

Larchwood Care Homes (South) Limited

Great Horkesley Manor

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

This inspection took place over two days on the 19 and 20 July 2017 and was unannounced.

Great Horkesley Manor provides accommodation and personal care support to 73 older people including some people living with dementia. During our inspection there were 59 people living at the service.

At our last inspection in July 2016 this service was rated as requires improvement as we found that the provider was not meeting the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that risks to people's health, welfare and safety had not always been effectively managed to prevent them from the risk of harm. The provider did not have effective quality and safety monitoring processes in place with actions required to ensure continuous improvement of the service. The service did not always protect people's human rights and ensure that people were supported to exercise choice and control as to their preferred daily routines and how they chose to live their lives. Following that inspection the provider sent us an action plan to tell us what improvements they were going to make.

At this inspection we found action had been taken to improve the quality and safety for people in a number of areas. However, we also identified areas that further work was needed to increase the service's overall rating and ensure that people are provided with good quality, safe care at all times. For example, we found continued shortfalls in relation to care planning, staffing levels, staff training and induction of new employees and deployment of staff to meet people's personal care needs. Further renovation and refurbishment of the environment was needed.

There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff received a variety of training relevant to their roles. The Deprivation of Liberty Safeguards (DoLS) were understood by staff. However, not all staff received induction training. We also found safe moving and handling training including refreshers were not always provided in a timely manner to ensure staff had the up to date skills and knowledge to keep people safe.

Staff demonstrated a good understanding of how to recognise and report any signs of neglect and abuse. Risks had been identified but were not always consistently managed.

There were systems in place to ensure the safe management of people's medicines. People were supported to receive their medicines in a timely and safe manner.

People were supported to maintain good health and had access to appropriate services which ensured they received on-going healthcare support. However, improvement was required in the monitoring of people's

food and fluid input and output.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed. People told us that the food was good, they were offered choice and that they were supported to have enough to eat and drink. Dietary needs and nutrition were being managed and advice sought from appropriate health professionals as needed. Health care needs were met with access to and support from external health care professionals.

Relationships between people and staff were positive. Staff were compassionate and promoted people's dignity and treated them with respect. However, we found some people's personal belongings had their room numbers recorded on them instead of their names. We recommended this system be reviewed to ensure that people's rights to dignity be considered and respected fully.

Staff did not always access to people's care plans and so were not always provided with the most up to date, consistent information as to people's health, welfare and safety needs. Further work was needed to ensure people were protected from the risks of social isolation due to the lack of planned group and individual social activities.

People's views were surveyed through satisfaction questionnaires. There was also a complaints procedure in place to ensure people's comments, concerns and complaints were listened to. We saw these were addressed in a timely manner and used to improve the way the service was managed. However, given that a high number of people living at the service were living with dementia the provider did not have any effective observational tool currently in use which would assess the experiences of these people, particularly those with limited verbal communication.

Since our last inspection we found there had been a positive change in the culture of the service which was more focused on the needs of people who used the service. The management team together demonstrated an open culture. Plans were in place for implementing improvement of the service. However, further work was required to effectively identify and monitor the shortfalls we found at this inspection and ensure that people were provided with good quality, safe care at all times which would increase the service's overall rating.

During this inspection we identified two continued breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version 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 consistently safe.

There were not always sufficient numbers of skilled and experienced staff available to provide consistency of care which met people's needs.

Staff demonstrated a good understanding of how to recognise and report any signs of neglect and abuse. Risks had been identified but were not always consistently managed.

There were systems in place to ensure the safe management of people's medicines. People were supported to receive their medicines in a safe manner.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Staff received a variety of training relevant to their roles. However, moving and handling training including refreshers were not always provided in a timely manner to ensure staff had the up to date skills and knowledge to keep people safe.

The Deprivation of Liberty Safeguards (DoLS) were understood by staff.

People were supported to maintain good health and had access to appropriate services which ensured they received on-going healthcare support. However, improvement was required in the monitoring of people's food and fluid input and output.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

Requires Improvement ●

Is the service caring?

The service was not consistently caring as we found some people's personal belongings had their room numbers recorded on them instead of their names. We recommend this system be reviewed to ensure that people's rights to dignity be considered and respected fully.

Requires Improvement ●

Staff were attentive to people's needs. Showing kindness and compassion in their interactions with people.

Some people's choices, wishes and preferences in relation to the planning for their end of life care had been considered and recorded in their plan of care.

Is the service responsive?

The service was not consistently responsive.

Staff did not always access care plans and so were not always provided with the most up to date, consistent information as to people's health, welfare and safety needs.

People were not always protected from the risks of social isolation due to lack of planned and organised activities according to their assessed needs.

There were systems in place to ascertain people's views and to address concerns and complaints.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led as there was a further need for development of the service to mitigate the risks to people's safety and ensure quality of care provision was consistently maintained.

Whilst there were improved systems in place for assessing and monitoring the quality and safety of the care people received, implemented changes and improvements were not always being effectively embedded in practice to drive continuous improvements.

People, their relatives and staff were positive about the appointment of the manager and the changes in the culture of the service which was becoming more focused on the people who used the service.

Requires Improvement ●

Great Horkesley Manor

Detailed findings

Background to this inspection

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

This inspection took place on the 19 and 20 July 2017 and was unannounced.

This inspection was carried out by two inspectors, a specialist nurse advisor 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. The Expert by Experience had experience of providing care and support for an older person.

We reviewed the previous inspection report to help us plan what areas we were going to focus on during our inspection. We looked at other information we held about the service including statutory notifications. This is information providers are required to send us by law to inform us of significant events.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with 13 people who were able to verbally express their views about the quality of the service they received and six people's relatives. We observed the care and support provided to people throughout the two days of our inspection.

We looked at records in relation to 12 people's care. We spoke with the registered manager, the regional manager, the deputy manager, nine care staff including team leaders, two kitchen assistants and two visiting healthcare professionals.

We also looked at records relating to the management of medicines, staff recruitment, staff training and systems for monitoring the quality and safety of the service.

Is the service safe?

Our findings

At our last inspection in July 2016 we identified major shortfalls because risks to people's health, welfare and safety had not been fully identified. Staff had not been provided with guidance regarding the steps they should take to mitigate these risks. For example, we found equipment in place, which posed a risk to people's safety with a lack of risk assessments in place to guide staff in the steps they should take to keep people safe. We also found insufficient fire risk management to mitigate the risks to people in the event of a fire.

At this inspection, we found there had been some improvements. A fire risk assessment had been carried out by those qualified to do so. Recommendations made following this assessment including repair and renovation to the environment had been actioned by the provider to mitigate risks to people's safety. Other environmental risks assessments had been produced including food trolleys and the use of equipment such as the porridge maker.

At our last inspection we identified the risk of falls to people when walking along corridors due to the lack of grab rails throughout the service. We found at this inspection whilst some grab rails had been fitted to areas where the floor sloped the majority of corridors were still without grab rails. Grab rails enable people with limited mobility to hold on to whilst they walk to steady them and prevent them from falling. The regional manager told us this was being addressed and plans were in place to provide these in the near future. However, we were not provided with any date of planned action to achieve this.

There was a system in place for a review of accidents and incidents. Records showed us that the manager had systems in place to monitor accidents and incidents to minimise the risk of re-occurrence. Where people had a high number of incidents of falling we saw a falls assessment had been carried out, and a system of regular observation had been put in place. Where people's daily notes identified they had experienced a fall within the last month we noted that accident forms had been completed and monitored by the manager. They had reviewed and submitted monthly reports to the provider to analyse and identify any trends.

However, we found people were at risk from an open pond in a courtyard area where there was an unprotected steep, sharp concreted edge to the pond which people had easy access to. People with limited mobility and impaired sight may not navigate and see this area easily and people were at risk of falling into the pond. Alongside the potential risk of drowning, there was also a large piece of vertical concrete (from a broken statue) in the middle of the pond, which if someone fell onto this had the potential to cause a major injury. People, including those living with dementia had their bedrooms and patio doors facing onto this courtyard area where we observed doors were open with easy access. When we discussed this apparent risk with the manager, they told us there was a risk assessment in place and future plans to remove the pond. However, they had not identified this as an imminent risk and no action had been to fence this area off to disable any access in the interim and mitigate the potential serious risk of harm to people. The manager told us staff monitored this area. However, it was evident during our two day inspection there was insufficient staff to do so.

This demonstrated a continued breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed staff in the use of moving and handling equipment and noted that these were used safely whilst preserving people's dignity. Where people presented as anxious we saw staff provided reassurance. Hoists and slings had been individually assessed and provided for people according to their needs to ensure their safe use.

The manager told us no one currently using the service had a pressure ulcer. Where people were at risk of acquiring a pressure ulcer, at risk of falls and at risk of losing weight risk assessments had been completed with guidance for staff in mitigating these risks. However, for one person diagnosed with type one diabetes we found their care plan did not contain sufficient information to guide staff in relation to the management of their complex health care needs. For example, there was no information within their plan of care to inform staff that this person was dependent on regular injections of insulin and no arrangements in place for managing this. When asked staff were inconsistent in their responses and so we were not assured that staff were up to date in their knowledge of this person's needs. There was also a lack of any information to guide staff in the event of the person becoming hypoglycaemic. Hypoglycaemia occurs when blood glucose levels fall below safe levels which can result in a person becoming confused and result in a loss of consciousness. Guidance for staff is important to enable them to be aware of the early signs of hypoglycaemia and provide them in the steps they should take in order to bring blood glucose levels back into a safe range. We discussed our concerns with the manager who told us some staff had recently attended training in understanding and meeting the needs of people with diabetes. They told us further training was to follow to ensure all staff had access to this training. They also immediately following our inspection told us they had updated this person's care plan to ensure sufficient guidance was available for staff in mitigating the risks to this person's health, welfare and safety.

At our last inspection, we found the provider did not have a dependency tool, which would assess people's needs and determine the numbers of staff required. At this inspection, the manager told us a dependency tool had been implemented. However, we found there continued to be insufficient numbers of staff available at all times to ensure people received consistently safe and effective care, which met their health, welfare and safety needs. This was of particular concern on Chestnut Unit where people living with advanced dementia required consistent supervision and support.

Staff told us and the manager confirmed there had been a high turnover of staff since the last inspection. The manager told us there was currently 145 vacant staff hours during the day and 44 hours vacant at night. There were also two activities organiser posts which had recently become vacant. The manager said they were currently recruiting into all vacant posts. Agency staff were in regular use but people told us these staff did not always provide consistent care, as they did not always know how to meet their needs. Agency staff did not have access to people's care plans to guide them.

People, staff and relatives told us that there were not always sufficient numbers of staff deployed throughout the day and night to meet people's needs. People told us they did not always have regular support they required with baths and showers. We observed meal times were calm and where people required assistance to eat their meals; adequate staff were available to ensure uninterrupted one to one support. However, we were not assured that staffing levels were always sufficient on all shifts and that staff were effectively deployed in order to meet the needs of people and to keep them safe at all times. Whilst we saw people had access to their call bells in their rooms we observed call bells were left unanswered for significant periods of time. The manager acknowledged this when we met with them in their office and observed bells unanswered for a considerable length of time. There appeared to be a culture amongst the

staff team where assumptions were sometimes made about the urgency of people's needs. We also saw that on occasions there was a lack of coordination amongst the staff team as to who would respond to call bells, when required.

Over the two days of our inspection, we noted people assessed as at high risk of falls walking around, unsupervised in the communal areas. On Chestnut unit where staff cared for a high number of frail people living with advanced dementia we saw one person who staff told us was recovering from a recent hip operation following a fall walking along corridors, unaided looking for the company of staff. On the second day of our inspection, we noted again on Chestnut Unit a shortage of staff. There were only two carers and one team leader for 19 very frail people. A high number of people required two staff to safely mobilise with the use of a hoist. Others required the support of two staff for their personal care needs. Staff told us that on this unit the communal lounge was to be supervised by staff at all times. Whilst we observed the team leader supporting care staff when they were able to, we noted people were often left unsupervised in the communal lounge without adequate supervision and, support when seeking staff assistance. We also saw there was a lack of any meaningful activity as required for people with this level of frailty.

Each care plan contained a dependency assessment document which was used as a guide to calculate staffing levels. The manager told us that staffing levels were reviewed on a regular basis to ensure there was sufficient staff available to meet people's identified needs. However, people, their relatives and staff across the service consistently told us that there was not always sufficient staff, available to support people and provide safe, person centred care.

Staff across the service told us that at times they felt rushed, that they frequently ran short when adequate cover could not be found and this meant on those occasions care was task focused and they found it difficult to safely observe all of the people who required close monitoring, especially those people living with advanced dementia and at risk of falls.

This demonstrated a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service in the main recruited staff in a way that protected people. A review of staff recruitment files showed us that application forms had been completed which identified any gaps in applicants previous work history. Checks were in place from the Disclosure and Barring Service (DBS) to establish if staff had any criminal record which would exclude them from working in this setting. References and DBS checks had been confirmed before staff started working at the service. It was noted that some staff had been employed in the service for a significant number of years, some in excess of 10 years. For these staff whilst working at the service there had also been changes as to the registered providers of this service. However, given the extensive period of their employment and the number of changes of registered provider no more recent DBS checks had been conducted.

People's medicines, including controlled medicines, were stored safely and there was a system for the ordering, receipt and disposal of these medicines. The provider had implemented weekly audits which included a check of stock against the medication administration records (MAR). This system identified errors in a timely manner with evidence of action taken in response recorded. For example, we noted an incident when there had been an error in the administration of a person's medicines. We saw that staff had taken action to address this and communicated openly with other healthcare professionals as necessary. We saw that controlled drug records were accurately recorded. Each person's (MAR) contained a photographic record of them and there was detailed medicine and allergy information.

Where one person was not able to communicate verbally, staff had been given guidance on what signs to look for to help guide them as to when pain relief medicines were required. For example, they were to observe for a change in facial expressions. There was also guidance on where to record when this medication was administered and what side effects to look for.

Where transdermal pain relief patches were prescribed body maps were not in use which would indicate where on the body the patch had been placed. This meant that staff were not provided with the information they needed to ensure the weekly application of this medicine was placed on alternate sites of the body as prescribed to prevent harm to people.

Staff told us they had received updated training in medicines management. We carried out an audit of stock where we found all the medicines we reviewed, stock tallied with MAR records. However, we found inconsistencies in the management and recording of people's prescribed creams and lotions. Prescribed creams and lotions were not always dated upon opening as required. This meant that good practice guidelines had not been followed to dispose of tubs and tubes after one month from the time of opening to avoid bacterial contamination and three months for pump dispensers where fingers do not access the contents.

The provider had systems in place for staff to monitor and prevent the control of infection. Cleaning schedules were in place for staff to record when they had carried out specific cleaning tasks including the inspection and cleaning of equipment and mattresses. The management team carried out regular checks of the service to check that infection control processes were put into practice and monitored by staff. We found the environment in the main to be clean and free of offensive odours. However, we found a soiled wound dressing left on one person's floor which should have been disposed of within clinical waste. The commode of another person reliant on staff for personal care support had been left unclean and their toilet not flushed of faeces.

At our last inspection we found people did not live in a well maintained environment. There had been no effective planning and resources provided to ensure continuous improvement of the building. The provider had failed to ensure there was a schedule in place, which was being reviewed and updated to evidence planning for refurbishment and redecoration of the premises and renewal of furniture and fabric.

At this inspection some areas of the service had been redecorated and new furniture and furnishings provided. However, we found other areas of the environment which continued to be in need of renovation and refurbishment. For example, people had limited access to well-maintained courtyard gardens as overgrown shrubs and large weeds limited people's freedom of access. We found some of the outside gardens were unkempt and out of bounds to people with unlevel areas of paving which presented a risk of falls to people with unstable mobility. There was also easy access to an open pond area which posed a risk to people's safety. The manager told us this had been risk assessed. However, we saw that this was easily accessible to people with no visible barrier in place. Whilst the front of the building had been painted, the rest of the building's external window frames, soffits and fascia's were in need of renovation and painting.

On the first day of our inspection it was a very hot day. We noted that where people could gain safe access to outside spaces, but there were no umbrellas available for people to access shady places to enjoy. This people told us prevented their access to and enjoyment of the gardens.

We observed a lack of signage throughout the service which would enable people to identify where rooms were located including bathrooms. Given the layout of the building it was often difficult to determine which unit you were on. We determined that for people living with dementia this could present as particular

difficulty and may cause a level of distress. We discussed this with the manager who told us the lack of sufficient signage had been identified and they were currently in the process of accessing signs to enable people to navigate around the building more easily.

Is the service effective?

Our findings

Three members of staff told us they had been on a two day advanced dementia course which they said had been very helpful in understanding the needs of people living with dementia and in developing their skills in responding to people who presented with distressed behaviours. They told us they had received advice on techniques to deescalate behaviour that may be challenging to others when people living with dementia became distressed and disorientated. This was confirmed by our observation of staff interactions with people. Staff told us as a result of their training people were now encouraged to work alongside staff with meaningful activity such as helping to clear plates away and fold laundry. Staff had requested a sink so people could be supported to wash up, if they wished to. These can be particularly important activities for people living with dementia providing meaningful occupation and also enable people to maintain their independence and enhance people's sense of wellbeing.

There was a process and system in place for the induction and training of newly employed staff. However, we noted from discussions with one member of staff recently employed in the last month, had not been provided with all induction training required to keep people safe other than fire safety training. We also noted from a review of the provider's staff training matrix that a number of staff had not received annual refresher training in the safe moving and handling of people as required. Some staff had not had this training for over two years. However, all the moving and handling transfers we observed were carried out safely. We discussed this shortfall with the manager who told us 21 staff were scheduled to attend this training in August 2017. However, whilst staff were waiting for this training we noted they were still involved in the moving and handling transfers of people. We were not assured that action had been taken to risk assess and mitigate the risks to people's safety if staff did not have the up to date skills and knowledge to mitigate the risk of harm.

At our last inspection we found the provider was not working within the principles of the Mental Capacity Act 2005 (MCA). This meant that people's human rights had not been protected. At this inspection we found that staff had received recent training in understanding their roles and responsibilities with regards to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised by those qualified to do so under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Care records showed us that some people who lacked mental capacity had a best interest assessment carried out so that any decisions made regarding their health and welfare, where they lacked capacity had been made in their best interests. Applications for authorisation with regards to the deprivation of liberty safeguards for people where their freedom of movement may be restricted to keep them safe, such as those requiring constant supervision had been referred to the local safeguarding authority. However, where the time had lapsed for DoLS to be reviewed the manager was chasing for reviews to be completed by the local safeguarding authority.

People were supported to express their preferred gender of staff for their personal care support and this had

been recorded within their plan of care. One person told us, "About three months ago I had a male carer come to help me and I told him to go away as I do not want a male carer. Well they listened to me, wrote it in a book and now I only have female carers. The staff are very good they help me and promote my independence and let me try to do things for myself. They brush my hair and put my perfume on me. They leave it to me when I get up and when I go to bed."

We received mixed views regarding the quality of the food. Comments included; "The food is a bit up and down", "Food is quite good", "Food is alright, fine and sometimes very nice", "Food is lovely, we have as much as we want, it is well cooked and well-presented and if you don't like it they find you something else" and "They ask us the day before what we want to eat but on the day they provide something different." This latter comment we investigated and found from kitchen staff messages in their communication book that menus were frequently changed. People told us that they were rarely informed of the changes to the menus.

People's nutrition and hydration needs had been assessed to support their health, wellbeing and quality of life. We saw that the risks to people of receiving inadequate food and fluid were effectively managed. Care records contained malnutrition assessment tools which were in use and people's weights were regularly monitored. We saw that where required professional advice was sought promptly in the event of weight loss when sudden or unexplained. Care plans contained detailed information to guide staff as to the support required for people at risk of choking, including the required consistency of food. This information was also available to kitchen staff involved in the preparation of meals.

On the first day of our inspection it was a very hot day. We observed staff regularly offering and encouraging people to drink sufficient fluids to maintain their health and wellbeing.

People's health and wellbeing was regularly monitored. Care plans described in detail guidance for staff in meeting people's health and wellbeing, care and support needs. People were supported to access a variety of health and social care professionals when required. A local GP held a weekly surgery at the service and visited more often if required. This was confirmed by the care records we reviewed.

People told us they had access to specialist, clinical support when required. We saw from a review of care records that people had been referred to their GP and other healthcare professionals when required. Referrals had been made when required to dieticians where people had been assessed as at risk of losing weight and speech and language therapists when assessed as at risk of choking. People had access to visiting chiropody services as observed during the first day of our inspection.

One person told us, "I was not feeling great at the weekend and they asked me if I wanted to see the doctor but I said no. The optician comes here and they take us in wheelchairs to the dentist. The chiropodist visits us regularly." A relative told us, "The team leader always phones us if anything changes and we are kept up to date when the GP visits."

One relative told us, "[Relative] is happy and content, it has improved since the new manager took over. You are listened to [relative] had problems chewing and swallowing and they sorted that out and got help. Also food on the whole is much better. Any problems you can go to the manager knowing they will sort things out."

Two visiting healthcare professionals told us, "This appears to be a nice home, our surgery has no concerns about the care provided here. We have a lot of contact from the home and they are good at notifying us of important stuff." And "Everyone is polite and helpful, very good communication between me and the home."

It appears to be well run, and the manager wants it run well and wants to be updated on any progress."

Is the service caring?

Our findings

Everyone we spoke with including their relatives spoke highly of staff, describing their kindness, sensitive support and respect of their dignity. One person told us, "They are all wonderful. If I want anything they will get it for me. They are very respectful to you and don't treat you roughly like you see on those TV programmes in other care homes. You hear of all sorts of things which worried me when I first came here, but my fears have been relieved." Another person told us, "We are looked after very well here and I feel very safe with all the staff. They are all kind and caring."

A relative told us, "Our [Relative] speaks very highly of the staff. If they were not treated well I would certainly know about it but [relative] says they are a kind and caring bunch."

We asked the provider in their Provider Information Return (PIR) what plans they had over the next 12 months to make the service more caring? Their only response to this question was; 'Further training where required, work with and promote staff to be more involved in the residents current, past and future, person centred care'. However, there was no recognition of the continued lack of sufficient staff available to people at all times, how this impacted upon the quality of the care people received and how this would be addressed.

We noted that some people had numbers written inside their clothing and slippers to enable laundry staff to identify people's belongings instead of their names. Laundry staff told us that relatives were requested to provide and sew name tags into clothing but this was something the service took responsibility for. If name tags had not been provided staff identified people by writing their room numbers inside their personal belongings. We recommend this system be reviewed to ensure that people's rights to dignity are considered and respected fully.

Staff were knowledgeable about the people they cared for and spoke with empathy and passion about their work and how they worked to support people with kindness and compassion. We observed staff supported people living with dementia with patience and tolerance. For example, where people called out repeatedly staff did not tire of offering assistance and comfort. People told us that staff knew their needs and described to us how staff cared for them in a personalised way. One person said, "I like to eat in my room and I prefer my own company and they know me and respect this." Another told us, "I would prefer to be in my own home but I cannot do what I used to be able to do for myself. The staff encourage me to maintain my independence as much as is possible by doing what I can for myself but they are there to guide me when I need help."

We observed positive interactions between staff and the people they supported. People appeared to be relaxed in the presence of staff. We saw that staff encouraged people to express their views and listened with interest and patience to their responses. People who expressed any form of anxiety were supported in a kind and compassionate manner, attended to with patience and lots of reassurance. As part of their ongoing

training staff had been provided with training in 'Dignity and respect with customer care'.

Where people required support with their eating and drinking this was provided at a pace that suited the individual. Staff were attentive and care was provided with dignity. Staff respected people's decision regarding how they wished to spend their time. We observed people were consulted as to what they ate and where they spent their time.

People told us they were treated with dignity and that their privacy was respected by staff. One person told us, "They always knock and respect my privacy when I like to be alone. I like my room and I can go there to be on my own when I want." Another said, "They check on you and ask if you are alright. I know they would like more time to chat to you but there is not always the time to do so."

A visiting healthcare professional told us, "Staff seem genuinely caring, they don't ignore people and treat them with respect."

We observed a person being hoisted who became very distressed. The two staff were supported by the deputy manager who demonstrated skill at ensuring the person was safely hoisted, with the minimum of distress. The deputy manager provided constant reassurance to the person and provided a good role model for the staff. We noted that the hoist used was a manual hoist. When we discussed this with the staff they explained that the person became more anxious with the use of an electric hoist which was much bigger and so the decision was made to use the manual hoists to eliminate as much stress for the person as possible.

Some people's choices, wishes and preferences in relation to the planning for their end of life care had been considered and recorded in their plan of care. The manager described where people at the end of life who may need controlled drugs for pain relief, arrangements had been put in place to ensure that people had access to pre-emptive medicines if this was required out of hours, including weekends.

Is the service responsive?

Our findings

At our last inspection we identified concerns as people were not always given the choice as to what time they got up in the morning or when they could have their breakfast. There was previously a culture whereby night staff woke people up very early in the morning for the convenience of staff.

At this inspection we found there had been improvement. On the second day of our inspection we arrived early whilst night staff were still working. We found some people were up and eating breakfast but found that this was at their request to do so. We found people had been supported to get up and eat their breakfast flexibly, according to their expressed wishes and preferences. Care plans provided information as to people's expressed wishes and preferences to morning and night time routines. Staff told us that the culture amongst staff had changed as the manager encouraged staff to listen to and respect people's views as to their preferred time to get up and go to bed.

New care planning systems had been put in place. Staff responsible for formulating and review of care plans told us the format was constantly changing and although positive regarding the content of the new system, they found the constant changes a challenge to keep up with. Care staff told us they whilst they could access care plans, including individual risk assessments they rarely read these documents as they had little time to do so. Given staff did not access and read care plans this had not been identified and monitored by the management of the service.

We noted from a review of the staff training matrix that the majority of staff had not accessed the 'care planning and record keeping' training provided. Care staff said care plans were the responsibility of senior staff and they did not get involved in formulating these and neither any review of them. This meant that care staff could not always when asked by the inspection team, provide us with the most up to date information about people's needs. For example, staff were unable to tell us about the care of people with diabetes and the outcome of dietician's visits. However, staff also told us they attended regular handover meetings and handover records were available where they were updated as to people's changing needs. We sat in on one handover meeting conducted by the night senior to the day shift where we saw that staff were provided with concise and detailed information.

Whilst reviewing the care records of another person we found a reference to this person having a pacemaker in situ which had been recorded following the outcome of a GP visit. However, their care plan did not contain any record of this person having a heart condition or pacemaker fitted. There was no guidance for staff in meeting this person's healthcare needs and the action staff should take in the event of the person's death. For example, the awareness to ensure that undertakers would be made aware of the pacemaker.

We found a lack of information in care plans as to people's preferred wishes in relation to their access to baths and showers. Several people told us they had to ask staff to access a bath and some people said they had been left on occasions for up to a month in between baths. This was confirmed by a review of records. People told us they were reluctant to ask staff as they did not want to burden staff with any requests for a bath as they believed there was not always enough staff available.

Daily records were completed by staff and showed us that people's wellbeing personal care support and food consumption had been monitored on a regular basis. However, we noted that there was no effective monitoring of people's fluid input and output, including bowel monitoring. Records showed us that where staff should have noted people at risk of insufficient fluid intake and obstructed bowels this had not been identified in a timely way.

Where documentation required senior staff to evidence daily monitoring of fluid input and output, we found on all records we reviewed this section of the form had been left blank. This meant that we could not be assured that people at risk of dehydration, hypertension and constipation were supported with access to healthcare support when this may be required. We recommend given the complex needs of the people using the service that there is a need for a more robust system of monitoring people's health to ensure timely and effective treatment for people should this be required.

This demonstrated a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not always protected from the risks of social isolation. There was a lack of planned and organised activities relevant to meet people's assessed needs. We observed people left for long periods with a lack of staff interaction and meaningful occupation and stimulation. This was evident on Chestnut Unit, a unit for people living with advanced dementia. The provider had employed until recently two activities organisers who had both recently left their employment. This meant that there were currently no organised group or individual social activities being provided. Care staff described to us how previously employed activities staff rarely involved the people living with advanced dementia on Chestnut unit in one to one and group activities. The manager told us they were in the process of recruiting new staff and described their plans to improve the quality of activities that would be provided.

The provider stated on their website and brochures that specialist dementia care is provided from Great Horkeley Manor. Whilst some staff had recently been provided training in understanding and responding to the needs of people living with dementia, further work was required to ensure people had access to a dementia friendly environment with meaningful stimulus, tailored to their level of dementia. This would enhance people's sense of wellbeing through more planned and organised meaningful occupation and access to sensory items to further support this.

There was a complaints process in place. However, not all of the people we spoke with were aware of this process. We found a clear audit trail for complaints that had been received, with actions taken in response and with outcomes evidenced.

Annual satisfaction surveys had been carried out to ascertain people and their relative's views. However, given that a high number of people living at the service were living with dementia the provider did not have any effective observational tool currently in use to assess the experiences of these people. Neither had they developed a means of obtaining feedback from people with limited verbal communication where their attendance at residents meetings and access to satisfaction surveys would not prove to be meaningful.

Is the service well-led?

Our findings

The registered manager had been in post since June 2016, shortly before our last inspection. At our last inspection in July 2016 we found shortfalls in that the provider failed to operate a system of regular and effective audits to assess, monitor and plan for improving the quality and safety of the service. Neither did they have action plans with timescales to evidence continuous improvement of the service.

Since our last inspection we found there had been a positive change in the culture of the service which was more focused on the needs of people who used the service. The management team together demonstrated an open culture with planning in place and drive towards improvement of the service.

Relatives spoke of the improvements since the last inspection describing the management team as; "visible", "Improved cleanliness", "There is a good vibe now and the manager seems OK", "There is an improved look of the environment" and "Better staff morale."

Whilst some staff said they found the manager unapproachable other comments included, "We have lost a lot of staff over the last year but the morale has improved", "The manager has made it more acceptable to sit and engage with people who live here", "It is improving since she came, there are higher standards, daily cleaning audits, more health and safety awareness", "The manager can be a bit abrupt but the deputy is lovely and they both want things to improve and get better for people who live here." And "We just need more staff and less agency staff. Things are gradually getting better." Staff also told us they had regular access to staff meetings and supervisions where they could air their views. They told us these meetings were informative and helpful at improving communication across the service.

Staff told us that overall there had been a positive change in the culture of the service which they said was more focused on the needs of people who used the service. They told us this was due to changes in staff who worked at the service and the management team listening to staff and taking action where needed. For example, where the need for additional resources had been identified and taking action when staff had identified risks.

Staff had been supported with regular one to one supervision meetings with opportunities to discuss their performance, planning for training needs and to support them in their continued professional development. Staff told us opportunities to enable open communication was provided as they had access to daily handover and regular staff meetings. A review of records and our attendance at a handover meeting confirmed this.

We found some improved systems in place for monitoring the quality and safety of the service. The manager provided us with evidence of their internal audits that they carried out to check on the quality and safety of the service. This included regular audits of medicines management, health and safety including environmental audits, and care plan audits. Unannounced, night time checks had been carried out on a regular basis to ensure people were kept safe with alert staff available to meet their needs. Where shortfalls had been identified actions were taken and the manager's response was recorded with timescales for

actions to be completed.

When the provider was asked in their PIR; 'What improvements do you plan to introduce in the next 12 months that will make your service better led, and how will these be introduced?' They told us, 'New team leader folders will be put in place to ensure compliance of all paperwork is completed regularly and areas of concerns highlighted and action. New robust cleaning system in place, monitored by the house keeper and management. Induction training given for each department'.

Further work was required to effectively identify and monitor the shortfalls we found at this inspection and ensure that people were provided with good quality, safe care at all times which would increase the service's overall rating. We identified continued shortfalls in relation to care planning, people having access to sufficient numbers of, suitably qualified staff at all times to meet their needs, the need for improved provision of staff training including induction for new employees and deployment of staff to meet the needs of people in accessing regular opportunities to have their personal care needs met. Further improvement was also required as areas of the environment continued to be in need of renovation and refurbishment with timescales for action identified.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Care plans did not always reflect people's current health, welfare and safety needs.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment Not all areas of the service had been adequately maintained and action taken to prevent people from the risk of harm from access to unsafe areas of the service.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There was not always sufficient staff available to meet people's needs and keep them safe.

The enforcement action we took:

Continued breach of Reg 18