

Sun Care Homes Limited

The Gables Nursing Home

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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 7 and 8 February 2017 and was unannounced.

The provider is registered to provide accommodation for up to 26 older people living with or without dementia in the home over two floors. There were 11 people using the service at the time of our inspection. The home provides nursing care for older people.

At our last inspection on 20 and 21 September 2016, we served warning notices on the provider in the areas of medicines and good governance. We also asked the provider to take action to make improvements in the areas of person-centred care, safe care and treatment, safeguarding service users from abuse and improper treatment, premises and equipment, and staffing. We received an action plan setting out when the provider would be compliant with the regulations. At this inspection we found that the concerns in the areas of safeguarding service users from abuse and improper treatment and premises and equipment had been fully addressed. However, while improvements had been made, more work was required in all other areas.

The registered manager was no longer working at the home. They had left in September 2016 and a new manager was in place. The new manager had started the process to be registered with the CQC at the time of our inspection. They were available during the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff did not always safely manage identified risks to people. Sufficient numbers of staff were not always on duty to meet people's needs. The management of medicines required improvement.

Staff knew how to keep people safe and understood their responsibilities to protect people from the risk of abuse. Staff were recruited through safe recruitment processes. Safe infection control practices were followed.

People were not effectively supported by staff to have sufficient to eat and drink. Staff received appropriate induction and training but supervision and appraisal required improvement.

People's rights were protected under the Mental Capacity Act 2005. External professionals were involved in people's care as appropriate. People's needs were met by the adaptation, design and decoration of the service.

Most staff were kind and permanent staff knew people well. People and their relatives were involved in decisions about their care. Advocacy information was made available to people. People received care that respected their privacy and dignity and promoted their independence.

People did not always receive personalised care that was responsive to their needs. Activities required improvement. Care plans required improvement to ensure that they contained sufficient information to guide staff to provide personalised care for people. A complaints process was in place and staff knew how to respond to complaints.

The provider was not fully meeting their regulatory requirements. Some systems were in place to monitor and improve the quality of the service provided, however, they were not fully effective. People and their relatives were involved or had opportunities to be involved in the development of the service.

We found one breach 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?

Requires Improvement ●

The service was not consistently safe.

Staff did not always safely manage identified risks to people. Sufficient numbers of staff were not always on duty to meet people's needs. The management of medicines required improvement.

Staff knew how to keep people safe and understood their responsibilities to protect people from the risk of abuse. Staff were recruited through safe recruitment processes. Safe infection control practices were followed.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

People were not effectively supported by staff to have sufficient to eat and drink. Staff received appropriate induction and training but supervision and appraisal required improvement.

People's rights were protected under the Mental Capacity Act 2005. External professionals were involved in people's care as appropriate. People's needs were met by the adaptation, design and decoration of the service.

Is the service caring?

Good ●

The service was caring.

Most staff were kind and permanent staff knew people well.

People and their relatives were involved in decisions about their care. Advocacy information was made available to people.

People received care that respected their privacy and dignity and promoted their independence.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

People did not always receive personalised care that was responsive to their needs. Activities required improvement.

Care plans required improvement to ensure that they contained sufficient information to guide staff to provide personalised care for people.

A complaints process was in place and staff knew how to respond to complaints.

Is the service well-led?

The service was not consistently well-led.

The provider was not fully meeting their regulatory requirements.

Some systems were in place to monitor and improve the quality of the service provided, however, they were not fully effective.

People and their relatives were involved or had opportunities to be involved in the development of the service.

Requires Improvement 

The Gables Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 7 and 8 February 2017 and was unannounced. The inspection team consisted of an inspector, a specialist nursing advisor with experience of dementia care and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete 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 reviewed other information we held about the home, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We also contacted the commissioners of the service and Healthwatch Nottinghamshire to obtain their views about the care provided in the home.

During the inspection we observed care and spoke with six people who used the service, three relatives, a domestic staff member, a laundry staff member, two cooks, the maintenance person, two care staff, two nurses, the manager and a representative of the provider. We looked at the relevant parts of the care records of five people, two staff files and other records relating to the management of the home.

We asked the manager to send us an updated training matrix after our visit. The manager did this.

Is the service safe?

Our findings

During our previous inspections in April and September 2016 we found that care plans gave staff instructions to use restraint when necessary but staff had not received specific training on safe practices to be used to restrain people. We also found that the care plans did not provide sufficient guidance to staff on alternative techniques to gain people's co-operation so that restraint was not necessary. The provider was found to be not compliant with Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent an action plan to tell us how they would become compliant with the regulation. At this inspection we found that there had been improvements in this area and the regulation had been complied with.

The care plan for a person identified at the last inspection had been re-written and contained more details of their behaviour and the action staff should take to maintain the person's hygiene and keep them safe. Staff had also received training on alternative techniques to gain people's co-operation so that restraint was not necessary.

People we spoke with all told us they felt safe living in the home. A person said, "I feel 100% safe. The people in charge are very good." A relative said, "[My family member] is definitely safe here as [staff] are so caring." Staff were aware of safeguarding procedures and the signs of abuse. They said they would report any concerns to management and contact the local authority safeguarding team as necessary. A safeguarding policy was in place and information on safeguarding was displayed in the home to give guidance to people and their relatives if they had concerns about their safety. Staff had attended safeguarding training.

During our previous inspections in April and September 2016 we identified that risks were not always managed so that people were protected. We found concerns in the areas of falls management and analysis, a person left sitting in a sling, poor moving and handling practice, accident forms not always being completed, no recent fire drills, harmful products left unattended and a wheelchair blocking a fire exit. The provider was found to be not compliant with Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent an action plan to tell us how they would become compliant with the regulation. At this inspection we found that improvements had been made and the regulation had been complied with. However, more work was required to ensure that safe moving and handling took place at all times and people's risks of skin damage was effectively managed.

People's views were mixed regarding how staff assisted them to move. A person said, "Some [staff] are gentle, others are agency or new and tend to be more ham-fisted or rough. They're not all aware of how to handle me." However, a relative said, "We had no worries at all with [family member's] handling."

We observed staff mostly supported people to move safely and calmly. However, when we observed a person being assisted to walk from the lounge to the dining room, we saw staff supported them to stand safely, but they had difficulties when assisting the person to sit on a chair in the dining room and supported them under their arms when they re-positioned the person in the chair. This placed the person at risk of avoidable harm.

We looked at the documentation for two people at risk of skin damage who required the support of staff to change their position. The documentation indicated that the people were not always re-positioned as frequently as required in their care plan. Both people should have been supported every three hours to change their position. One person's documentation showed positional changes had taken place every five hours at times with one period of 20 hours where no positional change had been recorded. A second person's documentation showed one period of 10 hours and one of 9 hours where no positional changes had been recorded. If the documentation was an accurate reflection of the care provided then people were placed at risk of avoidable harm. We were told that neither person had any skin damage.

People told us that they were kept safe but not unnecessarily restricted. They told us they could move around the building as they wished and were able to. A person said, "I can move round where I like. I always sit here [the lounge] from habit or walk back to my room. I've got freedom."

People told us that staff carried out regular checks day and night as appropriate to keep them safe. A person said, "[Staff] check on me all night."

We saw documentation relating to accidents and incidents and the action taken as a result, including the review of risk assessments and care plans and the involvement of external professionals. Accidents and incidents were analysed to identify any trends or themes so that actions could be taken to reduce any risks of them happening again.

Individual risk assessments had been completed to assess people's risk of falls, developing pressure ulcers, and nutritional risk. These had been reviewed monthly. Pressure relieving mattresses and cushions were in place for people at high risk of developing pressure ulcers and they were functioning correctly.

Checks of the equipment and premises were taking place and action was taken promptly when issues were identified. There were plans in place for emergency situations such as an outbreak of fire. Personal emergency evacuation plans (PEEP) were in place for all people using the service. These plans provide staff with guidance on how to support people to evacuate the premises in the event of an emergency. A business continuity plan was in place to ensure that people would continue to receive care in the event of incidents that could affect the running of the service.

During our previous inspections in April and September 2016 we identified that there were a number of concerns regarding how medicines were managed. The provider was found to be not compliant with Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent an action plan to tell us how they would become compliant with the regulation. At this inspection we found that improvements had been made and the regulation had been complied with. However, more work was required to ensure that all liquids were labelled with the date of opening, a person received time-critical medicines on time and medicine administration records (MAR) were fully completed at all times.

People told us that medicines were well managed and staff waited with them when giving them tablets or liquids. A person said, "[Staff] always wait with me, even the agency [staff]." Staff administering medicines told us they had completed medicines training and received competency checks for medicines administration. Records confirmed what we were told.

We observed the administration of medicine; staff checked against the MAR for each person and stayed with the person until they had taken their medicines. One person was prescribed a medicine to be given every two hours during the day and it is important for it to be given at the specific times. We saw it was given 30 minutes late on the day of the inspection; however, a staff member contacted the pharmacy to seek advice

on the action to take in respect of the timing of further doses of the medicine that day.

MARs contained a photograph of the person and a record of any allergies. However their preferences for taking their medicines were not recorded. The manager told us they were aware of the issue and they were intending to introduce a new MAR front sheet which would include the person's preferences.

We identified MAR gaps for two people. In both cases, this had also been identified by a member of staff but it was unclear what action had been taken to investigate. When we checked the medicines they were all medicines which were supplied in individual dossett packs and the medicines were missing which suggested they may have been given. Only half of the liquid medicines seen had been labelled with date of opening. This meant that there was a greater risk that would be used beyond the date where they would lose effectiveness.

Processes were in place for the ordering and supply of medicines. Staff told us they obtained people's medicines in a timely manner and we did not find any evidence of gaps in administration of medicines due to a lack of availability. Medicines were stored securely in locked trolleys, cupboards and a refrigerator within a locked room. Temperature checks were recorded daily of the room and the refrigerator used to store medicines.

At our last inspection people gave mixed feedback on whether there were enough staff to meet their needs and staff told us they felt there were insufficient staff to meet people's needs especially in the evenings. At this inspection three people told us that there were sufficient staff on duty to meet their needs. A person said, "There seems to be enough [staff]." However, one person said, "They are short [of staff] at night, when putting us to bed." Relatives told us there were sufficient staff to meet their family member's needs. A relative said, "Every time I've been there seems to be enough [staff] on duty and [there's] always someone around."

Domestic, laundry and kitchen staff all felt that they had sufficient time to complete their work effectively. However, some care staff told us that there were insufficient care staff on duty at times. A staff member said, "We're sometimes short staffed and people are getting up late and not getting their breakfast until 11am."

On the first day of inspection there were not sufficient staff on duty to meet people's needs. As a result, some people were not promptly supported to get up and three people did not receive breakfast. On the second day of inspection there were four care staff on duty and people received care promptly which met their personalised needs and kept them safe. A staff member told us that there were usually four care staff on duty during the day. The provider confirmed that there would continue to be four care staff on duty so that people's needs were met.

The manager told us that one or two agency staff members were on duty on each shift. They also told us that they had some problems with the main agency they used so started with a new agency two weeks ago. They were in the process of recruiting a number of staff so the use of agency could be reduced.

At our last inspection we were told that some temporary staff may have been made permanent staff but recruitment records could not be located during our inspection to confirm this. At this inspection, safe staff recruitment and selection processes were followed. We looked at recruitment files for staff employed by the service. The files contained all relevant information and appropriate checks had been carried out before staff members started work.

At our last inspection we observed that staff did not always follow safe infection control practices.

Wheelchairs were stained and were not on cleaning schedules to ensure that they were being cleaned appropriately. At this inspection wheelchairs were clean. We observed that the environment was also clean and staff followed safe infection control practices at all times. People raised no concerns regarding the cleanliness of the home. A relative said, "The place needs a bit of TLC but is basically clean."

Is the service effective?

Our findings

During our previous inspections in April and September 2016 we identified that staff were not receiving appropriate training, supervision and appraisal. The provider was found to be not compliant with Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent an action plan to tell us how they would become compliant with the regulation. At this inspection we found that improvements had been made and the regulation had been complied with. However, more work was required to ensure that all staff received regular supervision and appraisal.

People raised no concerns regarding whether staff were sufficiently skilled and experienced to support them effectively. A person said, "[Staff] seem to know what they're doing. Some staff have been here a long time." A relative said, "[Staff] seem very capable really."

Staff told us they had received an induction and felt they had had the training they needed to meet the needs of the people who used the service. Training records confirmed this. Independent trainers were providing moving and handling practical training during the inspection and they told us they had provided a range of training for staff who were keen to learn. A staff member said, "There's been lots of training courses since the new manager came in."

Staff had received a supervision from the manager since the last inspection and plans were being put into place to provide staff with supervision every two months. Supervision records contained appropriate detail. The manager told us that appraisals would be taking place in the future.

During our previous inspections in April and September 2016 we identified that sufficient adaptations had not been made to the design of the home to support people living with dementia. The provider was found to be not compliant with Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent an action plan to tell us how they would become compliant with the regulation. At this inspection we found that improvements had been made and the regulation had been complied with.

Adaptations had been made to the design of the home to support people living with dementia. Bathrooms, toilets and communal areas were clearly identified, people's individual bedrooms were easily identifiable and there was directional signage to support people to move independently around the home.

At our last inspection we found that drinking water was not available for people in their bedrooms and the lunchtime experience could be further improved. People's meals were not always explained to them and food choices were written on a whiteboard beside the kitchen door into the lounge and not generally visible to people seated in either room. We did not hear anyone being asked for a choice and all people received the same meal. At this inspection there remained concerns about people being effectively supported by staff to have sufficient to eat and drink.

On the first day of inspection three people did not receive breakfast. One person we talked with, who did not

receive any breakfast said this was an "infrequent occurrence." We also saw that two people with diabetes received their breakfast and lunch within a short period of time which placed them at risk of avoidable harm. On the second day of inspection people received their breakfasts promptly with appropriate spacing between meals.

We observed lunchtime on the first day of inspection. All people eating in the lounge required assistance to eat. Staff did not always effectively supervise people to eat which meant they were less likely to have sufficient to eat. We saw a staff member support a person to eat but there was no explanation of the food being given and just occasional kind comments, but little interaction. The staff member left the person three times to do tasks elsewhere and return, without comment to the explanation to the person each time. Another person was assisted by staff to eat two forkfuls of a chopped salad and was then left alone, not eating. Their main course was later taken away mostly uneaten.

Food charts were completed to record food intake for those people who required assistance to eat and those at high risk nutritionally. These indicated people generally ate breakfast, lunch and tea but there did not appear to be any provision of snacks between meals.

People told us that they received enough to drink. A person said, "We get plenty. [Staff] bring more when we want it." Another person said, "I can ask for water in my room. I don't drink enough I suppose so they do nag me." We observed staff encouraging most people to drink up their cold drink at lunchtime. However, we also observed staff taking away untouched or half-finished hot drinks during the day. We saw no cold drinks being provided in communal areas other than at meal times. We did not find any cold drinks provided in bedrooms.

Fluid charts indicated a variable fluid intake for the people we reviewed and in some cases the fluid intake was inadequate. For example a person regularly did not receive any fluids between 5pm and between 9am and 10am the following day. On a number of days their fluid intake was too low. This person required full assistance with their fluid intake. Another person also had a low fluid intake on two days in the previous week. There was no indication on either of these people's charts that they had been offered and refused fluids at additional times. We raised this with the manager who took appropriate action.

On the first day of our inspection a person told us they had not had a drink all morning and their fluid balance chart confirmed this. Their ongoing care record had an entry at 10.00am which included, "Personal care all done. Gave cup of tea." We saw that care staff did not start to give the person personal care until after 10.30am and were still giving care at 11.00am which indicated that the record had not been completed contemporaneously or accurately. Staff confirmed that the person did not receive a drink at that time. This meant that documentation was not being accurately completed which meant that risks to people may not be promptly identified to allow prompt action to be taken to minimise their risk of avoidable harm. We raised this with the manager who took appropriate action.

These were breaches of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people their views on the food offered to them. A person said, "I've put weight on since I've been here, which is good. It's good food and I get plenty to eat of what I want." Another person said, "We get choices. I get enough to eat." A relative said, "[My family member] has put on weight since [they] came here, which [they] needed to do. [Staff] asked for a list of [my family member's] likes and dislikes but basically [they] like it all."

We saw that there was a pictorial menu board in the lounge with images of lunch choices for the day. A whiteboard beside the kitchen door also gave a detailed list of choices available for each meal that day, including special diet content.

Nutritional risk assessments had been completed and were reviewed monthly. Care records contained eating and drinking care plans for people which identified the support they required and any requirements for soft or pureed foods and thickened fluids. Recently developed care plans also contained information about people's dietary preferences. People were weighed monthly and were maintaining their weight.

People told us that staff did not always seek their consent before providing care. A person said, "Sometimes they ask me but not always." Another person said, "They will check with me first usually." We saw that most staff asked permission before assisting people and gave them choices. However we observed at lunchtime that some staff put clothing protectors on a number of people who used the service without explanation or asking the person whether they wanted one or not. This had been identified as an issue at our last inspection.

Care plans contained evidence that consent had been sought from people for a range of issues including medicines administration, use of bedrails and use of devices to monitor safety including the use of sensor mats.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

At our last inspection we noted a person had a mental capacity assessment in relation to being assisted to maintain their personal hygiene and the use of bed rails but they did not have a capacity assessment and best interest decision in relation to administering and managing their medicines including the use of a sedative medicine. At this inspection we saw that mental capacity assessments were completed and best interest decisions documented when people were unable to make some decisions for themselves. For example, we reviewed the care records of a person living with advanced dementia and found mental capacity assessments had been completed and best interest decisions recorded for the provision of personal care and for the administration of covert medicines. Covert medicine is medicine disguised in food or drinks.

At our last inspection we found that DoLS applications had not been made where necessary and care staff had limited knowledge of MCA and DoLS issues. At this inspection we saw that more DoLS applications had been made and the manager told us that more applications would be made. Staff had a better awareness of MCA and DoLS issues.

During our previous inspections in April and September 2016 we saw that two people presented with behaviours that may challenge during personal care and had care plans which provided information and guidance for staff on the action to take. This gave staff instructions to use restraint when necessary but staff

had not received specific training on safe practices to be used to restrain people. We also saw that care plans did not contain sufficient detail and one person with behaviours that might challenge did not have guidance in place for staff in this area. At this inspection we found that the care plan for a person living with dementia who was resistive to personal care had been re-written since the last inspection and contained more details of their behaviour and the action staff should take to maintain the person's hygiene and keep them safe. Staff had received training on alternative techniques to gain people's co-operation so that restraint was not necessary.

Other care records also contained guidance for staff on how to effectively support people with behaviours that might challenge others. Staff were able to explain how they supported people with periods of high anxiety and we observed staff effectively support people with behaviours that might challenge others.

At our last inspection we saw the care records for people who had a decision not to attempt resuscitation order (DNACPR) in place. One of these forms needed reviewing. At this inspection, we saw that a DNACPR form had not been fully completed; however staff had identified this and contacted the person's GP to ask them to review it. A person's end of life care plan indicated they had been discharged from hospital with a DNACPR order in place. Staff had identified this was no longer valid and had recorded that they had discussed the issue with the person's family prior to the GP review, they wished the person to be resuscitated and therefore the person was for CPR. However the person had capacity to make a decision about this themselves. A member of staff told us they had not discussed it with the person as it might distress them and make them anxious. This meant that there was a greater risk that this person's rights had not been protected in this area.

People were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support. A person said, "They [staff] get the doctor out to me. I've seen an optician and chiropodist. I get my hair done now and then and staff do our nails." A relative said, "Staff have had the doctor out promptly. [My family member] had a speech and language therapist visit for [them] swallowing. The dentist has checked [my family member] here and we get our own chiropodist to visit [them]."

At our last inspection it was not always easy to find documentation in care records to confirm whether professionals had been involved. At this inspection records were clearer. Care records indicated people had access to their GP and other professionals such as a community psychiatric nurse, the dementia outreach team and speech and language therapist. People received responsive dental treatment when required and the manager told us that further work was taking place to ensure that people received preventative dental checks.

Is the service caring?

Our findings

At our last inspection people's views were mixed on whether staff were caring and kind. At this inspection people told us that most staff were kind and caring but agency staff were not as caring. People did not identify any specific staff who were unkind. A person said, "They're kind and considerate mainly." Another person said, "Just one or two aren't so kind." A third person said, "Most [staff] are kind." A relative said, "Just some of the agency [staff] are a bit distant at first."

People using the service were relaxed with staff. We observed staff interacting appropriately with people using the service. However, the interactions were mostly task focused particularly during the morning. When people tried to initiate social interactions with staff, although staff responded appropriately they generally hurried away. However, we did see the nurse spending some time during the afternoon talking with people individually.

Permanent staff had a good knowledge of the people they cared for and their individual preferences. We saw staff respond appropriately and promptly to people showing signs of distress.

At our last inspection people's views were mixed on whether they had been involved in making decisions about their care and there was no evidence of the involvement of people in their care plans when the care plans had been updated. At this inspection people and relatives felt involved in the care planning process. A person said, "They [staff] talk to me about my care and if I'm happy. I say what I want doing and how. My family liaise with the office for me." A relative said, "We're consulted by the office. I feel we're kept well informed and get invited to meetings." Another relative said, "I get regular review meetings. I've had three since [new manager] started here. I saw [their] care plan [recently]. We're kept well informed." Newly developed care plans had evidence of the people's involvement in the development of their care plans.

Where people could not communicate their views verbally their care plan identified how staff should identify their preferences and staff were able to explain this to us. We observed staff clearly communicated with people and gave people sufficient time to respond to any questions.

Advocacy information was available for people if they required support or advice from an independent person. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care.

At our last inspection we did not see a guide for people using the service on what to expect when living at the home. At this inspection a guide was in place.

At our last inspection people told us that their privacy was not always respected when staff were entering their bedroom. We also saw a staff member enter a person's bedroom while that person was receiving care and people's care records were not always stored securely. At this inspection, people told us that their privacy and dignity were usually respected. We observed staff knocking on bedroom doors and before entering a toilet to assist. A person said, "They do knock and close my door if washing me. I like my curtains

closed all the time anyway. They treat me politely but are fun too." Another person said, "They usually knock and wait for me to say come in." A third person said, "Some knock, some don't. They shut the curtains if they remember but I'm up high anyway." We observed staff protecting people's dignity when assisting them to move.

We saw staff took people to private areas to support them with their personal care and saw staff knocked on people's doors before entering. The home had areas where people could have privacy if they wanted it. Staff were able to describe the actions they took when providing care to protect people's privacy and dignity.

We saw that staff treated information confidentially and care records were stored securely. The language and descriptions used in care plans showed people and their needs were referred to in a dignified and respectful manner.

People told us they were supported to be independent where possible. A person said, "Oh yes, they let me help myself as much as I can." We saw staff encouraging people's independence when assisting them to move and at mealtimes.

Relatives were able to visit their family members without unnecessary restriction. A person said, "[My relatives] come any time they like." A relative said, "I'm not tied to set times at all." Information on visiting was in the guide for people who used the service.

Is the service responsive?

Our findings

During our previous inspections in April and September 2016 we identified that people did not always receive support that met their personalised needs, activities required improvement and care records did not contain sufficient information to guide staff to provide personalised care for people. The provider was found to be not compliant with Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent an action plan to tell us how they would become compliant with the regulation. At this inspection we found that improvements had been made and the regulation had been complied with. However, more work was required in the areas of people receiving support that met their personalised needs, activities and ensuring that all care plans contained sufficient information to guide staff to provide personalised care for people.

People we spoke with told us that staff enabled them to make day to day choice and felt their care was personalised to them. A person said, "They work well for me, the way I want things done." Another person said, "I usually go to bed at 6pm, my choice. I wake up when I'm ready. I decide what I'm wearing too." A third person said, "I plan my TV to be put off about 11pm usually. I ask for a teeth clean or shave when I want it."

People told us that staff usually responded to call bells in a timely manner, with some exceptions at night. A person said, "I ring [the buzzer] for the toilet at night. They come quickly or not at all – I have to ring again sometimes. I've had accidents before now." However, another person said, "They come very quickly. I watch the clock."

We observed that people did not always receive prompt care that met their personalised needs. Not everyone received breakfast or was supported to get up promptly on the first day of our inspection. After lunch on the first day of our inspection we observed a person sitting in the lounge and they tipped a beaker of soft drink over. It spilled over the table and over their trousers. A member of staff was close by and attended to them immediately mopping up the spillage and providing them with reassurance that it was not their fault. At the same time they noticed the person had spilled a considerable amount of food on their trousers at lunchtime and told the person that staff would come and assist them to their bedroom to change their trousers as soon as they had finished assisting another person. However, when we checked over an hour later the person was still sitting in the same place and their trousers had not been changed.

Of the five care records we reviewed three had been re-written whilst the other two had older care plans in place which had been updated. The re-written care plans provided detailed information about the person and their personal preferences in relation to their care. They had been reviewed monthly and generally reflected the person's current needs. However, we were told a person was being given some medication prior to the provision of their personal care in the morning and this was not identified in the care plan. The two older care plans were less informative and some information was missing. For example, the dietary care plan of a person with (dietary controlled) diabetes did not indicate they were a diabetic and there was no diabetes care plan in place. Another person had been identified at risk of falls and a falls risk assessment was in place but no care plan. This meant that sufficient guidance was not always in place to support staff to

meet people's personalised needs.

Activities required improvement. People told us that they were not satisfied with the level of activities offered at the home. A person said, "They [staff] don't do things every day, yesterday we had singers in. I don't do much apart from watch TV. We don't get taken out anywhere." Another person said, "I do get bored. There's not much on every day – the [staff] work so hard. I wish I could go out sometimes. But we were making something for the wall the other day which I liked." A third person said, "I suppose there's not enough to do, just now and then they plan something. We had a singer in recently which was nice. I've been here a long time and never been off out – just in the garden if it's dry."

On the day of our visit, we observed limited activities taking part in communal areas. Most activities took place in the afternoon. We were told that an activity co-ordinator was not currently employed and that staff carried out activities usually when it was quieter in the afternoons.

No-one we spoke with had felt the need to raise any official complaint. People told us they felt able to speak to staff or the manager to raise any concern. A person said "I've just had little niggles I've told staff, soon sorted." Another person said, "I complained verbally once through family about a staff [member] who was not good. I moaned but someone else had moaned too, so the [staff member] left."

At our last inspection we found that the complaints procedure did not make any reference to the local authority complaints procedure or the local government ombudsman. At this inspection we found that some documents containing the complaints procedure contained this information but others did not. This meant that there was a still a risk that people would not have all the information they required to contact other bodies if they were unhappy with the response they received from the provider. The home had not received any written complaints since our last inspection. Staff were able to explain how they would respond to complaints.

Is the service well-led?

Our findings

During our previous inspections in April and September 2016 we identified that the systems in place to monitor the safety and quality of the service were not always effective. The provider was found to be not compliant with Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made and the regulation had been complied with. However, more work was required to ensure that systems were fully effective to identify and address all the issues we found at this inspection.

We saw that the home's management team had completed audits including the areas of medicines, falls, hand hygiene, care plans, the environment, health and safety and infection control. Representatives of the provider had also completed an audit. Action plans were in place where required. However, these audits had not identified and addressed the issues we found at this inspection.

The CQC inspections in 2012, 2013 and 2014 identified breaches in regulations. The inspection in April 2015 found that all regulations had been complied with, however, the service was rated 'Requires Improvement'. At our previous inspections in April and September 2016 we identified a number of breaches of regulations and a number of areas were also identified as requiring improvement. While there had been improvements not all areas had been fully addressed by the time of this inspection. This meant that effective processes were not in place to ensure that improvements were made and sustained when required.

At our last inspection people did not feel involved in the development of the service. People we spoke with said they had not been asked for their opinions or ideas. At this inspection, people and relatives told us that there were meetings to discuss their views of the quality of the service provided for them. People could not recall receiving surveys but relatives could. A person said, "They have a coffee morning meeting for us sometimes." Another person said, "I've not seen any surveys and family can't get to meetings." A relative said, "We had the offer to do a survey, but didn't. I've been to some relatives' meetings but not many turn up – the same few of us go. Things get talked about and sorted, not that any real problems are mentioned though." Another relative said, "I've not been to a meeting yet but have been invited. I can raise anything with the staff though." A third relative said, "It's very good the way they listen. We can say anything."

We also saw that meetings for people who used the service and their relatives took place. Feedback received at those meetings was positive. Surveys had been sent to relatives and feedback was generally positive. We saw that the service used a survey in an accessible format to gather the views of people who used the service and findings were positive.

We saw that conditions of registration with the CQC were being met and statutory notifications had been sent to the CQC when required. At the last inspection, the current CQC rating was not clearly displayed. At his inspection we found that it was.

A whistleblowing policy was in place and contained appropriate details. However, not all staff told us they would be prepared to raise issues using the processes set out in the policy if necessary. A number of staff

said that they feel confident the provider would respond to their concerns if they raised any.

The provider's values and philosophy of care were displayed on the wall and were in the guide provided for people who used the service. During our inspection we observed that staff acted in line with those values.

A person said, "It's a nice enough place." A relative said, "It seems really nice, pleasant." A staff member said, "The atmosphere of the home is a bit funny. The vibes are not so good, staff are stressed." Another staff member said, "It's not a happy place. A couple of staff were in tears this morning."

The registered manager was no longer working at the home. They had left in September 2016 and a new manager was in place. The new manager had started the process to be registered with the CQC at the time of our inspection which we will monitor. People were generally very positive about the approachability and visibility of the new manager. A person said, "It's roses all the way now she's taken over. You can actually talk to her." Another person said, "I get an occasional visit from her and she seems nice enough but is extremely busy."

Relatives told us of improvements that had been actioned recently. A relative said, "Since [the new manager] has been here, you can see changes for the better, like she's rearranged things, we get to see the care plan, meetings are being held and so on. I rarely spoke to the [previous] manager before – how it is now, I can see things weren't good before, not that it's ever been bad." Another relative said, "I regularly pass her in the corridor and can speak to her easily. I've noticed changes since she's been here, like equipment has been renewed or replaced." A third relative said, "You can really tell it's a much better place. The difference with [the new manager] was immediate – the way the place was run, how the staff were, hand sanitisers were changed, staff started wearing aprons, new paperwork was brought in – everything improved."

Staff gave mixed feedback of the manager. Some staff felt that the manager was supportive and approachable. A staff member said, "The manager is on the ball and visible in the home. She asks me for my views." Some staff had mixed views of the manager. A staff member said, "The new manager is sometimes quite friendly and nice but sometimes offhand." Another staff member said, "I don't always find the manager approachable. She's always got a lot on. However, I feel the changes are necessary and staff have to get used to it being different." A third staff member said, "I've had ups and downs with [manager] but things are starting to get better, you can talk with her."

Other staff had very negative views of the manager. A staff member told us they had a difficult relationship with the manager and said, "I perfectly understand the need to turn the home around, if her approach had been different I would have got on side quicker." Another staff member said, "The manager is not approachable. Can be a bit domineering and aggressive." A third staff member said, "The manager is intimidating. A lot of staff are stressed and scared to death. If I was going to put my mother in a nursing home at the moment I wouldn't put her in here."

At our last inspection not all staff had attended a staff meeting and when we asked to see minutes of the last staff meeting these could not be located. At this inspection staff told us that staff meetings took place where the management team clearly set out their expectations of staff. A staff member said, "The staff meetings are very informative and you can raise issues in the meeting."

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 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs</p> <p>People did not have enough to eat and drink to meet their nutrition and hydration needs at all times.</p> <p>Regulation 14 (1) (4) (a) (d)</p>