MPS (Investments) Limited

Longton Nursing and Residential Home

Inspection report

11 Marsh Lane
Longton
Preston
Lancashire
PR4 5ZJ

Tel: 01772616144

Date of inspection visit:
06 August 2018
07 August 2018
08 August 2018

Date of publication:
11 February 2019

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Inadequate**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out an unannounced inspection at Longton Nursing and Residential Home on 6, 7, and 8 August 2018.

Longton Nursing and Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Longton Nursing and Residential Home is registered to provide care for 58 people. Accommodation is provided on two floors and people have access to communal spaces and garden areas. At the time of the inspection, there were 56 people accommodated in the home.

The service was managed by a registered 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 carried out on 14 November 2016, the service was rated as good. At this inspection, the rating had deteriorated to 'Requires improvement'. We found six breaches of the current regulations in respect to the management of medicines, the management of risks, staffing levels, staff training, person-centred care and the governance arrangements. You can see what action we told the provider to take at the back of the full version of the report in relation to the management of medicines, staffing levels, staff training and person-centred care. We are considering what action we will take in relation to the management of risks and the governance arrangements. Full information about the CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

Safeguarding adults' procedures were in place and staff spoken with understood how to safeguard people from abuse. However, staff were not clear on the reporting processes outside the home. Two people raised concerns about the approach taken by a few staff. We referred their concerns to the local authority under safeguarding adults' procedures. Whilst there were arrangements in place to assess risks to people's health and safety, the assessments had not always been updated in line with people's current needs. We also found that no risk assessments had been carried out for one person who had lived in the home for approximately two weeks. Environmental checks had been carried out and servicing certificates were in date. However, there were no records of room checks seen, which included checks on bedrails since June 2018.

There were appropriate arrangements in place for the recruitment of new staff. All care staff and some people and their relatives raised concerns about the level of staffing in the home. The staff told us they felt rushed and had insufficient time to meet people's needs. For instance, staff told us that people requiring assistance had not received a mid-morning drink on the second day of the inspection. People told us they had to wait for long periods for assistance and this impacted on their welfare.

Medicines were not always handled safely and we found shortfalls in the records.

There were arrangements in place for staff training, however, according to the staff training matrix, the staff had not completed all the training the provider deemed mandatory for their role. At the time of the visit, new staff did not complete the Care Certificate, as part of their induction. We also noted that whilst staff received supervision, this was not always at two-month intervals in line with the schedule. We were informed a new training officer had been appointed and they planned to develop the training and provide staff with more supervision.

The staff understood the main purpose of the Mental Capacity Act and Deprivation of Liberty Safeguard applications had been submitted to the local supervisory body, as appropriate. We saw best interest meetings had been held where it was assessed a person was unable to make a decision. However, we noted that relatives had signed one person's personal preference form. Whilst the registered manager told us the person completed the form with their relatives, we saw no evidence of their involvement, despite them having capacity to express their own preferences.

There were arrangements in place for servicing equipment. However, staff told us there was insufficient equipment to meet people's needs. They explained there was only one shower cradle and this could only be used once a day, to allow it to dry out. This meant people requiring this equipment may not be able to have regular showers. Further to this, there was no effective monitoring or records made when people had a bath or a shower and people told us they did not always had a regular bath or shower.

People were complimentary about the food provided. Food and fluid charts were maintained as necessary, however, there was no evidence seen to indicate the amounts had been totalled and evaluated and there was no guidance seen for staff on people's recommended level of intake. People had access to healthcare services, as appropriate.

We saw caring interactions between the staff and people living in the home during the inspection. However, people spoken with were not familiar with their care plan and there was limited evidence seen to indicate people had been involved in planning their care. This is important so staff are aware of people's choices and preferences.

Apart from one person, all people had an individual care plan. However, the plans looked at had not always been updated in line with changing needs.

People had access to a complaints procedure and records were made of complaints received in the home. However, three people told us they were reluctant to raise concerns. The people were assured by the operations manager and the managing director told us action would be taken to ensure people felt safe.

There were systems in place to monitor and improve the quality of the service, which included seeking feedback from people, relatives and staff. However, we found a number of shortfalls during the inspection. The registered manager, the operations director and managing director gave assurances that improvements would be made to the service and people's concerns would be investigated and addressed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe.

Risks were not always well managed and people's care needs were not consistently assessed. Medicines were not always managed safely.

All care staff expressed concern about the level of staffing in the home and told us this impacted on people's welfare.

There was a safeguarding policy and procedure in place, however, staff had limited knowledge about the reporting processes.

There were systems in place to record and analyse accidents and incidents and all areas of the premises seen were clean. Whilst environmental checks had been carried out, there were no records of room checks seen including bedrails since June 2018.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff did not always complete the provider's mandatory training and did not always receive a supervision, in line with the registered manager's schedule.

Staff understood the purpose of the Mental Capacity Act and Deprivation of Liberty Safeguards applications had been submitted to the local authority for consideration. However, people were not routinely consulted about their care.

People were provided with an appropriate diet, however, there was no oversight or effective monitoring of food and fluid intake. People had access to healthcare services.

Is the service caring?

Requires Improvement

The service was not consistently caring.

People were invited to express their views; however, they were not routinely involved in the care planning process.

The frequency of baths and showers were not monitored, as a result people did not always receive the care they wanted.

Staff understood the importance of maintaining people's dignity, however, they felt there was a limited number of staff and this impacted on their ability to meet people's needs.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People did not always have an up to date care plan to provide the staff with information about their current needs.

People had access to a complaints procedure, however, some people expressed a reluctance to raise any concerns.

People had access to appropriate activities both inside and outside the home.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The provider did not have effective systems and processes in place to monitor and improve the service or assess, monitor and mitigate risk.

Feedback was sought from people, their relatives and staff. However, issues raised had not always been resolved.

Longton Nursing and Residential 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.

An unannounced comprehensive inspection took place at Longton Nursing and Residential Home on 6, 7 and 8 August 2018. The inspection was carried out by two adult social care inspectors and an expert by experience on the first day, two adult social care inspectors on the second day and two adult social care inspectors and a pharmacist specialist inspector on the third day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

In preparation for our visit, we considered the previous inspection report and information that had been sent to us by the local authority's contract monitoring team and safeguarding vulnerable adults team. We also checked the information we held about the service and the provider. This included statutory notifications sent to us by the service about incidents and events that had occurred at the home. A notification is information about important events, which the service is required to send us by law.

Prior to the inspection, we received information of concerns about the operation of the service from relatives. The concerns had been investigated by the local authority's safeguarding team and the provider. We analysed the information and incorporated the themes into the planning of this inspection.

The provider was not asked to submit a Provider Information Return. This is information we ask providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection visit, we spent time observing how staff provided support for people to help us better

understand their experiences of the care they received. We spoke with 16 people living in the home, five relatives, 12 members of staff, the administrator, a member of the housekeeping staff, the kitchen manager and assistant, a managing director, the operations director and the registered manager. We also spoke with two healthcare professionals and two social care professionals following the inspection.

We had a tour of the premises and looked at a range of documents and written records including an examination of nine people's care files, three staff recruitment files and the staff training records. We also looked at 11 people's medicines administration records, a sample of the policies and procedures, complaints records, accident and incident documentation, meeting minutes and records relating to the auditing and monitoring of service provision.

Following the inspection, the provider sent us additional information including, the action plan for the fire risk assessment, a person's care plan which had not been completed at the time of the visit, the external quality report, evidence of room checks and a selection of personal care records.

Inadequate

Is the service safe?

Our findings

At the last inspection in November 2016, this key question was rated as 'Good'. At this inspection, the rating had deteriorated to 'Inadequate'.

We looked at how the provider had assessed, monitored and mitigated risks. We saw the nurses had carried out a number of assessments to identify risks to people's health and safety. For example, some people had risks in relation to skin care and the development of pressure ulcers, nutrition, and mobility. However, we found not all of the assessments had been reviewed to ensure risks were minimised. For instance, one person's mobility needs had changed, however, this was not reflected in the person's risk assessment or care plan. This meant staff may not be aware of how best to support this person to move safely. We also noted the person was assessed as having a high risk of constipation, however, there were no risk management strategies recorded to help staff mediate this risk. Similarly, another person's records indicated they were found entangled with the call bell, there was no risk assessment seen to assess the risks of this situation and there were no strategies seen apart from to take the call bell away if the person had a period of agitation. This meant the person would not be able to call for assistance when they were feeling distressed.

We received a statutory notification from the service in July 2018 informing us of an incident which involved bed rails. Bed rails are used to minimise the risk of people falling out bed, they require careful management and as such they should be regularly checked to ensure they are in good working order, correctly and safely positioned and that other risks associated with their use are minimised. We asked the registered manager to send us evidence of the checks made on bed rails following the inspection. We were sent three copies of room checks. These comprised of tick lists. One item on the list stated, 'Bed rails secure and in good condition'. We noted the checks had been last ticked in June 2018, this meant there had been no recorded checks on the records in July following the incident. Therefore, any risks may not have been identified and mitigated. Further to this, the registered manager told us a new handyman had been appointed in July 2018 and was due to complete this paperwork.

Prior to the inspection, we received information of concern about the monitoring of fluid intake. We looked at the records and spoke with staff and found that there were food and fluid intake charts in place which were completed by the care staff. The charts were implemented when a person was deemed at risk from poor nutrition or dehydration. However, we saw no guidance for staff on people's recommended fluid intake and no evaluation of the amounts drank. We also saw there were no records on the charts seen to indicate what people had to drink during the night. For instance, we noted that according to the records one person had only drank 200 mls all day. Whilst there was information in the communication book, to prompt staff to give more fluids, the person had not got a care plan, so there was no plan seen on how staff should manage this situation. A member of staff acknowledged that the food and fluid records were "ad hoc". The lack of effective monitoring meant there was an increased risk to people's health and well-being.

Care plans did not always provide comprehensive and up to date information on people's needs. For instance, one person's plan referred to them monitoring their own needs in respect to their diabetes,

however, a nurse confirmed that the person required assistance and they and the other nursing staff carried out monitoring alongside the person. This meant the information was out of date and there was the potential for unsafe care.

In June 2018, the provider commissioned an external audit of the service. We were sent a copy of the report and noted the assessor had reported care plans and risk assessments had not been fully completed for one person who had lived in the home for approximately a month. Similarly, during our inspection, we noted another person who was relatively new to the home did not have a care plan or any risk assessments. This meant appropriate action had not been taken when this issue had first been highlighted to the provider.

The provider had failed to assess and monitor risks to people's health and safety. This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the arrangements in place to manage people's medicines. We noted the home had up to date policies in place, but these were not always adhered to. For instance, we saw an action log for medicine alerts, the alert for thickening agents was documented as actioned, but this needed to be reviewed.

Some people required drinks to be thickened to assist with swallowing difficulties. The tea trolley only had two tins of thickening powder in use. This meant that the tins were shared and not used solely for the person they had been prescribed for. There was a chart in the kitchen that listed the consistency of the drinks prescribed for each person. The chart was for a different brand of thickener to the one being used, it was not dated or signed and was not available at the point the drinks were made. This meant that thickeners were not managed safely and this could result in the person receiving drinks that were the wrong consistency, which could cause choking.

'When required' medicines did not always have appropriate instructions or instructions were missing. This information is important as it ensures staff are aware of the circumstances in which these medicines should be given. 'When required' medicines are usually prescribed to treat short term or intermittent medical conditions and are not to be taken regularly. Staff did not always record the reasons for administration or the outcome after giving these medicines, so it was not possible to tell whether the medicines had had the desired effect.

We looked at 11 people's medication administration records (MARs) in the home. Each person had an identification sheet in place which supported safe administration of medicines, however one sheet was incomplete and one had information about swallowing difficulties that was different to the MAR. This meant staff were not always provided with up to date information about people's needs in relation to medicines.

Some medicines were applied to the body as a topical patch and there were body maps in place to show where they were applied. However, these were not always completed. This meant that it wasn't possible to demonstrate the patches had been rotated in line with the manufacturer's guidance and there was a risk that a patch could be missed. The home had implemented a daily check sheet to confirm patches remained in situ, but this didn't provide a location for the patch.

We saw one person was self-medicating, however, their medicines were out of date and had not been reviewed, there was no risk assessment to show if this was safe and this was not monitored in line with the provider's policy.

Topical administration records (TMARs) were used to record the application of people's prescribed, moisturising and barrier creams and ointments. However, there were gaps in the recording and the July

sheets were still in use for most people. Gaps in the records meant that we could not be sure that staff applied people's creams and ointments as prescribed.

The treatment room was not always secured and we identified two medicines and two food supplements that were out of date. Medicines may be ineffective if they have passed their expiry date.

The provider had failed to ensure the proper and safe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Controlled drugs were stored securely, we checked two items and the stock balances were correct. We saw evidence of a one stock check in the last four months which did not match the frequency detailed in the home's own policy.

All care staff and some people spoken with expressed concerns about the staffing levels in the home. Members of staff told us they needed more staff to carry out their role effectively. They added that whilst staff did their best to meet people's needs there were occasions when people had to wait to for assistance. Other members of staff said they felt rushed and were sometimes unable to respond to people when they required assistance. These comments were echoed by people living in the home, for instance one person said, "I have to wait longer and I regularly have accidents because they don't come in time to take me to the toilet. It makes me feel horrible. It's always just a minute. Sometimes I can wait for two hours. They don't understand."

The operations director explained a staffing dependency tool was used to determine the level of staff required to meet people's needs. We were sent a blank copy of the tool and noted it considered such variables as mobility and people's ability to carry out personal care tasks. However, we did not see a completed staff dependency tool. The staff had little confidence the tool was helpful. This was because staff told us the number of staff allocated was insufficient to meet people's needs. Staff members felt there was an emphasis placed on numbers of people rather than the complexity of people's needs. Further to this, on the second day of the inspection, members of staff told us none of the people in the main living room who required staff assistance had received a drink between breakfast and lunch because they didn't have time. Our observations also demonstrated that there was a 20 minute period without a member of staff in the main living room on the first day of the inspection. This meant the staff felt stretched and focused on tasks rather than on person centred care and support. Staff also told us they were working additional hours to their contract and nursing staff chose to come into the home on their days off to review care plans.

The provider had failed to demonstrate sufficient numbers of staff had been deployed in the home. This is a breach of Regulation 19 of the Health and Social Care (Regulated Activities) Regulations 2014.

The managing director assured us, the service was actively trying to recruit new staff and had introduced incentives for staff to recommend others and for staff to stay working in the home.

People spoken with were mostly satisfied with the service, for instance one person told us, "It's just got an atmosphere which makes you feel okay" and another person commented, "Staff are kindness itself, they make sure I'm safe and well looked after." However, two people expressed concerns about the inappropriate approach of some staff and told us they were worried there would be repercussions if they raised their concerns. We referred their comments to the local authority under safeguarding vulnerable adults' procedures. The local authority is the lead agency for any safeguarding concerns. The people were given assurances by the provider's operations director and we were informed the provider was due to take immediate action. The managing director told us, any inappropriate behaviour by staff would not be

tolerated and the necessary action would be taken to ensure people were safe.

We looked at how people were protected from abuse, neglect and discrimination. We found there were safeguarding adults' and whistle blowing policies and procedures in place, along with guidance documents published by the local authority. However, whilst the staff training records indicated that the majority of the staff team had received safeguarding training, we found not all staff spoken with demonstrated an understanding of the safeguarding processes. For example, we asked staff where they could report any allegations of abuse outside the home. They told us they were unsure of who they could contact. This is important to ensure all staff act appropriately in the event they are unable to report any incidents or suspicions to the registered manager. We discussed this situation with the registered manager, who assured us additional training would be provided for the staff.

We reviewed staff recruitment files to check all the required pre-employment checks had been completed. Nurses are required to register with the Nursing and Midwifery Council (NMC); they are issued with a personal identification number (PIN) that confirms they are registered and fit to practice. We found the registered manager had recorded details of nurses' PINs and these were within date. We found pre-employment recruitment checks had been completed for the recruitment files we looked at. However, we noted the provider's application form asked applicants for ten years employment history. This is contrary to the current regulations which state staff must provide a full employment history. The operations director told us he would ensure the application form was updated.

We checked the arrangements in place for the maintenance of the premises. We were informed a new handy man had recently been appointed. We saw records to demonstrate checks had been carried out on the fire systems, water temperatures, call points and equipment, such as hoists and bedrails. The electrical and gas safety certificates were in date and we noted appropriate arrangements were in place for servicing the fire systems including the fire extinguishers. We saw there was a fire risk assessment and we received assurances from the provider that contractors were due to start work on 20 August 2018, to address the recommendations made. The provider also informed us a fire officer had recently visited the home and was satisfied with the arrangements in place.

People had personal emergency evacuation plans (PEEPs) which recorded information about their mobility and responsiveness in the event of a fire alarm. However, we did not see a PEEP for a person who had recently moved into the home. We saw there was a business continuity plan in place to respond to any emergencies that might arise during the daily operation of the home. This set out emergency plans for the continuity of the service in the event of adverse events such as loss of power or severe weather.

We noted records were kept in relation to accidents that had occurred at the service, including falls. We saw the records were checked by the registered manager. The registered manager had also carried out an analysis of accident information to identify any patterns or trends and produced monthly reports for the provider, which included details of accidents and incidents.

We saw the home was clean and hygienic. Staff hand washing facilities, such as liquid soap, paper towels and pedal operated waste bins had been provided in all rooms. This ensured staff could wash their hands before and after delivering care to help prevent the spread of infection. Staff were provided with appropriate protective clothing, such as gloves and aprons. There were contractual arrangements for the safe disposal of waste. We saw staff had access to an infection prevention and control policy and procedure and noted an infection control audit was carried out in the home at regular intervals.

Requires Improvement

Is the service effective?

Our findings

At the last inspection in November 2016, this key question was rated as 'Good'. At this inspection, the rating had deteriorated to 'Requires improvement'.

People and their relatives made positive comments about the competence of staff, for instance, one person told us, "They're not too bad. They know how to use a hoist" and another person said, "They do an extremely good job. I feel sorry for them." Similarly, a relative said, "I feel they are competent, but they've just that much to do."

There were arrangements in place for the induction of new staff, which included an initial orientation to the service, familiarisation with the organisation's policies and procedures and completion of the provider's mandatory training. We saw completed induction checklists on staff member's files. However, the registered manager confirmed staff who were new to a care setting had not completed the Care Certificate. This is a nationally recognised qualification that is designed to ensure that care staff are competent to care for people in the right way. The Certificate was introduced in April 2015 and it is expected that all those working as healthcare assistants and adult social care workers undertake this learning as part of their induction programme. This meant that new staff may not acquire the appropriate level of competency and skills to carry out their role. The operations director explained a new training officer had been appointed and they planned to implement the Care Certificate, however, this is over three years since its introduction.

We were sent a copy of the staff training matrix during the inspection and noted staff had completed training on moving and handling, safeguarding vulnerable adults, infection control, fire safety, food hygiene and food allergens, Deprivation of Liberty Safeguards and the Mental Capacity Act and dementia. However, there was no evidence on the training matrix that staff had completed dignity and respect, person centred care and diet and nutrition despite these courses being deemed as mandatory by the provider. We also noted the staff's basic first aid training had expired in April 2018. Further to this, members of staff told us, the training was basic and mainly comprised of a "DVD and a piece of paper." Staff also told us they had requested additional training but this had not been provided. We noted that some of the shortfalls in the staff training had also been identified in an external quality audit carried out in June 2018.

Staff told us they had received supervision with the registered manager. Supervision is an opportunity to provide staff members with the chance to reflect and learn from their practice, receive personal support and professional development. We were sent a copy of the supervision and appraisal matrix and noted supervision was scheduled every two months. However, not all staff had received supervision at this level of frequency. We looked at a sample of the supervision records and noted the recorded information was brief and mainly focussed on staff training needs.

The provider had failed to provide appropriate training and support to enable staff to carry out their duties. This was a breach of Regulation 18 (2) (a) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The registered manager explained that the new training officer was planning to develop the training programme for new staff and there would be more classroom based training to enable staff to discuss the topics with colleagues and resolve any queries.

Prior to the inspection and during the inspection, concerns were raised about the frequency people were supported to have a bath or shower. We looked at and discussed the facilities and adaptations available and found there were some limitations which impacted on people's care. For instance, the home had one shower cradle, which was used by people whose condition prevented them from using the shower chair. Many of the staff expressed concern that only one person a day could use the cradle. This was because after it had been used once, it had to be left to dry out before the next person could use it. We looked at the 'Shower/Bath List' and noted that ten people needed the use of the shower cradle. This meant all people could not have a shower once a week. Staff also told us that the design and functioning of the taps on one corridor did not allow them to fill bowls of water to wash people. This meant staff had to use the main bathroom to fill up bowls and carry these down the corridor. This situation not only impacted on staff time, but it also increased the risk of falls from any water spillage on the corridor floor.

The managing director told us that he was unaware of a shortage of equipment and gave assurances additional equipment would be purchased as necessary.

People had mixed views on the approach taken by staff. For instance, one person said, "The staff are very nice and very helpful to me" and another person commented, "They're always friendly." However, a person also told us, "Some are better than others."

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 registered persons were working within the principles of the Mental Capacity Act 2005 by obtaining consent in the right way and by applying for authorisations to deprive a person of their liberty when necessary. We found the staff understood the purpose and principles of the MCA and according to the staff training matrix most of the staff had completed training. We saw mental capacity assessments had been carried out as appropriate and where necessary best interests decisions had been made on such issues as the use of bedrails, male and female care staff and the flu injection. However, we found limited evidence to indicate people had been consulted about their care. We also saw that relatives had signed a person's preference questionnaire, even though the person was deemed to have capacity. The registered manager explained the form was completed by the relatives with the person, however this was not evident from the record.

People had differing views on whether the staff sought consent before carrying out care. For instance, one person said, "They (the staff) ask me what I want and how I want it doing", but another person said, "Staff do what they think is best and I just let them get on with it." Two people raised concerns about the approach taken by some staff. We observed that staff sought consent from people whilst serving lunch on the first day of the inspection.

The service had policies in place that covered the MCA and making decisions in a person's best interests. Where appropriate, applications for DoLS authorisations had been made. This helped to ensure that people who lived in the service received lawful care that was the least restrictive possible.

Before a person moved into the home, a representative from the management team undertook a pre-admission assessment to ensure their needs could be met. We looked at completed pre-admission assessments and noted they covered the main aspects of people's needs. However, one person's assessment contained only brief information, this was particularly pertinent because the person did not have a care plan or any risk assessments. This meant staff only had access to limited information about the person's needs, choices and preferences.

We noted 'All About Me' had been completed for some people living in the home. This provided staff with information about their personal preferences as well as their cultural and social needs.

We observed the lunchtime arrangements on both floors on the first day of the inspection. We noted people were offered a choice of food and were provided with appropriate support to eat their meals. People were complimentary about the food, for instance, one person said, "It's very nice. If there's anything you don't like, they will get you something else" and another person commented, "I quite enjoy it. We get some good food here." We saw people were offered a drink of their choice with their meal, which included a variety of juices and wines. The home used a colour coded plate system to indicate the level of support people needed to eat. This meant staff could focus their attentions of people who needed help. However, staff told us the staffing levels were stretched over meal times. This was because there was a number of people who required support eating their meals.

Nutritional risk assessments had been carried out to identify the risks of malnutrition and dehydration. Food and fluid intake charts had been implemented for those people deemed at risk. However, there was no effective monitoring or oversight of the records. This meant there was the potential for any deficits in people's dietary intake to not be recognised and actioned. Further to this, we noted one person who was a risk of choking, however, we saw no evidence of referral to a Speech and Language Therapist or any information for staff on supervision or appropriate positioning. This information is helpful to staff to help them mitigate risks in a safe and consistent manner.

People's healthcare needs were assessed and they had access to other healthcare professionals when needed. People told us they saw the doctor when they were unwell and an advanced nurse practitioner visited the home daily to discuss and treat any healthcare concerns. However, we noted that whilst staff had called a GP and other medical professionals to assess and treat one person's medical condition, the person had no care plan to provide guidance to staff on ongoing monitoring.

We spoke with a healthcare professional following the inspection, they provided us with positive feedback about the way people's healthcare needs were met. For instance, they told us, the staff and registered manager were knowledgeable about people's needs and they made prompt and appropriate referrals. They also said the staff were, "Very considerate and very willing to do anything."

We noted that technology was used to support people living in the home. This included a call bell system. People were also supported to speak to their relatives face to face using computer systems. This enabled people to keep in contact with their relatives who lived overseas.

Requires Improvement

Is the service caring?

Our findings

At the last inspection in November 2016, this key question was rated as 'Good'. At this inspection, the rating had deteriorated to 'Requires improvement'.

During this inspection, we observed the staff were polite, kind and courteous when speaking with people living in the home. People were mainly positive about the care staff, for instance one person told us, "Okay generally, they're kind" and another person commented, "They're fine, they're great." A relative also said, "All the staff are very good, they listen to anything you say." However, people's views of the staff were influenced by their experience of waiting for assistance, for example, one person said, "They are very nice and polite. They only thing is don't bother them when they're in the middle of a job" and another person told us, "They are very good, but I have to wait and wait in a queue to get dressed in a morning. I keep going to the door and they keep telling me to sit down." All care staff spoken with told us they wanted to provide good quality care, however, they felt there was insufficient staff to meet people's needs. For instance, one member of staff told us, "The care is good. We try to do everything, but we don't have enough staff for the dependency levels. I've seen staff in a rush and it's not right."

We asked people if they received all the care they needed to make them feel comfortable. One person said, "I haven't had a bath yet, just a good wash down." The person told us they had lived in the home for two weeks. Another person commented, "I get a shower but not very often, it depends on the staff. I haven't had one for two weeks. They tell me it's because they are short staffed." We looked at how baths and showers were provided to people and found there was no effective monitoring. Members of staff spoken with did not know when people last had a bath or shower. This meant there was the potential for people not to receive the care they needed when they needed it.

We noted that staff were allocated a list of people to 'Get up before 8 am' upstairs and from 7 am downstairs. The instruction to staff stated, "If you could not get somebody up off the list please get someone else up. Write down who you get up and the reason why you could not get the other person up." There was no reference made to people's personal preferences, choices or wishes. This approach was contrary to the principles of person centred care.

People spoken with were not familiar with their care plan and could not recall discussing their needs with staff. On looking at the care records, we noted there was limited evidence to demonstrate people had been involved in the care planning process. We saw some care plan documentation had been reviewed, however, we found little evidence to indicate people were actively involved in the planning and review of their care. This is important to ensure the staff are aware of people's preferences and how they wish their care to be delivered. There was a lack of close oversight of people's needs and wishes, which resulted in shortfalls. For instance, a care plan had not been developed for a person who had lived in the home for two weeks.

The provider had failed to provide person-centred care which reflected people's preferences and failed to involve people in decisions about the delivery of their care. This was a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The staff were knowledgeable about people's backgrounds and personalities, however, they told us they didn't routinely read people's care plans. This meant they relied on the information given to them during daily handover meetings and the details in the communication book. Staff told us they were told the "basics" and they felt they would benefit from having more information about people.

People were able to express their views on a daily basis, during residents' meetings and by way of a customer satisfaction questionnaire. We saw minutes of the meetings and the results of the satisfaction survey during the inspection.

People spoken with told us the staff respected their privacy. We observed the staff ensured personal care interventions were carried out behind closed doors in the person's bedroom or bathroom. Whilst staff understood the importance of maintaining people's dignity and independence, they felt the limited number of staff available impacted on their ability to spend time with people. Members of care staff told us, that apart from the time spent providing personal care, they had limited time to have a conversation with people. Further to this, a person living in the home said, "Staff spent time with me at the beginning but not now." We also noted that one person felt that staff expected them to do too much for themselves.

Relatives spoken with confirmed there were no restrictions placed on visiting and they were made welcome in the home. We observed relatives visiting at various times throughout the days we were present in the home.

We saw there were a number of cards from relatives expressing thanks for the care provided to their family members. For instance, one relative had written, "Thank you from the bottom of our hearts for the dedicated care, compassion and support that you have shown to our [family member] and another relative had written, "Thank you for your unfailing kindness towards my [family member]."

Requires Improvement

Is the service responsive?

Our findings

At the last inspection in November 2016, this key question was rated as 'Good'. At this inspection, the rating had deteriorated to 'Requires improvement'.

We looked at the arrangements in place to plan and deliver people's care. We looked at a nine people's personal records, including care plans, risk assessments and ongoing records of care. We found that people had a care plan which was split into sections according to the 'Activities for daily living' format. The activities for daily living cover the key life tasks all individuals need to manage on a daily basis. We found the plans had not always been reviewed and updated at regular intervals to reflect their current needs. For instance, there had been a change in one person's mobility and another person needed more assistance with their medical condition. Similarly risk assessments had also not been updated. This meant the information was out of date and there was the potential for unsafe and inconsistent care.

We were concerned to note that one person who had lived in the home for two weeks had not got a care plan or any risk assessment documentation. The person had complex needs and according to the communication book had experienced a deterioration of health. This meant the staff had limited information about how to meet this person's needs. We asked two members of staff about how they cared for the person and they gave different information about meeting the person's nutritional needs. We discussed this situation with the registered manager on the third day of the inspection. We received a copy of the person's plan following our visit, however, we found the plan lacked some details and essential information pertaining to the person's healthcare conditions had been omitted. We informed the registered manager of the shortfalls and she assured us the plan would be updated.

We spoke with a healthcare professional following the inspection, who told us they had raised concerns about out of date information in a person's care plan with the registered manager. They said, they checked the plan a few days later and were satisfied it had been updated in accordance with the person's current needs.

The nursing staff were responsible for developing and reviewing people's care plan documentation. The care staff had access to the care plans, but told us they rarely referred to them. They added that they had no input into the care plans and said they relied on the communication book and information given to them during handover. This meant there was a greater likelihood of shortfalls in the delivery of care. Further to this, we noted from the communication book that two relatives had recently raised concerns about the care provided.

We were told the staff completed the nursing charts and food and fluid charts as appropriate and the nursing staff completed the daily care records. However, we noted many of the care records were brief and contained limited information. This meant there was the potential risk that aspects of people's care were not monitored in a robust way.

People's end of life wishes and preferences were recorded and reviewed as part of the advanced care

planning process. The registered manager and staff worked closely with other healthcare professionals to ensure people had access to support, equipment and medicines as necessary. One relative spoken with told us, the staff had cared for their family member during the last days of their life. They said, "Nothing was too much trouble and [family member] was very peaceful and comfortable."

We looked at how the service managed complaints. We found people had access to a complaints procedure which included the relevant timescales. People and their relatives were aware of how to raise a complaint, for instance, one person told us, "I'd go to matron, she's very good." However, three people expressed a reluctance to raise any concerns. It is important people feel able to speak freely so any difficulties or concerns can be resolved.

We looked at the complaints records and noted a central log had been maintained along with investigation reports and outcome records. The records were detailed and the registered manager had carried out an analysis to determine any trends. The registered manager also provided management reports for the provider, which detailed any complaints raised in the home.

We asked the registered manager what actions they had taken to meet the accessible information standard. The accessible information standard was introduced to make sure that people with a disability or sensory loss are given information in a way they can understand. The registered manager told us information could be provided in different formats to meet people's communication needs. Whilst we saw people's communication needs had been considered as part of the care planning process, there was limited information about how people wished to discuss their care needs.

People had mixed views on the provision of activities, for instance one person told us, "I mainly watch television, there's not a lot going on." However, another person told us, "It's very good for activities here. I enjoy the trips and the quizzes." We noted the provider had employed activities co-ordinators and activities were arranged on a regular basis. We saw the activities team had developed individual profiles for each person, which included their preferred activities and a record of their participation. Activities provided included, darts, various games and arts and crafts. People also had the opportunity to go out on trips. The local community was invited into the home for organised events, for instance, we were told people enjoyed a dog show held in the home's grounds the weekend before the inspection.

We observed there was a 'wishing tree' in the reception area. This allowed people to place 'wishes' on the tree and the activity team worked to ensure people's wishes were fulfilled. For instance, two people had expressed a wish to visit the seaside and a trip to Cleveleys had been arranged.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection in November 2016, this key question was rated as 'Good'. At this inspection, the rating had deteriorated to 'Requires improvement'.

We looked at the systems and arrangements in place to manage the day to day operation of the home and to monitor the quality of the service. We found there were shortfalls in the maintenance of records. For example, people's care plans and risk assessments had not always been updated in line with changing needs and one person had not got a care plan or any risk assessments. This meant staff were not always provided with information about people's current needs. There were shortfalls found in the medicines records and staff did not always record the reasons for administration of 'when required' medicines.

Whilst there were records in place to record people's food and fluid intake in line with any assessed risks associated with nutrition and hydration, there was no evidence seen of the amounts totalled. The staff were also not provided with information about people's recommended daily intake. This is important so staff can have clear oversight of people's fluid intake and respond appropriately if the person fails to have sufficient food and drink. We saw there were records made when people were assisted to reposition for pressure relief, however, there were no records seen of the person's position. This helps other staff keep track of the person's position, in order to minimise the risk of pressure ulcers developing. Staff had not completed the monitoring charts for baths and showers. This meant staff were not aware of when people last had a shower or bath and there was the potential for people not to have a bath or shower for some time.

An external quality audit had been carried out in June 2018 and we were sent a copy of the report following the inspection. We noted the report highlighted seven areas for immediate action and two areas for consideration. We asked for an action plan in respect to the issues raised in the report, however, this was not received. We were concerned to note that some of the issues raised in the report had not been addressed at the time of the inspection. For instance, we also found shortfalls in the care plan documentation and the medicines records. This meant appropriate action had not been taken.

We found the registered manager and management team carried out a series of audits to monitor the quality of the service and completed regular management reports for the provider. We saw completed audits, which included infection prevention and control, environmental checks, staff training and supervision, accidents and incidents, complaints, medicines and care plans. However, the systems in place to address shortfalls were not always effective. We found a number of issues during the inspection, which have resulted in six breaches of the current regulations.

Whilst the care plan audits identified a series of gaps in the records, there was no evidence seen of any follow up action or further checks to ensure the documentation had been updated. Risks to one person's health, safety and welfare had not been assessed and some risk assessments had not been updated in line with changing needs. This meant staff were not always provided with information to ensure risks were managed in a safe and consistent way.

Whilst staff training was monitored by means of a matrix, we noted staff had not completed all the training the provider had identified as mandatory, nor had staff who were new to a care setting had the opportunity to complete the Care Certificate. This meant the systems and processes to ensure staff completed appropriate training were not always effective. The medicines records and some practices did not ensure people were protected from the unsafe management of medicines.

All the care staff spoken with, some people living in the home and some relatives expressed concerns about the level of staffing in the home. People told us they had to wait to be assisted with personal care and said this impacted on their well-being. Whilst dependency tools were used, staff felt that the number of staff allocated did not reflect the complexity of people's needs.

People, their relatives and staff were invited to complete a satisfaction questionnaire. We saw the results of the latest surveys and noted action plans dated September 2017 had been developed to address any suggestions for improvement. However, we noted the staff members had raised issues about the staffing levels and people and their relatives had asked for a quicker response to the nurse call buzzer. Both these matters were still pertinent at the time of our visit and people and staff raised the same issues as part of the inspection. This indicated that any action taken had not resolved people's concerns.

The provider had failed to maintain accurate records and had failed to effectively operate systems to assess, monitor and improve services and assess, monitor and reduce risks to people. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) 2014.

We discussed these shortfalls with the registered manager, operations directors and the managing director and we were given assurances that improvements would be made to the service. They also assured us they would investigate and address people's concerns. The registered manager told us she was well supported by the provider. An area manager and the operations director visited the home regularly and completed a monthly report of their findings. We were sent a copy of the reports following the inspection.

People and their relatives made mostly positive comments about the leadership and management of the home, for instance, one person told us, "[The registered manager] is pretty busy, but she's approachable if you need her" and another person commented, "I find her very nice." Relatives spoken with said they knew who the registered manager was and confirmed they could talk to her. A healthcare professional also provided us with positive feedback about the management of the home, their comments included, "[The registered manager] is very good and she is extremely knowledgeable about the patients. The patients I see have nothing but high praise for the staff."

The registered manager had responsibility for the day to day operation of the home. She told us there was good teamwork amongst the staff and the staff worked hard to provide person centred care. The registered manager was also proud of the amount and frequency of activities provided in the home. However, she also acknowledged improvements needed to be made to the service. She described her priorities as; spending more time working alongside staff so she could identify any issues, review the provision of equipment and ensure people's care plans and risk assessments were updated as appropriate.

There was a management structure in place. Staff were aware of the lines of accountability and who to contact in the event of any emergency or concerns. If the registered manager or deputy manager was not present, there was always a nurse on duty with designated responsibilities. Staff had the opportunity to attend meetings to discuss issues relating to the people they were supporting, exchange ideas and develop good practice. We saw minutes of the meeting during the inspection.

People and relatives were invited to meetings and they were asked to provide feedback on the service. One relative told us, "I go to meetings and raise things with them. They listen to me. But I can only speak well of the place, all the staff are very kind."

We noted the provider was fulfilling their statutory responsibility to display the rating from the last report in both the home and on their website.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had failed to provide person-centred care which reflected people's preferences and failed to involve people in decisions about the delivery of their care. Regulation 9 (1) (3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure the proper and safe management of medicines. Regulation 12 (2) (g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to demonstrate sufficient numbers of staff had been deployed in the home. Regulation 18 (1) The provider had failed to provide appropriate training and support to enable staff to carry out their duties. Regulation 18 (2) (a)

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to assess and monitor risks to people's health and safety. Regulation 12 (2 (a) (b)

The enforcement action we took:

Issued a Warning Notice

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 The provider had failed to maintain accurate records and had failed to effectively operate systems to assess, monitor and improve services and assess, monitor and reduce risks to people. Regulation 17

The enforcement action we took:

Issued a Warning Notice