

The Salvation Army Social Work Trust

Smallcombe House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We undertook an unannounced inspection of Smallcombe House on 13 and 15 March 2018. When the service was last inspected in September 2016 three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the Care Quality Commission (Registration) Regulations 2009 were identified. At this previous inspection we had found the regulations had not been met in regards to medicines management, staff training, accurate records and notifications had not always been submitted as required.

These breaches were followed up as part of our inspection. You can read the report from our last comprehensive inspection, by selecting the 'All reports' link for Smallcombe House, on our website at www.cqc.org.uk. The service was rated requires improvement.

Smallcombe House is a 'care home'. People in care homes receive accommodation and 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. Smallcombe House at this time provides care and support to 32 older people, some whom are living with dementia. At the time of our inspection there were 26 people living at the service.

The service is over three floors, with people's rooms on the lower two floors. Communal dining and lounge areas are located on the entrance floor.

A registered manager was in post at the time of our inspection. 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 home is run.

At this inspection we found there were still shortfalls around accurate and consistent record keeping, medicines and effective systems to monitor and review the quality of the service. The service has been rated as requires improvement for a third consecutive time. The Care Quality Commission will be monitoring improvements within the service.

Staffing was kept at the level deemed safe by the provider. However, feedback we received from people was that staff were often busy and did not always respond promptly. Body maps had identified bruising or skin tears to people. However, systems were not in place to effectively take any action that may be required.

People's dignity was not always upheld. Communication styles were not always altered to take account of people's different support needs. Care records were inconsistently completed and lacked detail in some areas of people's care. There was no activity coordinator in post and people said they lacked stimulation.

Assessments and checks were completed of the environment and fire procedures. The service was

compliant with the Deprivation of Liberty Safeguards. Staff were supported through induction, supervision and training. Meetings were held with people and staff so people could raise suggestions and be involved.

People were encouraged and supported to remain independent. Visitors were welcomed at the service. People spoke positively about the registered manager and their relationships with staff. Staff felt valued and supported. Communication systems were in place to inform staff of changes to peoples care.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We made one recommendation in regards to supporting people with their nutritional needs. You can see what action we told the provider to take at the back of this report.

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.

Medicine recording was not completed consistently and accurately.

Incidents and accidents were recorded. Staff knew how to identify and report safeguarding concerns. However, systems to escalate and investigate identified concerns were not in place.

Risk assessments were in place but were not always consistent and up to date.

Staffing levels were kept at a level deemed safe by the provider. Feedback about staffing levels was varied.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Records to support people with their nutritional requirements required improvement.

Details around promoting and facilitating people's diversity and cultural needs was limited.

The service was meeting the requirements of the Deprivation of Liberty Safeguards.

Staff were supported in their roles through induction, supervision and training.

Requires Improvement ●

Is the service caring?

The service was not always caring.

People's dignity was not consistently upheld. Staff interactions with people were varied.

Staff respected people's privacy.

People were supported to remain independent.

Requires Improvement ●

People's visitors were welcomed at the service.

Is the service responsive?

The service was not consistently responsive.

Care records were inconsistent in the quality of detail provided.

An activity co-ordinator was not currently in post. People's feedback was there was not currently enough activities available.

People's feedback and suggestions were sought through meetings.

People and relatives felt comfortable raising a complaint or concerns. Complains had been investigated and responded to.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

Systems to monitor and review the quality of care were not effective.

Notifications were submitted as required.

Communication to staff was effective. Staff felt valued and supported.

Requires Improvement ●

Smallcombe House

Detailed findings

Background to this inspection

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

The inspection was carried out by three inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we had about the service including statutory notifications. Notifications are information about specific events that the service is legally required to send us.

Some people at the home were not always able to tell us about their experiences. We used a number of different methods such as undertaking observations to help us understand people's experiences of the home. As part of our observations we used the Short Observational Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us.

During the inspection we spoke with nine people living at the home, four relatives, one health professional and ten staff members, this included the registered manager. We looked at 14 people's care and support records and four staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

Is the service safe?

Our findings

At our last comprehensive inspection of the service in November 2016 we found medicines were not always given as intended by the prescriber and medicines administration records (MARs) were not consistently completed accurately. At this inspection we found improvements made were not sufficient and that medicines administration was still not fully safe.

Gaps in administration records had not always been identified. We reviewed all MARs. There were five gaps in relation to four people, over an 18 day period, where the MAR had not been signed to confirm the medicines had been administered as prescribed. There was nothing documented to indicate that staff had identified the gaps or that any action had been taken to check the medicines had been administered as prescribed. One person was prescribed a medicine once a week. The MAR had been signed on three occasions in one week. The medicine had only been given once as the service was using a multi-compartment compliance aid. Only one tablet had been dispensed by the pharmacy. However, the recording error had not been identified.

Staff had handwritten some entries onto MARs. It is best practice for handwritten entries to be checked and countersigned by another medicines trained member of staff to confirm accuracy. However, the transcribed entries we saw had not been signed by the person writing them and had not been countersigned by a second member of staff. One entry we looked at was for a controlled drug pain relieving patch; staff had omitted to transcribe the prescribed dose which meant there was a risk of a medicines error occurring. People's preferences in relation to how they liked to take their medicines had also not been recorded.

One person was having their medicines administered covertly. This is when medicines are disguised within food or drink. Records relating to the decision to administer medicines covertly were incomplete. The section of the form for staff to write how the medicines were to be administered was left blank. Staff told us the medicines were crushed and sprinkled over the person's food, but this was not documented. Additionally, although pharmacist input had been sought during the decision making process, there was nothing documented to indicate the pharmacist had approved the crushing of medicines. Crushing medicines can alter their mode of action. The provider's medicines policy stated, 'Medicines will only be crushed before administering after receiving confirmation in writing from the pharmacist.' This meant the provider's own policy was not being followed. The decision to administer medicines covertly had been reached in August 2017, the decision had yet to be reviewed.

Medicines that required secure storage in accordance with legal requirements had been identified and stored appropriately. However, records kept in regards to these medicines were not always accurate because some medicine doses had been recorded incorrectly. For example, a transdermal patch record for one person was documented as strength of five milligrams rather than five micrograms. Regular stock balance checks had been undertaken and a random stock check we completed showed stock levels to be accurate.

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

2014.

At our previous inspections of the service, protocols had not been in place for when medicines were prescribed on a when required basis. Protocols were now in place. These described when a person may need an as required medicine. It was documented on the reverse of the MARs when as required medicines had been administered and the reasons why. Medicines were stored safely and as directed. Some people had been prescribed topical creams and lotions. There were clear instructions in place for staff on how to apply these and records had been completed fully and accurately.

Care plans contained risk assessments for areas such as falls, mobility, skin integrity and malnutrition. When risks were identified, care plans provided guidance for staff on how to reduce the risks. For example, by ensuring a person's call bell was accessible. However, we also found that risk assessments were not always fully completed, accurate or reviewed in line with people's changing support needs. One person sometimes displayed behaviour that may be viewed as challenging and the risk assessment stated that a 'Behaviour monitoring chart' should be used to manage this. There was no evidence of this chart in the care file, and staff we spoke with could not locate it. Some risk assessments did not contain consistent information. For example, in one person's moving and handling risk assessment, it had been documented the person walked with two sticks. However, later in the mobility plan, it had been documented the person used a walking frame. This meant it may not be clear for staff how people should be currently supported.

Three people had sensor mats in place as part of their plans of care to reduce the risk of falling. However, the use of the mats was not contained in two of the three care plans. This meant that there was no guidance about when and why they should be used. People who had been assessed as being at risk of developing pressure ulcers had plans which detailed the guidance and support staff had sought from the district nursing team. This included the use of pressure relieving mattress and cushions and we observed these being used as directed.

We reviewed the staffing rotas from the previous four weeks and the number of staff was consistent with the planned staffing levels. The service monitored staffing levels against people's assessed needs. The service currently had three care vacancies during the day and two new staff members were starting in April 2018. There was currently no activities co-ordinator in post. Current vacancies were being covered by existing staff members and regular agency staff.

Whilst the staffing levels had not fallen below the service's planned levels, the feedback we received from people around staffing was mixed. People told us that staff were not always available when needed. One person said, "The staff don't come quickly enough, especially at night when I need the toilet." Another person said, "The staff are very busy, I don't think there is enough of them and they don't have time." One person commented, "The staff don't come when you need them." A further person said, "I waited all day yesterday for a bath and I didn't get one, then I had one this morning." A relative told us, "The staff seem very busy." However, another person said, "Staff come when I ring." Staff feedback was that staffing levels were satisfactory and they had enough time during their shift to support people's needs. One staff member said staffing levels were, "Good." Senior staff conducted regular checks of the service during the night.

Accidents and incidents had been reported and recorded. At our last inspection we highlighted that actions taken to reduce the risk of reoccurrence had not always been documented. At this inspection we reviewed incident and accident records and saw these had been fully completed. The registered manager had reviewed all incidents and accident forms.

The provider had policies and procedures in place for safeguarding adults. Staff told us and records

confirmed that staff had received training in safeguarding adults. Staff said they would raise any concerns they had. One staff member said, "If I saw something like that [a safeguarding concern] I'd tell our head of care straight away."

In people's daily records we found body maps which identified bruising and skin tears. However, there was no system in place to escalate or investigate these concerns. Details and actions taken surrounding these injuries were inconsistent. For example, for one person who sustained a bruise in January 2018 it was documented how this occurred. For another person the body map documented bruises and scratches identified in March 2018. However, this was not referred to in the daily notes and it was unclear if this had been escalated to a senior staff member for investigation. This meant effective systems to investigate potential safeguarding concerns were not in place.

At our last inspection we highlighted to the provider that the outdoor patio area off the lounge area was not well maintained enough for people to use safely. At this inspection this area was not accessible to people. A decking area was available a short distance from the front of the service. People told us they enjoyed using this area in the warmer months. However, people did not have an outside area they could easily and independently access. The service had undergone redecoration work in communal areas, hallways and the entrance area. People told us how they liked the fresh and bright look.

Personal evacuation plans were in place for people which detailed the support they required in an emergency situation. However, this information was not accurate as three people were no longer at the service and four people had joined the service. It is important that this information is updated so that it is always accurate for staff and emergency services.

A business continuity plan was in place. This guided staff in potential emergency situations such as a gas or water leak. However, other circumstances such as severe weather, staff shortages or if other issues occurred with the building had not been included. The plan had been checked monthly to see if any updates were required. These were ticked yes or no for amendments. However, any changes made had not been identified.

Recruitment processes were in place. A checklist was in place to ensure the necessary actions were taken before a staff member commenced employment. For example, reference checks, proof of identity and enhanced Disclosure and Barring Service (DBS) check. A DBS check helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with certain groups of people. However, for one staff member we found only one reference had been obtained, which was not in line with the provider's policy. The recruitment checklist the service had was not completed for this staff member.

People told us they felt safe and well looked after. One person said, "I feel safe as I have everything I need here." Another person said, "I feel safe and content, because my needs are provided for here." A relative said, "I do feel my family member is safe and well looked after. The staff are communicative and willing to listen which is reassuring."

Assessments were in place for the environments and safe working. These gave guidance on how identified risks could be reduced and were regularly reviewed. Regular checks of equipment and the environment had been conducted to ensure items were in safe working order. Such as the lift, mobility equipment and electrical items. Fire safety equipment was regularly serviced and inspected. Staff had received training in fire safety. Staff could explain the fire safety procedures. Regular fire drills had taken place. A bag was located in the office with essential equipment for an emergency situation.

Staff understood their responsibilities in relation to infection control and hygiene. They washed their hands regularly and used gloves, aprons and other equipment as required. Clear procedures were followed for safe and hygienic management of soiled laundry. Procedures relating to food hygiene were followed. This included staff wearing disposable aprons when handling food and clear written guidance for staff entering the kitchen area was displayed. There were daily and weekly cleaning schedules in place. These were monitored and audited on a monthly basis. One person said, "My room is kept very clean." A relative said, "It's [The service] always kept clean and tidy."

Is the service effective?

Our findings

At our last comprehensive inspection, the service had not been meeting the regulations in regards to good governance and staff training. Information regarding people's nutritional needs was not always sufficient and staff had not received training in supporting people with diabetes care. Information to guide staff was limited in how people should be effectively supported with diabetes care.

At this inspection we found where people were assessed as at risk of malnutrition, weights were monitored. When people lost weight, records showed that staff had sought support and guidance. However, we did find one person's nutritional risk assessment which required completing monthly, had not been completed since they had arrived at the service four months earlier. Care plans had not always been updated to reflect the latest guidance for people. For example, we looked at the care plan for one person. Daily records showed over a period of several weeks that the person's nutritional intake had declined. The GP had reviewed the person and had recommended the use of fortified drinks to supplement the person's diet. The person was receiving them. However, this was not written in the person's care plan.

Nutritional plans did not consistently contain details of people's preferences in relation to what they liked to eat and drink. One care plan we reviewed detailed what the person liked to eat for breakfast every day but this was not seen consistently for everyone. Records documented people's food intake where identified as appropriate. However, the detail about how much people had eaten was limited and may not have been sufficient to identify further concerns.

We recommend the service considers current recognised guidance on supporting people with their nutritional needs.

Staff spoke positively about the training they had completed. We reviewed training records. Staff had received training in areas such as infection control, first aid, dementia and moving and handling. The service facilitated staff to obtain further recognised qualifications in health and social care. The registered manager told us that staff had now received training in diabetes care following our last inspection. However, this was not documented in staff's training records. The rota was supplied which showed staff who attended this training.

We reviewed how the service had demonstrated they had met the protected characteristics under the Equality Act when making care and support decisions. Protected characteristics include age, race, sexual orientation and religion or belief. Considering protected characteristics can help to prevent discrimination. All sections relating to these were not consistently completed in people's care plans. For example, in several care records we reviewed people's race and gender was recorded, but sexual orientation and religion or belief was not documented. In one care record, the space on a form beside, 'Spirituality' stated, 'Fine', and in others the, 'Cultural needs' section was left blank. This meant that it was not documented how people wished to express and be supported around particular protected characteristics. The service's ethos was religiously based and people had often chosen the service because of their religious preferences, therefore this was important to them.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager was aware of their responsibilities in regards to the Deprivation of Liberty Safeguards (DoLS). Appropriate applications had been made for people. An overview documented the progress and outcome of DoLS applications. One person had a condition attached to their DoLS which had been met.

At our last inspection of the service staff had not all received training in the Mental Capacity Act (MCA) 2005 and staff had not demonstrated a good understanding of the principles of the MCA. At this inspection staff had received training in the MCA and DoLS. Staff were able to tell us about the key principles of the MCA and how this applied to their role. One staff member said, "It's all about, don't assume and thinking that people can do things for themselves."

Consent to care and treatment had been sought in relation to some aspects of people's care. There were consent forms in place which people had signed when they moved to the service to confirm they were happy to receive care. Three people had sensor mats in place. These were in use as part of their plans to reduce the risk of falling. There was nothing documented to show that people had been assessed for their ability to consent to the use of the mats.

A form was in place titled, 'Mental Capacity Care Plan Chooser.' The form detailed different areas of care such as sleeping, communication and mobility. The form was an overview of areas people may require support in. However, senior staff and staff were not clear on the purpose of the form and how it should be completed. This meant that the form had not been completed consistently as staff members had interpreted the questions differently.

People had access to on going healthcare. A health professional commented, "I have no concerns. Things get passed on and get done." Records showed people had been reviewed by the GP, the district nurse and the occupational therapist. One person said, "I'm very overdue going to the dentist." Another person said, "I've had my eyes tested here recently and got my glasses change. We highlighted to the registered manager there was not a clear system to check when people had last been reviewed for dental or eye care. The registered manger said this would be addressed.

Staff told us they received regular supervision and this was confirmed in the records we reviewed. Supervision is where staff members meet with their line manager to discuss their development and performance. Staff told us they felt well supported in their role and could discuss any matters with the registered manager or senior staff. One staff member said, "I get supervision. I am well supported." Another staff member said supervision was, "Useful." We reviewed staff supervision records and saw areas such as training, staff well-being, teamwork and communication was discussed.

Staff completed an induction programme when they started at the service. All staff we spoke with confirmed they had completed an induction and shadowed a more experienced member of staff. We reviewed

induction records and saw that staff had received mandatory training and orientation to the service's systems and procedures. Staff spoke positively about their induction experience and told us the process equipped them to do their roles.

People spoke positively about the food provided. One person said, "The food is good. I eat everything I'm given and enjoy it all." Another person said, "I had the salmon crumble for lunch, it was really good." A relative said, "The food is good, they have a three course meal and I eat here once a week and it's quite nice." The environment and atmosphere was pleasant during mealtimes and people were able to eat their meal at their own pace. People were offered choice and alternatives about what they ate and drank. One person chose to sit alone in a different area of the service. Staff regularly checked on the person encouraged them to eat and drink on a frequent basis. We did highlight to the registered manager about people's experiences who chose to have meals in their room. The way this was organised may have meant people's food would not have been warm when it reached them or when they came round to eating the following courses.

Is the service caring?

Our findings

People told us staff were kind and caring. We observed staff knew people well and people felt comfortable in their presence. However we heard some staff repeatedly talking in a way which was not always dignified for people. This included, "We've got [name], [name] and [name] to toilet"; "Shall we toilet her now then?" and "There's quite a few of them to do before lunch". We also heard a staff member say loudly in the lounge, "I need to check your pad. I need to see if you're dry". None of these comments were intended to be unkind or harmful, however it was not always dignified for people.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not speak with us. The data this provided demonstrated that people received mixed interactions from staff members. With some interactions having a positive impact on people and other interactions which were not so positive and were more task focused. The registered manager said that a senior staff member was implementing practices and sharing knowledge from recent training they had received in dementia. In addition the organisation was launching training in March 2018 around the new values which were being implemented.

We saw the majority of staff were able to adapt their communication style according to the needs of the person. For example, we saw a member of staff speaking gently and sensitively to a person who was distressed, but laughing and joking with another person who was animated and keen to have fun. However, on one occasion we observed communication styles were not altered for different people and this meant some people found it difficult to engage and respond.

Some information within the service was provided in an easy-read and accessible format. This included the complaints procedure and information about fire procedures. However, other information such as the menu was not seen. The provider said a picture menu was available. This meant people relied on staff communicating this information verbally to them. We did highlight to the registered manager that that on both separate days of our inspection the information in the dining room displaying the day, date and weather was from several days ago. This could be confusing to people and therefore did not fulfil its intended purpose of giving people information relevant to that day.

People told us staff were kind and caring. One person said, "Staff are very nice. I'm well looked after." Another person said, "The staff are friendly and approachable, I feel completely comfortable here." A relative said, "The staff are so kind and respectful." Another relative said, "Relationships are very good here. My family member likes the staff."

We observed staff spending time with people in the lounge. Staff told us they have enough time to listen to people and spend time with people. We observed staff responding in a compassionate and timely way to people when they experienced discomfort or emotional distress. One person was talking with a member of staff about past holidays they had enjoyed and this upset them. The staff member was kind and reassuring. The staff member gave the person time and support to talk through their memories and feelings.

People told us their independence was encouraged and promoted. One person said, "Staff are very good to me, they let me be independent where I can be." We observed staff supporting people to move around the service safely, encouraging people to be independent and not rushing people.

People told us that the atmosphere was happy and relaxed. One person said, "It's a friendly happy place and I think I'm lucky to be here." A staff member said, "The atmosphere is lovely here. It's really relaxed." People and relatives said their privacy was respected. People told us that staff knocked before entering their rooms, which we observed. One person said, "They do usually knock and call out to me before they come in." People told us their preference of gender of carer was respected. One person said, "I won't have [the opposite gender] to wash or bathe me, as I find it embarrassing and they respect that." Another person said, "I was asked if I minded [about gender of carer] and I don't they are all kind."

Family and friends could visit the service when they wished. One person said, "My family can come in whenever they like." A relative said, "As a family we are in all the time. We are made to feel very welcome." A staff member said, "Visitors can come in any time, and we get to know them too." We observed people's relatives and friends visiting the service and being welcomed by staff, offered refreshments and being encouraged to visit for as long as they wished.

Is the service responsive?

Our findings

Care records lacked consistency which meant that some people's preferences, choices and needs were not fully detailed. However, this information was gathered as part of the admission process. The registered manager told us the service finds out information about a person's interests as part of the pre-admission assessment. One person said, "Someone spoke to me when I first came in and asked me all about myself and what I like and don't like." A relative said, "We were asked all about my family member's needs, likes and dislikes."

People had sections in their care plan that detailed their background and history. Such as, previous employment, areas they had lived and significant events in people's lives. For example, one person's past profession was described and how they had been recognised for this work with an OBE. However, we found some care records where this information had not been fully completed. This meant that staff may not be aware of particular areas of people's lives. A document detailing people's priorities of care had often not been completed.

Care plans did not consistently provide enough detail to ensure the service was aware of people's choices and preferences. Some care plans documented preferences such as, 'I like black coffee, no sugar' and 'Prefers to bath in the evening.' However where more information was required this was not always documented. One person's care record said, 'May not want to get up, so must be encouraged to do so by staff.' It was unclear why the person was unable to choose not to get up on some days and how staff should support the person on these days.

Plans in relation to people's health needs were not always accurate or had limited information. One person had a diagnosis of hypothyroidism, but information within their care plan related to hyperthyroidism. The symptoms of these two conditions are very different which meant that staff did not have access to the correct information. One person who took medicines for a particular condition had different amounts of medicines documented in different sections of their care record. Another person had a stoma, but the care plan had no information for staff on how to support the person with this other than, 'Will require support of one carer.' Three people had diabetes, but the plans in place contained limited information for staff on how to support people. For example, signs and symptoms that staff should observe and the appropriate actions to take. This had been highlighted to the provider at the last inspection.

Guidance for staff of how to support people in their preferred way varied. For example, one care record described how a person preferred personal care. Strategies were described to how to support the person successfully. In another person's care plan it had been written the person was, 'A happy individual who likes to joke with staff.' However, in the person's daily notes it had documented the person was having their behaviour monitored. It stated the person had been, 'Growling, shouting and spitting.' Staff demonstrated good knowledge of the person and could explain how their behaviours varied. However, the guidance on how to safely support the person was limited.

Advanced care plans were not always fully documented or completed. The quality of information varied. In

one person's plan it described the type of service they would like and who they would wish to conduct it. However, another plan stated, 'DNR (do not resuscitate) order in place. Wife has any funeral arrangement plans if any are currently in place.' In another care plan staff it said, 'TEP (treatment escalation plan) completed, though end of life still needs to be discussed with family.' This meant that people's choices and preferences at the end of their life were not always clear or personalised.

An activity co-ordinator had previously been in post and had recently changed roles. This meant there was no identified lead for planning or running activities at the time of our inspection. A recruitment process was in place to fill this vacancy. The role was being restructured to provide a greater expertise and to coordinate activities over a seven day period. Staff members were providing some activity provision in addition to their care and support roles. Although there was an activity programme displayed, sessions were less structured. At times planned activities did not happen, or only took place with one or two people. People told us they did not have enough to do. One person said, "It would be nice to have more going on, I like quizzes and singing." Another person said, "It's so boring, there is nothing going on." Another person commented, "There's not much going on at the moment, but that's alright I keep busy." A relative said, "There's no activities co-ordinator at the moment, it's one of the reasons we selected the home because they had activities, my family member likes the company and stimulation, we look forward to that being sorted out." Another relative said, "There's nothing for them to do and I think my friend is unhappy with that."

Some people told us they were content and the lack of activities did not affect them as it was not something they wished to engage in. One person said, "I don't want to do much, what I enjoy is having my visitors and going out with my family." Another person said, "I don't like going to the sitting room. I like my own company and always have done."

The provider was a Christian organisation, and in line with this a religious service was provided on most days. People could choose whether they wished to attend this service or not. We observed people enjoying the daily service, singing and joining in.

There were regular meetings held with people. We reviewed meeting minutes. Subjects such as activities, food and future plans had recently been discussed. People were keen to have more trips out of the service, and had asked for this in a recent meeting and in resident surveys. The registered manager told us that these were being planned. In the corridor a 'You said, we did board' was displayed. It showed areas that had been fed back to the service and suggestions that had been made. The action the service had taken in response was displayed. For example, people had said they wanted a particular food item with a certain meal, this had been provided.

The service was decorated in a bright and stimulating way. There were themes in different areas of the service. This supported people's orientation and provided an interesting environment. The design of the building meant that there were limited spaces for people to independently move around or to go outside. Visitors were either in the main lounge or people's bedrooms. People had personalised their rooms. One person said, "I've got all my family pictures and my own blankets, it's very homely." Another person said, "I love my room and I like to sit by the window looking at the wildlife."

The service had received three complaints since January 2017. All complaints had been fully investigated and an outcome communicated to the complainant. People and relatives said they would be comfortable to raise any concerns or complaints with the service. One person said, "I've got no complaints and if I was worried about something I'd just speak out and tell them." A relative said, "I know how to raise a complaint but I think I'd just be able to handle it by talking to the staff."

The service supported people with relationships that were important to them. People were supported to

maintain family relationships and to develop friendships. The registered manager said, "Some of the residents have made friends. When the families visit, they take them both out together."

The service had modified its assessment process to ensure it identified where the service could not meet people's needs. The registered manager said these changes had been beneficial as it meant people moving to the service could have their support needs met.

Is the service well-led?

Our findings

At our last inspection we found the service had not submitted notifications in relation to DoLS as required. A notification is information about important events which affect people or the service which the service is legally obliged to submit. The registered manager had not been at the service at this time due to unforeseen circumstances. The service was now meeting this regulation and notifications were being submitted as required. The structure of senior staff in the service had been reviewed. This ensured that senior staff had the knowledge and training to complete key duties should the registered manager not be available. However, systems to investigate and explain unexplained injuries were inconsistently managed. This meant there was a risk potential safeguarding concerns may not get identified and reported as appropriate.

Systems to monitor and review the quality of service were not effective. It had been highlighted to the service at the last inspection that audits were not fully effective. Whilst changes had been made to the systems in place audits did not identify all the shortfalls found at this inspection. A selection of care plans were audited each month. Inconsistencies and the limited detail of some care records found at this inspection were not always identified during this process. For example when care plans had inconsistent details about people's current risk assessment or health conditions. One person's assessment referred to them moving around with a walking stick. However, they were observed and it was confirmed by staff that they now used a walking frame. This had not been identified in a recent care plan audit as no longer being accurate. Where further details or sections of the care plan that were incomplete had been identified this had not always resulted in change being made. For example, a care plan audit in October 2017 which identified sections that required completion had not been done at the next audit in February 2018. For one section the February 2018 audit signed that the individual history section had been completed when this was incorrect and it was still outstanding. Care plans audits checked sections of the daily records, such as the body maps. However, these only checked that blank documents were in place not that completed records were in place and required actions.

Medicines audits were completed weekly and monthly but failed to identify where improvements in medicines administration were required. Accidents and incidents were reviewed monthly. However, the analysis showed when people had fallen but did not provide any other meaningful review. This meant potential patterns or trends may not be identified and actions that had been taken to reduce reoccurrence were not monitored for effectiveness. This had been highlighted to the provider at the last inspection.

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

At our last inspection of the service a number of policies and procedures had not been regularly reviewed and meant that information for staff was not always up to date and accurate. Policies and procedures had been reviewed. Up to date versions were available for staff members. The registered manager sent a monthly report to senior managers in regards to safeguarding alerts.

People, relatives and staff spoke positively about the registered manager. One person said, "The

relationships are good." One staff member said, "The manager and the head of care are brilliant. They'd help you out with anything, and they're always there." Another staff member said, "[The registered manager] is very caring. A relative said, "The manager is always around and is very approachable."

Staff spoke positively about the working culture and staff team. One staff member said, "It's great, I love working here. They're a great team." Staff felt valued and supported. One staff member said, "I'm well supported. If there was something urgent I could always speak to [Names of managers]." An out of hours rota was in place in case staff needed assistance or support when a manager was not on site.

People and their relatives had been given the opportunity to provide feedback about the service. A survey was in the process of being completed. The service had established links with the wider community. Volunteers and community groups attended the service regularly. For example, a local student group.

Staff told us that communication systems were effective. A handover took place at the start of each shift, and this meant that day to day information was communicated to staff. A message book was in place where staff could record and follow up on information. One staff member said, "Communication is good. I am kept up to date with changes."

Relatives said they were listened to. One relative said, "Informally there is always good communication." Another relative said, "What they [The service] does well is they listen and care. They've always been willing to work together."

Staff team meetings were in place, and staff were encouraged to raise issues or suggestions. We reviewed recent meetings minutes and noted that issues such as staffing, environmental issues and training subjects were discussed. Updates were also provided from previous meetings. This supported an open culture and encouraged staff to be involved in how the service was run. Weekly management meetings ensured that issues including the environment, safeguarding and complaints were regularly reviewed.

The service had a written vision and set of values. A new set of values entitled, 'Rooted in Love' which identified seven core values was being launched throughout the organisation in March 2018.

The registered manager had completed and returned the Provider Information Return (PIR) within the timeframe allocated and explained what the service was doing well and the areas it planned to improve upon.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p data-bbox="839 544 1449 618">Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p data-bbox="839 651 1485 725">The provider had not always ensured medicines records were complete and accurate.</p> <p data-bbox="839 775 1453 882">The provider had not always ensured systems to improve the quality of the service were effective.</p> <p data-bbox="839 931 1453 1039">The provider's audit systems had not ensured that people's records were consistently accurate or completed.</p>