and able to make decisions and choices, if they wanted to and were able to. This had been an issue at our previous inspection and had resulted in a breach of regulation 9: Person centred care. This breach had been met at this inspection. Not everyone was aware of their care plan but those people that were told us they were happy with the level of involvement and influence they had.

One person at the home was receiving end of life care at the time of our inspection. A care plan was being

put in place following a consultation with the person's GP which we saw contained good detail. We spoke to the family of the person who told us they were happy with the care their loved one was receiving and the staff providing that care. None of the staff we spoke with had received any specialist end of life training whilst at Grimsargh House; however they told us that they would find this useful. We discussed this with the home manager who told us that they would look into this as part of people's training needs.

We asked the home manager if anyone at the home used an advocate. An advocate is an independent person who can provide support to someone to express their views and choices about their care and treatment. No-one at the home used an advocate at the time of our inspection. We were told that if any person did not have the support of family or friends then this would be discussed with the local authority. We also noted there were contact details of local advocacy within resident guides, enabling them to contact the services independently, should they wish to.

Is the service responsive?

Our findings

At previous inspections we found concerning evidence regarding the handling of complaints which had resulted in a breach of regulation 16: Receiving and acting on complaints. We still had concerns at this inspection that included evidence sent to us shortly before the inspection of complaints being responded to outside of the home's formal complaints procedures. The home had a complaints file in place which had two complaints within it, both relating to the same person. We were aware of at least three other complaints made to the home or directly to the registered provider which were not detailed within the home's records. We were aware of these complaints as the complainants had forwarded their concerns to us. When we asked the home manager about these concerns they told us they were aware of them but due to the nature of the complaints they were being dealt with directly by the registered provider however we could find no official record of them.

As there was no record of known complaints being managed through the home's complaints procedure we found the home to still be in breach of regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A new care planning system had been put in place since our last visit to the home which was found to be an improvement on the previous system. At our previous inspection we judged poor care planning to be a breach of regulation 9: Person centred care. There were still some issues with the detail within care plans and it was evident that the new care plans needed time to become established and improve however we judged that the provider had met this breach of regulation at this inspection. Some aspects of the care plans were person centred but more work was needed to support people's specific needs.

We also saw aspects of care plans which were again incorrect or not implemented. For example one person was to have assistance with putting their hearing aid put in and checked on a daily basis. It was not in on the first day of our inspection and on the second day the person told us the battery needed replacing and staff were not aware of this. Also one person's plan stated they needed support to brush their teeth daily when in fact they had false teeth which we were told they would not wear. This was not reflected in their care plan. People were also going long periods of time without having a bath or a shower.

Daily records were completed to a much higher standard than we found at previous inspections and were much more person centred in the way they were written. However some of the information held within people's daily records had not been transferred into their care plans or had not triggered a review or appropriate referral. We found similar issues with regard to incidents or issues being recorded that should have resulted in care plans being updated. One example there had been two safeguarding incidents reported for one person but there was no evidence to suggest that the incidents had triggered a review of their care or if it had this had not been formalised within their care plan.

As stated improvements were noted but this was a work in progress and was recognised as such by the home manager and staff. However staff we spoke with who had been at the home when the previous care plan system was in place told us they felt care plans were more informative and easier to negotiate now and

that with time they felt the new care plans would help improve the quality of care at the home.

We saw that some activities took place in the home despite no dedicated activities coordinator being in place. On the first day of our inspection baking activities were taking place in the dining area which was being led by the home manager. People we spoke with told us there were some activities in the home and we saw an activities board on display in the dining room. We could not see any evidence of activities taking place outside the home in the form of trips out or assisting people to access the community. It was felt that as and when the home was at a stage when it was able to accept new referrals then the appointment of a dedicated activities coordinator would be beneficial to the people in the home and to take pressure of the care team.

Within people's care plans we saw that some work had begun to look at people's life histories and background. This was a positive step as if staff are able to learn about people's life history it assists with relationships being built and assists with matching staff to people who have common interests and outlooks. The home did need to work on this area but it was encouraging to see that this work had begun.

Is the service well-led?

Our findings

Following the last inspection of the home we identified some serious concerns about the service which had resulted in several breaches to regulations 12: Safe care and treatment, 17: Good governance, 19: Fit and proper persons employed and 20a: Requirement to display performance assessment. Whilst some improvements had been made there were still some issues within these areas.

The registered provider and previous registered manager had not always been cooperative throughout the previous inspections and enforcement processes. We found the current home manager to be helpful, courteous and honest in their approach with the inspection team during this inspection. We discussed the possibility of the current home manager becoming the registered manager for the home. They told us that they were currently nearing the end of their three month probationary period and would sit down with the registered provider at the end of this period and then look at starting the registration process if both parties agreed to this.

The home was seen to be displaying the last inspection rating via a copy of the inspection report in the reception area. The home's website was not displaying the latest rating and was in need of being updated as it stated that the home had vacancies and it contained the name of the previous registered manager for people to contact. The new manager told us that they had not even seen the website as this was not within their remit or part of their immediate priorities. We asked that the website be updated with the current rating on display in line with the CQC's protocols for services that have received a rating under the current inspection methodology. The manager told us that they would raise this issue with the registered provider. As the rating was still not displayed on the home's website two weeks after our inspection this meant the home was in breach of Regulation 20a of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A notice of decision had been served on the home on 14 April 2016 to restrict admissions which is why the home had twelve vacancies at the time of our inspection. A further notice of decision had been served to cancel the home's registration on 6 October 2016. We found during this inspection that a number of improvements had been made, which addressed some of our more serious concerns. In addition, we could see that the home manager had begun to implement systems for quality and safety assurance, to enable them to monitor standards in a more robust way and that the staffing team was beginning to become more settled after a period of significant turbulence.

However a number of the actions to redress the previous issues, some of which were significant, were only in an embryonic stage and needed time to develop further and become embedded into the home's routine and day to day practice. There were also a number of other areas where little progress had been made as detailed in the other domains within this report.

The management team had changed since our last inspection at the home. The previous registered manager had left their post on 22 July 2016. The home was also without a deputy manager at the time of our inspection. The home manager told us that they had identified two deputy manager posts to ensure that

there was a constant managerial oversight at the home. An interview was being held the week subsequent to our inspection to hopefully fill one of the vacancies. The home's previous consultant had also discontinued their association with the home and a new consultant had been brought in who had assisted with identifying and interviewing the current home manager and providing on-going support.

Whilst we had received formal notifications regarding serious injuries and potential abuse, we had not been sent notifications regarding DoLS applications and a police incident. The Grimsargh House procedure for submitting notifications clearly stated that such incidents should be submitted to the CQC. This meant the home was in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 as they were not abiding by their own policies regarding incidents that are notifiable to the CQC.

A set of audits had been introduced but many had not been completed including an audit of care plans. Others including health and safety and infection prevention control (IPC) had been completed once. We were told that the IPC audit had been completed again in August however the home manager was unable to provide evidence of this to us. Audits identified a number of actions which had not been completed or re-audited. Medicines management had been audited twice and showed good improvements. We had been told via the local authority QIP process that the consultant assisting the home at the time of this inspection would be carrying out quarterly audits however we could see no evidence of these taking place. More work was needed to embed audits and develop the system for quality auditing and assessment of quality going forward however it was positive that a system had been introduced.

We were told the registered provider of the home visited on a regular basis, usually weekly and that they were due at the home later in the week of our inspection to attend a residents meeting. Whilst the home manager had regular contact with the provider, formal management meetings were not held. Such meetings would be a useful tool for quality assurance in that they would bring an opportunity to formally discuss future plans for improvement and review progress made. There was little in the way of formal supervisions taking place with the new manager within their personnel records. Given the issues at the home we felt it was important for the home manager to receive formal, recorded supervision to monitor their performance and the improvements they were making as well as what needed to be done to further improve the home.

Due to these issues the home was still in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff spoke positively about the home manager. They told us that the new manager was supportive, knowledgeable and was beginning to embed a positive culture within the home. Staff, both established and new, recognised the significance of the issues that had faced the new manager when they came into post. A number of staff had left the employment of the home for various reasons which had meant that a number of new staff had to be recruited. The new manager had also contacted a number of staff who had threatened to or had left the employment of the home. In some instances this had proved successful and staff were back at Grimsargh House. One member of staff told us, "There is a big difference now compared to six months ago. You can ask questions of the (new) manager and you will get an answer. I feel confident contacting the manager." Another member of staff said, "It is now 100% better, I now actually want to come to work. The support from the manager is now there."

We spoke to people living in the home and relatives about the culture of the home and if they felt the new manager was visible, approachable and if they had made a difference since coming into post. Again the comments were, in the main, positive in that people told us they knew the manager and felt they could discuss issues with her. We received one negative comment from one person who said, "Yes, I know who the

new manager is. I have mentioned concerns to her but nothing is done." We discussed this with the home manager and the possibility of gaining some additional help engaging with the person who made the comments as they were aware of the concerns they had.

We saw a number of relative surveys had been completed which were mainly positive. These were still in the process of being collated (five had been received at the time of our inspection). We saw responses were realistic to the homes current circumstances in that relatives recognised some improvements but that work further work was needed going forward. Examples of comments included; "I think it is getting better now with [name of manager] at the helm", "Things are improving on the information side", "Early days" and "Difficult to comment after recent changes". A number of the relatives had commented about how many staff had left the home and the need for the home to update rooms and the décor around the home. It was however positive that the home were engaging with relatives about their current views of the home.

The home manager told us they did not like the Policies and Procedures in the home as they were 'off the shelf' and not local policies. They had begun to write some of their own and had gained assistance from a previous employer in doing so. We saw that a weekly policy was distributed to staff which they signed for to say they had read and understood it. The weekly policy was available in the office with a signing sheet attached. To date the safeguarding and fire policy has been redesigned and distributed in this way therefore this process had only just begun.