

Cookridge Court Limited

Cookridge Court

Inspection report

Iveson Rise
Lawnswood
Leeds
LS16 6NB

Tel: 01132672377
Website: www.brighterkind.com/claremontparkway

Date of inspection visit:
17 October 2017
30 October 2017

Date of publication:
15 January 2018

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?

Inadequate 

Summary of findings

Overall summary

Following the last inspection we imposed conditions on the provider's registration of the service. At this inspection we found the service had met these conditions however, when we last inspected the service we found breaches and at this inspection that there had not been improvements therefore the breaches have remained.

Although most people we spoke to said they received their medicines, we found not all medicines had been recorded, stored correctly and administered at the correct times.

We found infection control issues throughout the home which meant people were at risk of being exposed to harmful products, hazards and possible infection.

The provider did not always comply with the Mental Capacity Act (2005) as the process to evaluate the need for Deprivation of Liberty Safeguards (DoLS) was not always documented and mental capacity assessments were at times inaccurate.

We found shortfalls in a number of areas relating to record keeping and audits in the service.

Quality assurance reports identified themes and trends for incident, accidents, safeguards, pressure sores and medicines however, these were not always effective as audits did not reflect all of the actions required.

People told us they felt safe living at Cookridge Court and followed the provider's policy for reporting and acting on concerns.

Risk assessments were initially completed, reviewed and changed with people's care needs. Staff were aware of individuals' risks and how to support people.

Maintenance checks were carried out in the home to ensure it was safe.

Staffing levels were adequate although the provider's dependency tool was ineffective as it did not reflect the amount of staff required. Most people living in the home and their relatives felt there was enough staff however; a few people felt this could be increased.

Appropriate checks were carried out to ensure staff working in the service were safe to do so and staff received initial induction programmes, training, regular supervisions and annual appraisals.

People were given a choice of food options however, there were mixed views on the quality of the food.

People living in the home had positive relationships with staff who said they were friendly, caring and respected their wishes. Staff ensured they always offered choice at all times and encourage people to

remain independent when their health allowed.

Most information was safely stored in locked cupboards although some personal information had been left in a kitchen and handovers took place in communal areas which did not follow the provider's policy.

Initial assessments were completed and care plans included people's preferences and specific needs. These were reviewed and updated when people's needs changed.

Activities took place within the home although we received mixed reviews on the quality of these.

We observed 'Call bells' being answered in a timely manner however, some people said they had to wait for assistance at times.

Most complaints were managed with actions taken to address the concerns and most people felt their concerns would be responded to. Some people living in the home felt their concerns had not been addressed and this was discussed with the regional manager.

People living in the home and staff spoke positively about the current management of the service.

We were informed that the home did not currently have a registered manager as the previous manager left recently and the regional manager was acting as manager until they had recruited into the post.

Regular meetings were held within the home and some of these were with care staff, kitchen staff, and the administration team.

The provider gathered feedback from people living in the home and their relatives with annual surveys and staff team engagement surveys.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

The management of people's medicines was not always robust.

There were several concerns related to infection control and cleanliness of the home which were not well managed.

Staffing levels were adequate to meet people's needs although the dependency tool used by the provider was not effective. The recruitment process was robust.

Risk assessments were in place for people who needed them and were specific to people's needs and their home environment.

People told us they felt safe. Staff received training in how to protect people from abuse and how to respond if they suspected abuse was taking, or had taken place.

Is the service effective?

Requires Improvement 

The service was not always effective.

Where people lacked capacity to make decisions, care plans did not evidence compliance with the Mental Capacity Act (2005).

There was an induction and training programme in place for staff and regular supervisions took place.

People were supported to meet their nutritional needs.

People were supported to maintain their health and supported to access professionals, when needed.

Is the service caring?

Good 

The service was caring.

People told us staff were caring. Positive relationships had been built between people using the service and staff.

Staff treated people with dignity and respect and they were

supported to be independent.

Staff involved people in their care planning.

Some confidential information had not been kept secure.

Is the service responsive?

The service was not always responsive.

A complaints procedure was in place and people told us they knew how to complain if needed. However, not all complaints had been responded to.

We saw call bells being responded to quickly however, some people said they had to wait for assistance.

People received personalised care and support. They and the people that mattered to them had been involved in identifying their needs, choices and preferences and how these should be met.

Initial assessments were carried out and regular reviews of care took place.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

We found shortfalls in record keeping in the service and unsatisfactory documentation to monitor the quality of the service being delivered.

People and staff spoke positively about the management and felt supported.

Regular meetings took place with people living in the home, their relatives and staff. We saw surveys had been completed to gather people's views on the home.

Inadequate ●

Cookridge Court

Detailed findings

Background to this inspection

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

This was a comprehensive inspection which took place on the 17 and 30 October 2017 and was unannounced.

On day one of the inspection the team consisted of one adult social care inspection manager, three adult social care inspectors, one specialist advisor and two experts 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. On day two of the inspection the team consisted of one inspection manager and one adult social care inspector.

Before this inspection we reviewed information we held about the service. This included statutory notifications received from the provider. Statutory notifications are notifications of certain events and incidents that the provider has to inform the CQC by law. We used this information to help plan the inspection. We also contacted the local authority, local safeguarding team and Healthwatch.

During the inspection we spoke with 12 people who used the service, eight relatives, the regional manager, Chief executive officer, quality assurance manager, a chef, administration staff, one health care professional and 10 care workers. We looked at a range of records including four staff files relating to recruitment, supervision, appraisals and training. We also looked at eight people's care records which included care planning documentation, risk assessments and daily records. We viewed records relating to the management of the service, surveys, audits and a wide variety of policies and procedures.

Is the service safe?

Our findings

The service used Medicine Administration Records (MARs) to document the medicines people had been prescribed and recorded when medications were administered to them. 'As required' medicines were also documented on MAR's with body maps in place to identify where creams should be administered. We found shortfalls in recording on MAR's. We found several missed signatures and identified that some people did not receive their medicines at the correct time. For example, one MAR did not have signatures to say that a person's morning medicines had been administered. Another MAR had missed signatures for a prescribed gel on seven days. On the day of our inspection we saw a medicine which should have been administered at 7:00 am however, the medication round started at 8:30am and this medicine had not been signed as given. This was later signed by the carer administering morning medicines.

We also found over 20 bottles of prescribed creams that had been left in a communal bathroom in a plastic bag. We informed the senior carer immediately who told us she did not know why they had been left in the bathroom and took them to the medication cupboard. People living in this part of the home had dementia and were at risk of being able to access these medicines.

We found Controlled drugs were kept in a cupboard; however two out of the three cupboards on different units were not secure. On one unit we found the cupboard lock was broken and inside the area we found two plastic bags of boxed medicines which included Diamorphine which had not been locked away. We also found other medicines that had not been locked in a cupboard as per policy and instead were on the floor of the clinic room.

We observed medicines administration and saw a senior carer dressed in a yellow and red tabard stating 'medicines round do not disturb'. This helped to ensure that staff administering medicines were not interrupted during the round which helped to avoid medicine errors. When medicines had been refused we saw the correct procedures were used by staff to dispose of the medicines. We found most of the medication rooms were congested with returned medication boxes, stacked files of paperwork and other items which would not usually be found for example, a bottle of tonic water and whiskey. On day two of our inspection these rooms had been cleared of unnecessary files and items.

Fridge temperatures were outside of acceptance medication storage temperatures. We found missed signatures to check the temperatures on a few occasions but also noted that temperatures were not suitable for storing medicines, however no actions had been taken to address this. In October we found that there were three days where the temperature was not recorded. We checked the fridge's minimum and maximum temperatures and found to be – 4 and 14 degrees. Some medicines require storage within specific temperature ranges, because the temperature can affect the medicine's efficiency.

Most people we spoke to told us they received their medicines on time and everyone received pain relief when required. Two people we spoke to told us there were problems with the timing of their medication. They had both been prescribed a medication for the stomach which should be taken at around 7am but they regularly had to wait until 10 am which made the medication ineffective in protecting their stomach

and thus affected their enjoyment of their food. One relative told us there had been a 'glitch' with their relative's medication when one item got 'lost' in a large delivery and their relative had to wait three days for this medication.

The above concerns were a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The action we have asked the provider to take can be found at the end of this report.

We found several areas in the home which did not comply with infection control procedures to ensure the home was safe. For example, during our tour of the premises we found kitchens that were unclean with egg shells found on the floor, other pieces of dirt and dust found on work surfaces where food was prepared and saw food which was not always in date. There was a weekly cleaning record in place but we could not be assured this had been reflected in practice. Whilst carrying out a tour of the home, which included all units we found soiled toilets, commodes with soiled stains, mattresses with dirty marks, equipment which was unclean and dirty walls in communal dining areas where food had not been cleaned off, fridges that were unclean and a cupboard with dishwasher tablets and cleaning products which was unlocked on the top floor. This meant people living in the home had access to these products which could have been harmful.

We saw toilets which did not have soap for people to wash their hands, in one bathroom we found a used pad which had been left on a rail and several rooms including bathrooms that had stored equipment such as wheelchairs and walking frames. We also found several cupboards were not locked including sluice and COSHH rooms which contained cleaning products which could be harmful to people and store cupboards that contained bedding and other stored equipment. We did a walk around the home to show the regional manager the concerns about the cleanliness of the home and risks identified with unlocked rooms, the regional manager told us this would be addressed.

On the second day of our inspection we did another walk around and the regional manager told us actions had been taken which included painting of all kitchens where dirty marks had been found on the walls and they had received a quote for all kitchens to be re fitted with new ones. Although some changes had been made, we found sluice and stores rooms were still not locked on two floors and found areas which were unclean for example, toilet seats that were soiled and soap missing from bathrooms. Before leaving the home we saw the maintenance team had fixed all the locks of the doors and cleaning staff had been asked to address the concerns we raised.

The above concerns were a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The action we have asked the provider to take can be found at the end of this report.

People living at Cookridge Court told us they felt safe and comments from people included, "Staff are always attentive and keep their eye on things. They make time for you if you want. Anytime you need help it's there." "It's a well thought out building, spacious and secure." "I feel safe because you can lock your door at night." One relative told us, "It's a small unit, people are visible, the doors are secure and there are staff around, so it's easier to keep track of people. My relative has been wandering at night so they have got a sensor mat to keep them safe."

Safeguarding and whistleblowing procedures were followed and policies had clear guidance for staff to follow. Staff understood what action to take should they suspect or witness any form of abuse. One staff member told us, "We protect people from abuse, physical, neglect or sexual. I would report abuse to the manager or senior carer. There is numbers on the notice board for safeguarding and the CQC, I would report

abuse if the home was failing, it is policy and my duty." Another staff member said "I would report it to my manager immediately and would escalate it further if I didn't get a response."

The manager told us they had been working with the local safeguarding team to address actions that were required from any safeguarding referrals to ensure people living in the home were protected from abuse. We reviewed their safeguarding incidents and actions that had been taken and the manager showed us a recent action plan that was in place to protect people in the home from any harm.

Accidents and incidents were managed suitably; there were incident reports which documented any concerns raised and recorded any actions taken. The provider had systems to identify trends or themes for individuals using the service for example, on the quality assurance report we found an increased amount of falls in September and were informed that this was due to one person living in the home having an increased amount of falls and the actions that had been taken to manage this risk.

The care records we looked at showed actual and potential risks to people had been identified and plans were in place of the action required by staff to mitigate these risks. For example, risk assessments were carried out on moving and positioning, falls, pressure care, smoking and for health specific conditions which may lead to choking. The plan of care provided staff with the guidance to support the individual and protect them from harm. Care dependency plans included a score which showed the number of staff required to deliver safe care.

Staff we spoke with were able to describe how they supported people safely. This matched the information we had read in care plans. Records showed advice was sought from health care professionals and risk management care plans were reviewed regularly.

We saw the provider had taken appropriate action to ensure the safety of the premises. This included fire safety checks completed in October 2017, Electrical checks completed in August 2017, call bell and alarm checks in September 2017 and equipment checks for hoists and slings in February 2017. There was a fire risk assessment in place and each person had a comprehensive evacuation plan that detailed how to support the person in the event of an emergency.

The regional manager told us they used a dependency tool called 'the chess tool' to identify how many staff were required for every shift however, we found this to be ineffective. The tool identified 12 staff were required for the home with three staff on each floor. We asked the regional manager if this was adequate to ensure all people could be safely evacuated from the building and they told us that they always ensured more staff were on shift making the tool ineffective for its purpose.

From reviewing the rota's we found adequate staffing levels were in place and for the majority of rotas we found the top floor had two senior carers and four care assistants, the middle floor with 32 residents had one senior carer, four to five carers and two hostesses who supported the unit at meal times and helped staff. The hostesses were supernumerary and not accounted for in the numbers to allow for extra support. The ground floor had one senior and four to five carers per shift. This meant there was a minimum of 16 staff members on shift excluding supernumerary staff which again did not reflect what the 'chess tool' had calculated. The regional manager said they would review this and consider alternative methods to identify staffing levels.

Most people we spoke to told us there were usually enough staff on duty to care for their needs, two people told us there was sometimes a shortage of staff. People told us staff usually had time to chat to them and they did not usually have to wait long for care. One person told us, "Sometimes there are minimal staff, only

one on their own in the dining room, she does a marvellous job. The night staff are sometimes busy so you have to wait for things then." Others commented, "You see the same faces all the time not lots of different ones" and "There are enough staff on."

One relative told us, "I sometimes think there are fewer staff but it does not seem to impact my relative negatively as staff seem to cope" and another said, "There are usually enough staff on duty and they try to increase the numbers of staff fulfilling other roles, employ hostesses for example. Occasionally it's not easy to find staff but that is rare."

We looked at staff recruitment records which showed that appropriate processes and vetting checks were undertaken before staff began work. This included staff submitting application forms, being interviewed, their identity being confirmed and two references and a Disclosure and Barring Service (DBS) check being obtained. These checks identify if prospective staff have a criminal record or are barred from working with vulnerable children or adults.

Is the service effective?

Our findings

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 procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw two people had a DoLS authorisation in place. A further 48 people had been referred to deprive them of their liberty lawfully.

We spoke with the manager about their understanding of the application of the MCA. Our scrutiny of care plans showed the process to evaluate the need for DoLS was not always documented. We looked at one person's consent documentation which indicated the person could make small daily decisions for themselves but larger more complex decisions were to involve family members. However we saw no documentation to show a capacity assessment had taken place, no best interest meeting minutes and no DoLS referral. Another person had an initial mental capacity assessment indicating they had capacity. They then had a further capacity assessment two months later where the evidence indicated they had capacity, however best interest considerations had taken place. This person had a care plan review stating no changes in cognition/capacity following their original care plan dated 23 September 2017 before being referred for a DoLS on 27 September 2017. We saw no mental capacity assessment that deemed this person did not have capacity. A third person had a care record around their cognition/capacity that indicated they had capacity to make their own decisions with a monthly review completed on 23 September 2017 that no changes in this person's cognition/capacity. We found a DoLS referral had been made on the 27 September 2017 in the absence of a capacity assessment. This showed the staff team lacked knowledge about the process to be followed in regards to people's mental capacity.

At our last inspection the provider failed to correctly document DoLS within care records and therefore this is a continued breach. The above concerns were a breach of Regulation 11 (need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The action we have asked the provider to take can be found at the end of this report.

We shared this with the managers during feedback and they told us this was something they had identified and were working towards altering, however they had not had time to analyse all consent information for everyone prior to inspection. The manager forwarded on their findings to us after the first day of inspection.

Other records showed people had either given consent to their care and treatment or a care specific mental capacity assessment had been completed where people may not have the mental capacity to consent. For people with a 'lasting power of attorney' (LPA) for their care and welfare their representative made best interest decisions on their behalf. Care plans contained copies of the registered LPA with the Office of the

Throughout our inspection we saw people who used the service were able to express their views and make decisions about their care and support. We saw staff seeking consent to help people with their needs. For example, when staff were supporting people to go to the toilet, we observed people were asked when they would like to go and informed what staff were going to do when being supported. For example lifting the hoist or starting to push the wheelchair. Most people said that the staff asked for consent and explained what they were doing one person said, "They always explain and ask if things are ok, it's a very good working relationship".

People living in the home and their relatives told us staff were adequately trained to meet their needs.

The provider had an induction programme for new staff which mapped against the care certificate which went live in August. The regional manager also used a training matrix to ensure staff kept up to date with their training. We saw courses which staff completed on an annual basis were mainly above 80% completed apart from food accreditation which the regional manager told us took a period of time to complete and staff were in the process of completing. In addition 78.65% of staff had completed their safeguarding training. We found 11 out of the 13 courses were above 80% and seven of these being over 90% completed. We saw evidence of training sessions taking place on the second day of inspection and the regional manager had booked in training sessions for each day with staff booked on when an update was required.

The regional manager told us, "We have committed to an e-learning programme that will enable us to monitor individual staff training electronically rather than having to check individual staff files." The regional manager told us, work letters were sent out if a staff member had not attended statutory training and that disciplinary actions would be taken if staff failed to update their knowledge through the provided training available.

The regional manager told us they were continuously looking to improve their knowledge and had recently identified a rise of pressure sores and falls at the home and arranged for the director of nursing to provide training on pressure care, falls and care-planning.

We found staff received regular supervisions and annual appraisals. Four staff files that we looked at all contained supervisions within the last three months and annual appraisals had been completed. The provider had recently introduced a new annual performance review booklet which focused on people's understanding of their role, demonstration of integrity, time to learn and apply lessons to new experiences. Staff told us they had regular supervisions with comments that included, "We have supervisions every three months but we are supervised every day" and, "We are supported by [Manager] and we can always talk to her."

We received mixed feedback from people living in the home about the quality of food provided. Peoples comments included, "Very good, plenty to eat, good choices, they would make something different", "Food is adequate" and, "The food is terrible – too Yorkshire – pork pies etc. The food is not up to standard. I should have had a chicken meal yesterday but was given ham which was very salty. You can have snacks and tea when you want."

People living in the home told us snacks and drinks were available at all times one resident said, "I can go and get biscuits, they will make tea if I ask, I have water in my room" and another person told us, "You have tea and biscuits for supper at 8pm. The jug of juice in my room is always topped up."

We saw mid-morning and afternoon trolleys were taken around the home these contained tea, coffee, juice and milk, along with a selection of snack type food. This meant that people had access to food and fluids on a regular basis to support their nutritional needs.

We found people were offered a varied diet. Where people had nutritional needs these were assessed and plans were in place to support people with their dietary needs. Specialised diets or supplements were available to people who needed them for example, the chef made an additional rice pudding for those with diabetes.

There was a choice and relatives told us there was an alternative offered to what was on the menu but most people were unsure about this. We sampled the food which was hot enough, the spaghetti bolognese was tasteless, the sausage casserole was not very savoury and the rice pudding was not cooked properly. We discussed this with the manager who told us they were in the process of addressing this and had introduced a new method to gather daily feedback from a sample of people to improve the quality of food provided.

People living in the home felt there was good access to other health care professionals and one person living in the home said, "There is definitely good access, they sort it out." One health care professional that we spoke to said communications could be improved by the staff when handing over information to then about people's care needs.

Is the service caring?

Our findings

People living at Cookridge Court and their relatives told us staff were friendly, caring and respectful with comments that included, "Staff are gorgeous, lovely, never had any bother with any of them" and, "I get on well with staff. They leave me to it. They treat me with privacy, leave me alone when I want and always knock and wait before coming into the room. Many times I request something and I get it." Other people living in the home told us, "Staff are very pleasant and smiley. They are not high handed and have high standards. This is a very private place" and, "Staff are quite good in general, there has been a lot of changes recently. They are very friendly and have a chat."

Everybody was happy with the quality of the care given by the permanent carers and the manner of their interactions with them. A visitor said, "They are kind, caring approachable and helpful." Another visitor reported an example of the care and said, "One brought in some mint sauce from her home when my relative had run out and we were not coming in."

All the people living in the home told us, they were supported to make decisions about the shape of their day. One resident said, "They support us well; I can do more now than before I came in." The majority felt that they were involved in their daily care although the extent of involvement varied one visitor said, "We are very hands on." Most of the residents and visitors felt that the staff knew them well, took the time to listen and would try to act on concerns one visitor said, "The communication is good, they read our notes on him and tell us what works, we don't have to keep telling them things." Another relative told us, "One of the first things I noticed was how friendly staff are. There is no tension and there is always a smile on their faces. They are very approachable and will always drop what they are doing to speak to family."

People living in the home told us they were treated with respect and dignity, one person said, "They respect my privacy and dignity, like putting a towel over my lap on the toilet" and another person told us, "I don't like having to have personal care but they are good and keep me covered up when I have a shower. I do as much as I can for myself and if I need help I just have to say."

People told us staff knew their likes and dislikes and supported them with hearing aids and glasses. People told us they could get up and go to bed when they wanted and have a shower or a bath when they chose.

We observed staff being very gentle and kind with people. They got down to people's level to converse with them and had good eye contact. At lunch for example, we saw staff checking people were okay with their food and cutting food up to enable people to eat independently. Staff interventions were appropriate and congruent to the needs of people, for example people were given assistance with mobilising only if required. One staff member was helping someone eat and was very patient and encouraging. We saw another staff member giving a tissue to someone who needed it thus respecting that person's dignity, particularly by doing so discreetly.

The regular unit staff seemed to know people well which was evident in the warmth of the exchanges between them. People seemed completely comfortable with staff and mentioned certain ones by name

whom they felt particularly close to. One person told us about a member of staff who planned to come in on their day off to accompany this person and their relative to Roundhay Park for a walk. Most of the people we spoke with told us staff took them out when they wanted..

On our second day of inspection we asked the regional manager if any people received end of life (EOL) care but they told us they did not have anyone at the present time. One relative told us about discussions she had with the home about EOL care and said, "[The provider] also told us the EOL was excellent at the home and gave the example of a woman who was dying and waiting for her son to come and staff asked the church visitors to go in and say a prayer with her. They told us staff leave them to be private in this situation, and dealt sensitively with people and their relatives."

At the time of our inspection no person living in the home had an advocate although the regional manager told us how they would support someone to obtain one should this be required. An advocate is a person who can support others to raise their views, if required.

We found the majority of information was stored correctly in locked cupboards on each unit which meant confidentiality was being adhered to however; we did find some information about a person's care on one unit, in the kitchen. This information had been left and was available for others to access which did not follow the provider's policy on keeping information confidential. We also observed a handover between staff where information about people's care was shared so staff were updated on people's needs. The handover took place in a communal area and we saw a person living in the home was sat close by which meant they could have overheard confidential information about others living in the home. We addressed this with the manager who told us they would ensure all information was kept secure and confidential.

Is the service responsive?

Our findings

Most people living at the home told us they felt confident to raise any complaints with staff and that their concerns would be responded to quickly however, we did speak with two people who had raised complaints and neither had been resolved. One complainant told us they had requested their medicines at a certain time although this continued to be variable. We discussed this complaint with the regional manager who told us this would be addressed. The complaints we looked at had been responded to, actions taken and letters of apology written when this was required.

We found people had an initial assessment carried out before they were admitted to the home. Once admitted a more detailed assessment process took place allowing staff to work with the person and family members to plan personalised care and support. We saw care plans and risk assessments were reviewed on a regular basis so staff had detailed up to date information and guidance to provide support relating to people's specific needs and preferences. For example, what time they wanted to go to bed, what their interests were and whether they preferred a bath or shower.

People's care records gave staff information about their daily routines. Care records recorded how people or those important to them had been consulted about their needs and wishes. Through our discussions with staff we found they knew people's individual support needs and the daily records of care delivery reflected what we had been told. Staff described how they ensured people could choose how they were supported. They told us about people's right to have choices in respect of what gender of person should care for them, what they ate and when they went to bed.

There was a mixed response about the level and quality of the activities but the majority of people felt that they were adequate to good one visitor said, "Very good, a lot going on, singing, knitting, lots of music, poetry, animals, bingo". Everybody felt that they were supported to maintain friendships and interests for example one person told us, "My friends and family come in to see me when they want, I'm not a prisoner."

On the first day of our inspection we saw the provider had arranged a sponsored cycle event. This was a large event with family and people supporting staff who were taking part. We also saw people watching films, listening to dementia friendly music, doing jigsaws and colouring in the afternoon. All the activities were organised by members of the staff. Community activities were supported and encouraged and visitors were encouraged to attend the home and could spend time with their loved one in private if required.

We saw staff were responsive to call bells when people required additional support and people also told us, call bells worked and were accessible. The majority of people told us call bells were responded to in a timely manner however some people told us they had to wait for assistance as staff were sometimes busy.

Is the service well-led?

Our findings

During the last four inspections we rated this key question as requires improvement and or inadequate. Previous inspections have included multiple and continuous breaches. We concluded the provider had not taken appropriate steps to ensure effective managerial structures were in place, resulting in a lack of stability or consistency in the service. The systems in place were not robust enough to ensure continuous improvement in the service and we have therefore rated this domain as inadequate. At this inspection we again found there were areas of improvement required to meet the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found shortfalls in a number of areas relating to the lack of record keeping and audits in the service.

The provider gathered information relating to incidents, accidents, safeguarding, pressure sores, and medicines on a monthly basis to identify any trends or themes at the home. We saw the last report from October 2017 which showed increased amount of falls and pressure sores within the home. The regional manager told us that the director of nursing had recently attended the home to provide additional training on pressure sores to staff and had arranged a further session for managing risk of falls. Although this showed the provider had responded to concerns in the home we could not be certain that all information had been gathered for this report as we found audits did not always identify errors.

The provider used a number of audits to monitor the service, some of these included, call bell checks, kitchen, health and safety, safeguarding and care plan audits. The majority of these audits were last completed in July and the regional manager told us she planned to update these. Monthly medication audits had been introduced in September 2017 as there had been numerous medication issues at the home some of which include the recording on MARs.

We found shortfalls in some audits that had been completed as they did not always record where action would be required. For example, one daily log audit did not identify missed signatures. Another example included gaps in recordings on MARs. Although we could see these medicines had been administered, staff had not completed the MARs. The MARs audit completed had not identified these shortfalls. We found the majority of audits were last completed in July 2017. This meant the systems in place were not robust enough to ensure continuous improvement in the service.

When we arrived at the home we observed one staff member recording and writing in the checks that should have been completed at 6am but only recorded on the notes at 08:20. We found some night checks had not always been completed for example; one person was due to be checked hourly however, there was no record of the person being checked from 10pm until the morning. Furthermore signatures were not always completed on the forms making it difficult to determine if the checks were completed and by whom.

Positional charts did not always record when people had been turned for example; one chart had not recorded any positional changes during the night and another chart showed several hours in the day time when turns had not been recorded. This made it difficult to determine if the positional changes had

occurred as there was no signature to say this had been completed, putting the person at risk of developing pressure sores.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The action we have asked the provider to take can be found at the end of this report.

Everybody felt the home was well managed, one visitor said, "It is well run and efficient." The majority gave a positive response to how much they were involved in the running of the home one person living at the home said, "I go to them all [meetings], I even go to the relatives one." There was a generally positive feeling about how the staff and management would respond to issues being raised one visitor said, "I went to a meeting, raised an issue and they are now cutting up the food in the kitchen." The majority said that they would recommend the home to others, a visitor said, "I would, I wouldn't put anyone off."

We were informed that the home did not currently have a registered manager as the previous manager had left and the regional manager was acting as manager until they had recruited into the post.

During our inspection we spoke to the chief executive officer (CEO) who told us about the provider's visions and values which included 'keeping it simple, sort it, do it from the heart and make every moment matter.' The CEO told us about the drive to make improvements and ensure there was an honest and open culture within the home. They told us, they had invested heavily in training and up skilling staff which also included leadership training for managers. They were encouraging staff to become 'Culture Champions' which meant specific staff within the home would promote staff to be honest and open with their communications. The CEO said they visit the home on an annual basis and staff were able to contact them directly to raise any concerns.

Regular meetings were held within the home and some of these were with care staff, kitchen staff, and administration. The last staff forum was held in October 2017 and discussed matters such as staffing levels, training needs, staff holidays and feedback from the staff about moving forward. A service user meeting was held in September, 13 people attended and discussed catering services and activities. The manager arranged a relatives meeting in September however, no one attended and another meeting had been arranged for October.

The provider gathered feedback from people living in the home and their relatives using an annual survey and we saw from 2016 to 2017 there had been some improvements however, most answers provided were below the average target set by the provider.

A team engagement survey had taken place with 'you said we did' outcomes which included staff feeling the need for more recognition and the provider introducing weekly staff forums along with employee of the month awards. In addition staff commented on staff progression and staffing levels, the provider made actions to discuss staffing levels with everyone and to meet people individually to discuss their objectives and future goals for progression.

Although it was evident that some improvements had made, the change in management meant that although plans were in place to address some of the shortfalls identified during the inspection, that this work was still in the early stages and needed further time to be imbedded into every day practice. Staff were positive about the recent management changes and could see that improvements were being made and management also recognised that this would take time to complete. A number of concerns were addressed during the inspection but there was still further work to complete to drive the required improvements at this

location.

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>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider did not always comply with the Mental Capacity Act (2005) as the process to evaluate the need for Deprivation of Liberty Safeguards (DoLS) was not always documented and mental capacity assessments were at times inaccurate.</p>
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>The registered person did not have systems in place to ensure the proper and safe management of medicines.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The provider failed to monitor the cleanliness of the home. Infection control issues throughout the home meant people were at risk of being exposed to harmful products, hazards and possible infection.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not taken appropriate steps to ensure effective managerial structures were in place, resulting in a lack of stability or</p>

consistency in the service. The systems in place were not robust enough to ensure continuous improvement in the service. In addition records throughout the service were not always well maintained.