

Orchard Care Homes.Com Limited

Thornton Hall and Lodge

Inspection report

16-18 Tanhouse Road
Thornton
Crosby
Merseyside
L23 1UB

Tel: 01519242940
Website: www.orchardcarehomes.com

Date of inspection visit:
28 March 2017
29 March 2017

Date of publication:
06 June 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 28 and 29 March 2017 and was unannounced.

Thornton Hall and Lodge is registered to provide care and support for up to 96 people. The home is purpose built and the accommodation is over two floors. The home has aids and equipment to help people who are less mobile. The first floor is accessible by a passenger lift and staircase. During the inspection, there were 83 people living in the home.

During this inspection we found that a registered manager was in post. 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.

During the comprehensive inspection completed in February 2016, we found the provider was not meeting legal requirements in relation to safe care and treatment, good governance, need for consent, and protecting people from abuse and improper treatment. The home was rated as 'inadequate' overall and we placed the service in special measures. The purpose of special measures is to:

- Ensure that providers found to be providing inadequate care significantly improve
- Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.
- Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration.

At the last comprehensive inspection undertaken in September 2016, the provider was still not meeting legal requirements and breaches of Regulation were identified in relation to safe care and treatment, staffing, nutrition and hydration, good governance and person centred care. The service remained in special measures following that inspection.

During the last inspection we found that medicines were not always managed safely. During this inspection we looked at the systems in place for managing medicines in the home and found that there were still concerns regarding medicine management and sufficient improvements had not been made. Expired medicines were in use, safe administration practices were not all followed as photographs of people were not available for accurate identification and allergies were not all reflected on medicine records. People did not always receive their medicines as they were prescribed and clear guidance regarding PRN (as required) medicines was not always available. The provider remained in breach of regulation regarding this.

During the last inspection we found the provider to be in breach of regulation regarding risk management. During this inspection we looked at care files which showed staff had completed some risk assessments to assess and monitor people's health and safety. These assessments were reviewed regularly; however they

were not always completed correctly. We also found that not all identified risks had been thoroughly assessed. Records we viewed showed that falls were not always recorded appropriately to enable risk to be assessed and managed.

Systems were in place to check that call bells and sensor mats were working. When people require the use of both a call bell and a sensor mat, adaptors are required to enable both to be used at the same time. We found that these were not always in place. We raised this with a staff member who arranged for an adaptor to be fitted in the room immediately. The provider remained in breach of regulation regarding risk management.

At the last inspection the provider was in breach of regulation as there were not sufficient numbers of staff on duty to meet people's needs. During this inspection we looked at how the home was staffed and received mixed feedback from people living in the home and their relatives. The registered manager told us that vacancies had been appointed to and staff were awaiting checks to be completed before they started in post. Our observations showed us that call bells were answered quickly and there were sufficient numbers of staff to support people during lunch time. We found that there were adequate numbers of staff on duty to meet people's needs in a timely way. The provider was no longer in breach of regulation regarding staffing.

At the last inspection we found that people did not always receive meals in line with their assessed needs. During this inspection people we spoke with enjoyed the food available. A pictorial menu was available to assist people to make decisions regarding meals. The chef and other staff members were aware of people's dietary needs and preferences. Records we viewed showed that when there were concerns regarding people's intake, this was monitored and advice sought from the dietician when necessary. The provider was no longer in breach of this regulation.

At the last inspection we found that staff were not supported in their role through regular supervision or an annual appraisal. During this inspection staff told us they felt well supported and could raise any concerns they had with the management team. Staff told us and records showed that staff received an induction and regular supervision sessions. Annual appraisals were evident within some of the staff files we viewed. Staff also told us that they completed training and shadowed more experienced staff when they first commenced in post. The provider was no longer in breach of this regulation.

At the last inspection we made a recommendation that the provider reviewed their systems to ensure best interest decisions were clearly recorded in line with the principles of the Mental Capacity Act 2005 (MCA). During this inspection we looked to see whether the provider was adhering to these principles. We found that applications to deprive people of their liberty were made appropriately.

When able, people provided consent to their care and treatment. When people were unable to provide consent mental capacity assessments were completed, though they were not always completed accurately. Best interest did not clearly reflect that relevant people had been involved in making those decisions. Consent was not always gained in line with the principles of the MCA.

At the last inspection we identified a breach of regulation in relation to records not being stored securely. We also found that people's dignity was not maintained by staff. During this inspection we found that records containing people's private information were stored securely and people living at the home told us staff were kind and caring and treated them with respect and we viewed examples of this during the inspection. The provider was no longer in breach of this regulation.

At the last inspection we identified concerns regarding the provision of person centred care. During this

inspection staff we spoke with told us they knew the people they were caring for well and this was demonstrated during the inspection. Care files reflected people's preferences and a life history was available which provided information regarding the person's background and experiences. They also contained a preadmission assessment which meant the service could meet people's needs from the time they moved into the home.

Staff told us they received handovers at each shift change and they received enough information about people to meet their needs. Relatives we spoke with agreed that they were kept informed of any changes to their family member's health or wellbeing. The provider was no longer in breach of regulation regarding person centred care.

Care plans we viewed were not all detailed and reflective of people's current needs.

We looked at how staff were recruited within the home and found that safe recruitment practices were followed.

People told us they felt safe living in the home and their relatives agreed. All staff we spoke with were able to explain how they would report any concerns they had. A policy was in place to guide staff on actions to take in the event of any safeguarding concerns and details of the local safeguarding team were available to staff.

The provider had taken steps for people living with dementia, towards the environment being appropriate to assist them with orientation and safety.

People we spoke with told us their relatives and friends could come to see them at any time. For people who did not have family or friends to represent them, advocacy services were advertised.

People told us they enjoyed the activities available within the home. A new cinema room had been developed and feedback regarding this was positive. There was a schedule of planned activities which we saw advertised around the home.

Records showed that resident and relative meetings took place regularly. There was a complaints procedure in place and this was displayed within the home. A log of all complaints received was maintained and we found that they were investigated appropriately.

At the last inspection we found that safety checks introduced following the outcome of an investigation were not maintained. During this inspection, records showed that these safety checks were completed daily.

Communication systems in place were not always effective to ensure people's care needs were known and met by staff at the last inspection. During this inspection we found that staff we spoke with knew the people they were supporting and told us that they received regular updates if people's needs changed.

The audits in place at the last inspection did not identify the issues we highlighted. During this inspection we found that audits were completed regularly, however they did not identify all of the concerns we highlighted and a number of actions identified had not been acted upon. This meant that the systems in place to monitor the service and drive forward improvements were not effective. The provider was still in breach of regulation regarding this.

Feedback regarding the management of the home was positive. Staff described the improvements that had taken place within the home and told us there was good teamwork, better staff morale and that they

enjoyed working in the home and would recommend it to others.

There were policies and procedures available to guide and support staff in their roles. Staff were aware of the policies and their responsibilities regarding them, including the home's whistle blowing policy.

The manager had notified the Care Quality Commission (CQC) of events and incidents that occurred in the home in accordance with our statutory notifications. The provider ensured that ratings from the previous inspection were on display within the home as required.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures. We found that some concerns still remained and we took appropriate action to protect people who lived in the home.

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.

Medicines were not always managed safely. The provider was still in breach of regulation regarding this.

Risk was not always assessed accurately to enable measures to be put in place to reduce risks to people. The provider was still in breach of regulation regarding this.

There were adequate numbers of staff on duty to meet people's needs in a timely way. The provider was no longer in breach of regulation regarding this.

Safe recruitment practices were followed.

People felt safe living in the home.

All staff we spoke with were able to explain how they would report any concerns they had and a safeguarding policy was available to support this.

The home was clean and well maintained.

Requires Improvement ●

Is the service effective?

The service was not always effective.

People received meals based on their needs and preferences and staff were aware of these needs. The provider was no longer in breach of this regulation.

Staff were supported in their role through induction, supervision, appraisal and regular training. The provider was no longer in breach of this regulation.

Applications to deprive people of their liberty were applied for appropriately, however consent was not always gained in line with the principles of the Mental Capacity Act.

People at the home were supported by the staff and external health care professionals to maintain their health and wellbeing.

Requires Improvement ●

The provider had taken steps towards the environment being appropriate to assist people with orientation and safety.

Is the service caring?

Good ●

The service was caring.

Records containing people's private information were stored securely and people living at the home told us staff were kind and caring and treated them with respect and we viewed examples of this during the inspection. The provider was no longer in breach of this regulation.

Some care plans we viewed were written in such a way as to promote people's independence, although we found the level of this information was inconsistent in the files we viewed.

People told us their relatives and friends could visit at any time.

For people who did not have any family or friends to represent them, contact details for a local advocacy service were available.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Staff knew the people they were caring for well and care files we viewed reflected people's preferences in relation to their care. Systems were in place to ensure staff were aware of any change in people's needs. The provider was no longer in breach of regulation regarding person centred care.

Care plans we viewed were not all detailed or reflective of people's current needs.

People told us they enjoyed the activities available within the home.

Resident and relative meetings took place regularly. Not all people we spoke with were aware of these meetings.

Complaints were investigated appropriately and in line with the provider's policy.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Audits were completed regularly, however they did not identify

all of the concerns we highlighted and a number of actions identified had not been acted upon.

Records showed that necessary safety checks were completed as required.

Staff knew the people they were supporting and told us that they received regular updates if people's needs changed. Feedback regarding the management of the home was positive.

Staff were aware of the providers whistle blowing policy.

The registered manager had notified the Care Quality Commission (CQC) of events and incidents that occurred in the home and ratings from the last inspection were displayed.

Thornton Hall and Lodge

Detailed findings

Background to this inspection

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

This inspection took place on 28 and 29 March 2017 and was unannounced. The inspection team included two adult social care inspectors, a specialist advisor pharmacist and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the service. This included the statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the commissioners of the service and the local authority safeguarding team.

We used all of this information to plan how the inspection should be conducted.

During the inspection we spoke with the registered manager, two area managers, the operational director, the care manager, five members of the care team, a chef, an activity coordinator, eight people living in the home and four relatives who were visiting during the inspection.

We looked at the care files of seven people receiving support from the service, four staff recruitment files, medicine administration charts and other records relevant to the quality monitoring of the service. We also observed the delivery of care at various points during the inspection.

As not all people were able to speak with us about their experience of living in the home due to memory difficulties, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. This helped us to gain a balanced view of the service provided.

Is the service safe?

Our findings

When we carried out a comprehensive inspection of Thornton Hall and Lodge in September 2016, we identified breaches of regulation in relation to keeping people safe. The 'safe' domain was judged to be 'inadequate'. The breaches were in relation to medicine management and risk management. This inspection checked the action the provider had taken to address the breaches of regulation.

During the last inspection in September 2016, we found that medicines were not always managed safely. During this inspection we looked at the systems in place for managing medicines in the home. This included the storage and handling of medicines as well as a sample of Medication Administration Records (MARs), stock and other records for people living in the home. We found that there were still concerns regarding medicine management and sufficient improvements had not been made. The service remained in breach of regulation regarding this.

We found that safe administration practices were not all followed. For instance, the electronic MAR charts did not all contain photographs of people to assist with the correct identification of people. We also found that when people had an allergy recorded in their care files; this was not always reflected within the MAR charts. For example, one person's care file indicated that they were allergic to morphine but this was not recorded in the medicine records. We discussed this with the registered manager who advised they had identified these issues and were in discussions with the director of the electronic medicine system to rectify this and we saw records confirming this.

We also observed that a person was prescribed eye drops which had a 28 day expiration date once opened. We found that eye drops were being administered after this date. This meant that the eye drops may not work effectively and may cause adverse effects. We discussed this with staff who looked into the issue and later in the day told us new eye drops had previously been delivered but had not been used.

We looked at how administered medicines were recorded on the MAR charts and found that medicines were not always given as prescribed. For example, one person was prescribed a controlled drug to help with pain relief. Controlled drugs are prescription medicines that have controls in place under the Misuse of Drugs Act and associated legislation. The medicine was prescribed twice per day at 8am and 8pm. Records showed that it was not always administered at these times and on one occasion had been given with only four and a half hours gap between the doses. We requested that the person's GP be contacted regarding this; however the person had not suffered any ill effects following this error. Another person was prescribed time specific medicines at set intervals throughout the day to assist with their medical condition. Records showed that they were not always given at the prescribed times.

During the inspection we observed a person requesting pain relief from a staff member who was administering medicines. The staff member advised the person there was no stock available and they would have to order more. Records showed however that there should have been 58 tablets in stock. The person missed their dose in the morning, but staff were able to locate the stock of medicine later in the day and the person received their medicine in the afternoon.

We looked at the systems in place to manage PRN (as required) medicines and found that there was not always clear guidance to enable all staff to administer the medicine in a consistent way. For example, one person was prescribed a medicine to help them when they became agitated. Staff could administer a half or a full tablet but there was no information as to when to give each dose. A staff member we spoke with told us they decided what dose to give dependent upon the behaviours of the person, but there was no guidance regarding this. Another staff member we spoke with told us they felt the management of medicines had improved, but that they really should not run out of people's medicines and that this did happen at times.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us and records we viewed confirmed, that staff had completed training in relation to safe medicine administration and had their competency assessed. Medicines were stored in locked trolleys within locked clinic rooms that had the temperatures monitored and we observed the keys to be held securely by senior staff throughout the inspection. We checked the stock balance of two medicines and found these to be correct. The stock balance of controlled medicines were checked by two staff during each handover to help ensure they remained accurate.

At the last inspection we identified a breach in regulation regarding risk management. This was because risk to people was not always accurately assessed, chemicals were not always stored securely and safety checks implemented were not always completed. During this inspection we reviewed this and found the provider was still in breach of regulation regarding this.

The care files we looked at showed staff had completed some risk assessments to assess and monitor people's health and safety. We saw risk assessments in areas such as falls, nutrition and pressure relief. These assessments were reviewed regularly, however we identified that they were not always completed correctly. For instance, one person's nutritional assessment identified the person to be at low risk. Records showed that the person had lost a significant amount of weight and had a body mass index that was lower than average, which put them at high risk based on the tool in use. We found however that appropriate care had been provided and advice had been sought from relevant health professionals.

We also found that not all identified risks had been assessed in order to implement measures to minimise the risk. For instance, a person that smoked did not have a risk assessment completed to ensure relevant safety measures were in place.

Personal emergency evacuation plans (PEEP's) had been completed for people living in the home to identify the support required should they have to evacuate the home in the event of an emergency. Not all of the PEEP's we viewed contained sufficient detail to ensure staff knew what support each person required. For example, one PEEP we viewed stated that the person would require staff to assist them to the ground floor. It did not advise how many staff or what support or equipment would be required.

We reviewed records regarding accidents and incidents that people had sustained and found that clear documentation was not always available regarding falls. For example, one person's care file we viewed reflected they had a fall and family had been made aware, however this had not been incorporated within the falls risk assessment or within the daily notes. This meant that risk may not be assessed accurately to ensure appropriate measures could be put in place to reduce risk.

Systems were in place to check that call bells and sensor mats were working each day and records we viewed showed this was completed daily. When people require the use of both a call bell and a sensor mat,

adaptors are required to enable both to be used at the same time. We found that these were not always in place. One person we spoke with used the call bell which they told us they understood to work day and night, though they had not had to use it overnight. We found that there was no adaptor available to plug both devices in, so both could not be used at the same time. We raised this with a staff member who arranged for an adaptor to be fitted in the room immediately.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection we identified a breach of regulation regarding staffing. This was because people living in the home, staff and relatives told us there were not always enough staff on duty to meet people's needs in a timely way. During this inspection we looked at how the home was staffed and received mixed feedback from people living in the home and their relatives regarding staffing levels. One person told us, "Could do with more staff, but I'm all right" and another person said, "Sometimes I think they could do with one or two more but it has not affected my care." Most people told us their call bells were answered quickly. A relative we spoke with told us, "There is always someone around."

The registered manager told us there were four care staff vacancies but new staff had been appointed and were awaiting checks to be completed before they started in post. They also told us that although the home had 13 empty beds, they had maintained normal staffing levels. Our observations showed us that call bells were answered quickly and there were sufficient numbers of staff to support people during lunch time. People were not rushed and staff were able to assist people when required. We found that there were adequate numbers of staff on duty to meet people's needs in a timely way.

The provider was no longer in breach of regulation regarding staffing.

Arrangements were in place to ensure the building and equipment remained safe. External contracts were in place in areas such as gas, electric, fire safety equipment and legionella. We viewed certificates in relation to these areas and they were in date. Internal checks were also completed for fire alarms, emergency lighting, water temperatures, window restrictors, bed rails and flooring amongst others.

People we spoke with told us they felt safe living in Thornton Hall and Lodge. Comments included, "I feel safe here, I like the whole place", "Yes, always plenty of staff about" and "Yes, I feel safe here, the way the place is run, people can't just wander in and out." Relatives we spoke with agreed that their family members were safe in the home. One relative told us, "Yes, [relative] was having lots of falls previously, but no falls since came in here." Another relative said, "I feel the security on front door is good, everyone has a got buzzer and staff make sure buzzer is accessible, no concerns regarding safety."

We spoke with staff about safeguarding and how to report concerns. All staff we spoke with were able to explain how they would report any concerns they had. A policy was in place to guide staff on actions to take in the event of any safeguarding concerns and details of the local safeguarding team were available to staff. This enabled referrals to be made to the relevant organisations. From the records we viewed, we found that appropriate safeguarding referrals had been made.

We looked at how staff were recruited within the home. We looked at four personnel files and evidence of application forms, appropriate references and Disclosure and Barring Service (DBS) checks were in place. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. This assists employers to make safer decisions about the recruitment of staff. We found that safe recruitment procedures were followed.

The home appeared to be clean and well maintained in most areas. We asked people if they thought the home was kept clean and comments included, "Yes, rooms are kept clean, nothing is too much trouble, it is clutter free" and "Never, ever, ever get a smell in here." One relative did tell us that they found the lounge to be dusty at times and we observed a number of cigarette butts left on the floor outside which could be viewed from the lounge window. Bathrooms contained liquid soap and paper towels in line with infection control guidance and the kitchen had a food standards agency rating of five, which is the highest that can be achieved. Staff were seen to be wearing appropriate personal protective equipment (PPE) throughout the inspection to help prevent the spread of infection.

Is the service effective?

Our findings

When we carried out a comprehensive inspection in September 2016, we identified breaches of regulation in relation to nutrition and hydration and staff support systems and we made a recommendation for the provider to review practices to ensure the principles of the Mental Capacity Act 2005 (MCA) were adhered to. The 'effective' domain was rated as 'requires improvement'. This inspection checked the action the provider had taken to improve the service provided.

At the last inspection we found that people did not always receive appropriate meals in line with their assessed needs and not all staff were aware of people's needs in relation to their meals and drinks. During this inspection we looked at how people's nutrition and hydration needs were met. People we spoke with were pleased with the meals they received. One person told us, "The food is absolutely out of this world" and another person said, "Food overall is pretty good." A third person we spoke with told us they received enough to eat and that they could choose what they wanted and get snacks too. Relatives we spoke with agreed and their comments included, "Food is good" and "It is nice, there are tablecloths and serviettes."

We joined people for lunch in one of the dining rooms and saw that tables were nicely laid and people had access to a menu. The menu contained photographs of the food available for each meal that day for people that were unable to understand the words due to confusion. We heard staff offer people a choice of meal and observed them supporting people in a dignified way when they needed help.

We spoke with the chef who had access to information regarding people's dietary needs, such as a diabetic diet. The registered manager told us there were no people living in the home at the time of the inspection that required thickened fluids, but that since the last inspection staff had received further training regarding specialist dietary needs and the importance of maintaining accurate records regarding people's dietary intake when necessary. Records we viewed showed that when there were concerns regarding people's intake, this was monitored and advice sought from the dietician when necessary.

The provider was no longer in breach of this regulation.

At the last inspection we found that staff were not supported in their role through regular supervision or an annual appraisal. During this inspection we looked to see whether staff were supported in their role. Staff we spoke with told us they felt well supported and could raise any concerns they had with the management team. Staff told us and records showed that staff received regular supervision sessions. Some annual appraisals were evident within the staff files we viewed, however the registered manager did not have a system in place to oversee who had received an appraisal and when it was due to be repeated. The registered manager told us they would amend their current records to reflect the dates when appraisals were completed. One staff member we spoke with told us the new registered manager had made supervision a positive experience rather than negative, which they had experienced in the past.

The provider was no longer in breach of this regulation.

We looked at how staff were inducted to their role. When staff commenced in post they completed an induction that was in line with the principles of the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers work towards and have their practice assessed and signed off by a senior member of staff. Staff we spoke with also told us that they completed training and shadowed more experienced staff when they first commenced in post. They told us their induction was sufficient to enable them to support people effectively.

Records showed that staff completed training in areas such as dementia awareness, diet and nutrition, equality and diversity, safeguarding, health and safety, infection control and the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). Staff told us they completed refresher training regularly and felt the training was relevant and supported them in their role. An electronic system was in place to enable the registered manager to monitor training and advise staff when they were due to refresh their annual training. People living in the home told us that they felt staff were well trained. One person said, "They have got some good people here, they know what they're doing."

At the last inspection we made a recommendation that the provider reviews the systems in place to ensure best interest decisions were clearly recorded in line with the principles of the Mental Capacity Act 2005 (MCA). During this inspection we looked to see whether the provider was adhering to these principles.

The 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 make 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).

The registered manager maintained a matrix to record all DoLS applications that had been made, whether they had been authorised, the date of expiry and any conditions imposed on them. Records showed that five authorisations were in place and a number more were awaiting assessment. Records we viewed showed that DoLS applications had been made appropriately.

All staff we spoke with told us they asked for people's consent before providing care. During the inspection we saw staff knocking on people's door before entering and asking people if they wanted their support during lunch. When able, people signed consent forms to show agreement to the plan of care in place. When people were unable to provide consent, mental capacity assessments were completed. We found however, that this process did not always follow the principles of the MCA. For example, the care plans we viewed all contained the same six mental capacity assessments, regardless of the needs of the person and whether there was any concern about the person's ability to make the decisions. We discussed this with the area manager who told us the provider had introduced new documentation to assess people's capacity and agreed that it had been used in a 'blanket approach' and that training was underway to ensure staff were aware only to complete assessments relevant to the individual.

One person's mental capacity assessment regarding their ability to manage their medicines, stated at the beginning of the assessment that the person lacked capacity and that staff would act in their best interest. The assessment had not been completed and the Act stipulates that we should presume a person has capacity, until a completed assessment shows otherwise.

Another person's care file contained a best interest document that did not reflect that relevant people had

been involved in the decision making process. Their file also contained consent to care planning and photography document which stated the person had capacity to make those decisions, however the staff member had signed the consent themselves. We found that consent was not always gained in line with the principles of the MCA.

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

People at the home were supported by the staff and external health care professionals to maintain their health and wellbeing. The care files we looked at showed people received advice, care and treatment from relevant health and social care professionals, such as the GP, dietician, chiropodist and district nurses. Relatives we spoke with told us they were kept informed of any changes to their family member's health and wellbeing. One relative told us, "I can ring anytime if I have got a concern, staff do listen and put things in place if necessary."

We observed the environment of the home and found that the provider had taken steps within the unit for people living with dementia, towards the environment being appropriate to assist people with orientation and safety. For instance, people's bedroom doors were painted different colours and most contained photographs or names to help people identify their own room. Pictorial signs were used to help guide people around the home, such as pictures of a toilet outside the bathrooms. Corridors were wide and handrails had been painted in contrasting colours to assist people when mobilising and walls contained some memorabilia which acted as a point of discussion or stimulation when people were walking in the corridors. Pictorial menus were also available to assist people. This helped enable people to maintain their independence and assist with orientation.

Is the service caring?

Our findings

When we carried out a comprehensive inspection in September 2016, we identified a breach of regulation in relation to records that contained confidential information not being stored securely. We also found that people's dignity was not always maintained by staff as their verbal and written comments were not always appropriate or dignified. The 'caring' domain was rated as 'requires improvement'. This inspection checked the action the provider had taken to improve the service provided.

During this inspection we found that records containing people's private information was stored securely. Care file were kept in staff offices that were locked when there was nobody in them and daily records used frequently throughout the day were stored securely in communal areas to ensure staff could access them easily.

The provider was no longer in breach of this regulation.

People living at the home told us staff were kind and caring and treated them with respect. Comments regarding staff approach included, "I am pleased with everything, these ladies and gentlemen (staff) are fantastic", "Staff are good, I have no bother", "Very good, very kind" and "Yes, very caring." Relatives we spoke with agreed and told us, "A lot of the staff are very good" and "They are fantastic." Another relative pointed out a staff member and told us they were, "So caring."

We observed staff providing support to people during the inspection in a warm and friendly manner and in such a way as to protect their dignity and privacy. For example, we observed one staff member walk slowly with a resident, guiding them back to find a seat in the lounge. The staff member gently had their hand on the person's back and was very caring, unrushed and respectful in their manner. We saw staff knocking on people's door before entering their rooms and referring to people by their preferred name. People were given plenty of time to eat their meals; they were not rushed in any way and personal care was provided in private to protect people's dignity. Interactions between staff and people living in the home were familiar and caring. We heard one person living in the home call out, "Hello sweetie" to a staff member as they passed by and the staff member smiled, waved to the person went to speak with them.

During the inspection we also used a short observational framework for inspection tool (SOFI) to observe the engagement of people using the service and the quality of staff interactions. We saw that staff were friendly, offered genuine care and kindness, as well as supporting people to get involved with the different activities that were taking place. We saw staff helping people to eat and drink as well as laughing and singing along with people.

Staff we spoke with told us they always tried to maintain people's dignity when providing support. Examples of this included making sure doors and curtains were closed when providing personal care, talking to people, not rushing people, ensuring they gave people choices and promoting their independence.

Some care plans we viewed were written in such a way as to promote people's independence. For example,

one person's personal care plan reminded staff to encourage the person to be as independent as they could be. Another person's plan informed staff what the person could do for themselves and what aspects of their care they required support with, although we found the level of this information was inconsistent in the files we viewed.

We found that people's needs in respect of their religion and beliefs were considered by the provider. The home had a room which was used as a chapel and a member of the local clergy visited each week to perform a service. Other people attended local church services if able. The registered manager told us the 'chapel' was used regularly and that there were no people currently living in the home that had any specific cultural and religious needs with respect to their care and treatment.

During the two days of the inspection we observed relatives visiting the home at various times. The registered manager told us there were no restrictions in visiting times, encouraging relationships to be maintained. People we spoke with told us their relatives and friends could come to see them at any time and that they could visit in private if they wanted to. Relatives we spoke with all agreed.

For people who did not have any family or friends to represent them, contact details for a local advocacy service were available and were on display on a notice board within the home.

Is the service responsive?

Our findings

When we carried out a comprehensive inspection in September 2016, we identified a breach of regulation in relation to person centred care and care planning. The 'responsive' domain was rated as 'requires improvement'. This inspection checked the action the provider had taken to improve the service provided.

At the last inspection we found that not all staff knew the people they were supporting, staff did not feel they received sufficient information during handover, care plans did not all contain detailed information regarding people's current care needs and people or their relatives were not involved in reviews of planned care. During this inspection we found that some improvements had been made, however not all care plans contained detailed information regarding people's needs.

During this inspection, staff we spoke with told us they knew the people they were caring for well and this was demonstrated during the discussions. Care files we viewed reflected people's preferences in areas such as meals, hobbies and how they liked to spend their day. A life history was available which provided information the person's family, previous jobs, holidays they enjoyed and any significant dates. Files also included brief information as to what was important to both the person living in the home and their family members. This enabled staff to get to know people and provide support based on people's preferences.

Care files we viewed also contained an assessment that was completed by staff prior to the person moving into the home; this ensured the service was aware of people's needs and preferences and that they could be met effectively as soon as the person moved into the home.

Staff told us they received verbal and written handovers at each shift change and that they felt they received enough information about people to meet their needs. One staff member told us they were always informed if there had been any changes to people's needs, such as an acute illness or change in their mobility. A communication book was also available for staff to read and a daily report was compiled for each person living in the home. Relatives we spoke with agreed that they were kept informed of any changes to their family member's health or wellbeing.

Records showed that care files were reviewed regularly by staff as part of the 'resident of the day' system. People we spoke with did not recall being involved in developing or reviewing their plans of care, however most relatives we spoke with told us they had been involved. One relative told us they were involved in formal reviews and another relative told us they had reviewed their family members care plan with staff and a social worker.

The provider was no longer in breach of regulation regarding person centred care.

Care plans we viewed however, were not all detailed and reflective of people's current needs. For instance, one person suffered from a medical condition that could lead to seizures, however no plan of care was in place to guide staff how to support the person should this occur. Another person had had two episodes recently that were recorded as seizures, however the registered manager told us were not seizures but rigors

which lead to shaking. Care plans had not been updated to reflect these events and there was no information to guide staff on what action they should take if the person suffered a similar event.

One person's personal care plan reflected that they required a member of staff to offer them 'full assistance.' It did not inform staff what the person could do for themselves or what they required staff to assist them with. The same person had been reviewed by the dietician and commenced on supplements to prevent weight loss, however this was not recorded in their nutritional care plan.

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

We asked people to tell us about the social aspects of the home. One person told us they liked to watch television or read books and another person told us they did not participate in activities and that they liked their own company. Most people however, told us they enjoyed the activities available and relatives we spoke with agreed. One relative told us there were, "Plenty of activities here."

The registered manager had developed a new 'cinema room' which a number of people commented on and told us they enjoyed watching films in there. During the inspection we saw five people enjoying a film in the cinema room. There was popcorn, crisps and drinks available for people whilst they watched the film. We also observed people dancing to music with staff in one of the lounges during the inspection.

We spoke with one of the two activity coordinators employed. They told us there was a schedule of planned activities which we saw advertised around the home, but that they did change plans at times based on people's needs or the weather. They told us people liked to sit out in the garden when the weather was nice and people we spoke to confirmed this. The activities plan included films, quizzes, games such as dominoes and cards, arts and crafts, reminiscence, exercises, pampering and church visits. For people who spent most time in their rooms, the activity coordinators provided one to one activities, such as reading.

We found that activities were based on what people enjoyed. One member of staff told us that a number of people living in the home had served in the armed forces and that they were arranging an 'Armed forces day' within the home. They had planned for army vehicles to come to the home and would decorate the home to help celebrate the day. They told us that the registered manager was very supportive of staff suggesting and arranging activities and events that people living in the home would enjoy.

We looked at processes in place to gather feedback from people and listen to their views regarding the service. Records showed that resident and relative meetings took place regularly, but not all people we spoke with were aware of these meetings. Relatives we spoke with were aware of the meetings and most told us they attended them. Minutes from these meetings were held in a file that was available to residents or relatives should they wish to view them. Communication was discussed at one of these meetings and some family members felt that there was a lack of communication at times regarding the home. We saw that the registered manager had responded to this and had posted letters to relatives requesting their preferred method of communication, such as email addresses, to enable minutes from meetings to be sent to them if they were unable to attend.

The provider had a complaints procedure in place and this was displayed within the home. The registered manager maintained a log of all complaints received and we found that they were investigated appropriately and in line with the provider's policy.

Is the service well-led?

Our findings

When we carried out a comprehensive inspection in September 2016, we identified a breach of regulation in relation to how the service was ran and the systems in place to monitor the service. The 'well-led' domain was rated as 'inadequate'. This inspection checked the action the provider had taken to improve the service provided and found that some improvements had been made, though some concerns remained.

At the last inspection we found that safety checks introduced following the outcome of an investigation were not maintained. During this inspection, records showed that these safety checks were completed daily and one staff member we spoke with told us they just get completed automatically now as part of daily checks and recording systems.

Communication systems in place were not always effective to ensure people's care needs were known and met by staff at the last inspection. During this inspection we found that staff we spoke with knew the people they were supporting and told us that they received regular updates if people's needs changed.

The audits in place at the last inspection did not identify the issues we highlighted. During this inspection we viewed the systems in place to monitor and assess the quality and safety of the service. We found that audits were completed regularly in areas such as care planning, medicine management, the safety of the environment and accident monitoring. A number of actions identified during these checks had been acted upon to improve the service. For example, a compliance audit noted that the front of a drawer was missing from one bedroom. We checked the room and found that this had been repaired.

However we found that there was no system in place to ensure that any identified actions were addressed. For instance, the care plan audits we viewed identified a number of issues and we found that some of those issues had not been resolved. We spoke with the new area manager about the system in place to address these actions and they told us that the keyworker would be informed and they would address them, or they would be picked up during the resident of the day review. We checked the file and found that there had been a review of the care file through the resident of the day system since the audit had taken place, however the issues had not been addressed. One care file audit we looked at identified a number of the same actions that had been identified on the previous audit. The completed audits did not identify all of the concerns highlighted during the inspection, such as those relating to medicines management. This meant that the systems in place to monitor the service and drive forward improvements were not effective.

Records we viewed showed that staff meetings were held regularly and staff had the opportunity to raise their views. Staff we spoke with told us they felt comfortable making suggestions regarding the service and felt that they were listened to. We found however, that records regarding these meetings were not accurate. We viewed minutes from two staff meetings with different dates and attendees but the minutes from the meetings were identical. We raised this with the registered manager and following the inspection they told us it was a clerical error and provided us with accurate copies of the minutes. This meant that accurate records regarding the service were not always maintained.

The provider had failed to take adequate measures to mitigate previously identified risk to people, such as those risks relating to unsafe management of medicines and ensuring people's consent was sought in line with legislation.

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

The home had a registered manager in post. We asked people their views of how the home was managed and feedback was mostly positive. One relative told us the registered manager was, "Very professional" and that staff seemed more positive since they had been in post. Staff told us they felt respected and valued by the registered manager and a staff member described the care manager as, "Brilliant, always there for you."

Staff described the improvements that had taken place within the home and told us there was good teamwork, better staff morale and that they enjoyed working in the home and would recommend it to others.

There were policies and procedures available to guide and support staff in their roles in areas such as safeguarding, equal opportunities, positive risk taking, person centred care, privacy and dignity and moving and handling. Staff we spoke with were aware of the policies and their responsibilities regarding them, including the homes whistle blowing policy. Staff told us they would not hesitate to raise any issue or concern they had. Having a whistle blowing policy helps to promote an open culture within the home.

The registered manager had notified the Care Quality Commission (CQC) of events and incidents that occurred in the home in accordance with our statutory notifications. This meant that CQC were able to monitor information and risks regarding the home.

The provider had ensured that ratings from the previous inspection were on display within the home as required.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Consent was not always sought in line with the principles of the Mental Capacity Act 2005.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Medicines were not always managed safely within the service.</p> <p>Risk was not always assessed thoroughly to enable measures to be put in place to mitigate the risk.</p>

The enforcement action we took:

Warning Notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Care plans were not all detailed and reflective of people's identified needs.</p> <p>Systems in place to monitor the quality and safety of the service were not always effective.</p>

The enforcement action we took:

Warning notice.