

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 unannounced comprehensive inspection took place on the 8 and 9 August 2018.

At the last inspection on the 19 and 20 July 2017, the service was rated 'Requires Improvement'. Three breaches of regulatory requirements were identified in relation to Regulation 9 [Person-centred care], Regulation 15 [Premises and equipment], and Regulation 18 [Staffing].

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of 'Safe', 'Effective', 'Caring', 'Responsive' and 'Well-Led' to at least good. At this inspection, we found the service had improved in some areas but further work was needed to improve their rating which remains 'Requires Improvement'.

Whilst we have acknowledged some areas of improvement, we found further work was needed to safeguard people from risks to their health, welfare and safety. For example, risks to people's safety associated with inadequate staffing levels, safeguarding people from abuse and improper treatment, staff's unsafe practice in supporting people with moving and handling, management of people's medicines, catheter care and the monitoring of people at risk of inadequate food and fluid intake.

Whilst there was a number of management audits in place the overall governance systems did not always ensure the safety and quality of the service was maintained. The current arrangements were not as robust as they should be and improvements were required.

Great Horkesley Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home accommodates up to 73 older people including people living with dementia in one adapted building. At the time of our inspection there were 56 people living at the service.

The service is located in the village of Great Horkesley, in a large purpose built, building situated within a residential area. The premises are set out over two floors and consists of three units, Wing, Willow and Chestnut a dementia care unit.

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

Staff demonstrated a good understanding of how to recognise and report abuse. However, people were not always safeguarded from abuse and improper treatment.

Poor moving and handling practices and the lack of social interaction from agency staff did not support a caring experience for people.

There continued to be insufficient numbers of staff to meet people's assessed needs. Newly employed staff did not all receive induction training before they were left unsupervised. Their competency to move people safely had not been assessed. Training was not provided to skill all staff in areas such as meeting the needs of people with in-dwelling catheters, people at risk of choking, pressure ulcers and support of people living with dementia.

Staff were trained in medicines management and their competency was regularly assessed. However, audits did not always identify when people had not received their medicines as prescribed, including oral and creams and lotions.

The registered manager understood their role and responsibilities with regards to the Mental Capacity Act [2005]. Staff sought consent from people before providing support. People's capacity to make decisions had been assessed.

People spoke positively about the food and drinks they were provided with. People were given choice of what they ate and drank on a daily basis. However, people at risk of not having enough to eat and drink did not always receive the support that they required and their food and drink intake monitored to maintain their health.

Care plans contained information about how they communicated and their ability to make decisions about their everyday lives. However, care plans did not always provide sufficient guidance to staff. People's records were not always securely stored and people's personal information protected.

There was a system in place to respond to people's concerns and complaints and to receive people's feedback about the service.

People had access to a range of activities including opportunities to access the local community.

Staff, people who used the service and their relatives were all complimentary about the management team. They told us they found them approachable, engaging and had clear, person-centred vision and values. People were comfortable to air their views and, provide honest feedback.

There was a more open and transparent culture than we found at the previous inspection. Whilst we identified some shortfalls at this inspection, the registered manager was open and transparent in their approach to implementing improved systems and learning from incidents.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

There continued to be insufficient staff available at all times to meet people's needs.

Staff demonstrated a good understanding of how to recognise and report abuse. However, people were not always safeguarded from abuse and improper treatment.

Risks to people's safety had been assessed.

Staff were recruited in a safe way.

There were effective infection control systems in place.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Newly employed staff did not always receive induction training before they were left unsupervised.

The registered manager understood their roles and responsibilities with regards to the Mental Capacity Act [2005]. Staff sought consent from people before providing support. People's capacity to make decisions had been assessed.

People had access to a range of activities including opportunities to access the local community.

People's nutritional needs had been assessed and professional advice obtained when needed. However, improvement was needed in the monitoring of people at risk of inadequate food and fluid intake.

People had access to health care services.

Requires Improvement ●

Is the service caring?

The service was not consistently caring.

Requires Improvement ●

Whilst staff permanently employed were kind and caring in their interactions with people, the poor moving and handling practices we observed during this inspection and the lack of the courtesy with basic interactions observed between agency staff and people did not support a caring experience for people.

People's records were not always securely stored and people's personal information was not always protected.

Is the service responsive?

The service was not consistently responsive.

Summary care plans were brief and did not always contain the information needed to guide staff as to the care of people needed.

Complaints were responded to and people given the opportunity to comment on the quality of care they received.

People had access to a range of activities.

People had been consulted about their end of life wishes.

Requires Improvement ●

Is the service well-led?

The service was not well led.

Whilst there was a number of management audits in place the overall governance systems did not always ensure the safety and quality of the service was maintained. The current arrangements were not as robust as they should be and improvements were required.

There was an open, transparent culture. In response to some of the shortfalls found at this inspection, there was an immediate action taken to rectify issues where the registered manager was able to do so.

Systems were in place to receive people's feedback about 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 unannounced comprehensive inspection took place on the 8 and 9 August 2018.

The inspection team consisted of two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.' Our expert by experience had experience of caring for a person with dementia.

Prior to 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 reviewed this information to assist us with the planning of the inspection

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 also spoke with the registered manager, the regional manager, the deputy manager, ten care staff including three team leaders, the cook and one visiting healthcare professional.

We looked at records in relation to 12 people's care. These records included their care plans. We also reviewed records relating to the management of medicines, staff recruitment, staff rotas, staff training and systems for monitoring the quality and safety of the service.

Is the service safe?

Our findings

At the last inspection in July 2017 this key question was rated as 'Requires Improvement'. At this inspection, whilst we have acknowledged some areas of improvement further work is required. We have judged this domain as continuing to 'Require Improvement'.

A serious incident had recently taken place which had been reported to the local safeguarding team and an investigation had been undertaken. As a result of the safeguarding incident, a risk assessment was put in place to mitigate further incidents of abuse. The risk assessment stated that staff must carry out thirty-minute observations on one person. However, records showed that there were occasions when the person had not been observed for up to four hours. The registered manager and staff confirmed that there were shortfalls in the monitoring and could not guarantee that this person had been monitored as required. We also observed the person was walking around the building, unobserved without staff supervision for more than 30 minutes on several occasions. This meant that there were not adequate measures in place to mitigate the risk of any repeated incident.

This demonstrated a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Policies in relation to safeguarding people from the risk of abuse and whistleblowing procedures reflected local procedures and relevant contact information. Staff demonstrated a good awareness of how to recognise people at risk of abuse and told us they would inform senior staff. The registered manager and regional manager were aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Individual risks to people, such as continence management, the risks of choking, malnutrition, dehydration or developing pressure wounds had been assessed and management plans were put in place to minimise the risk of harm. However, where people had indwelling urinary catheters in situ, care plans did not provide clear guidance about how often the catheter bags should be changed or if and when bag changes had taken place. Without clear guidance and checks, this has the potential of putting people at risk of urinary tract infections (UTI). Catheter associated infections can be a problem in long-term care such as care homes, where older people who may be catheterised for prolonged periods and are consequently at risk of recurrent infections leading to more serious health issues.

Not everyone who needed it had a comprehensive moving and handling plan in place to guide staff on moving them safely. For example, moving and handling plans did not always specify the type of hoist, the type and size of sling or correct loop on the sling for staff to use to ensure each person was supported to move safely. Using the wrong equipment or using it incorrectly can put people at serious risk injury, it can also be uncomfortable and undignified.

We observed staff using unsafe moving and handling techniques. Staff did not always follow moving and

handling care plans to ensure people were moved safely. We observed staff on two occasions using unsafe, banned drag lift techniques. This is a manoeuvre where staff lift people under their arms which could pose a serious risk of injury. We also observed a member of staff transporting one person in their wheelchair without the use of footplates which meant they were at risk of entrapment which could result in a serious injury. There was no risk assessment in place to demonstrate if this was the choice of the person or if the risks had been considered.

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

At our last inspection, we found there was insufficient numbers of staff available to meet people's needs at all times. At this inspection, we found there continued to be inadequate numbers of staff to meet people's needs. Staff and the registered manager confirmed there was a high use of agency staff to cover for staff shortages with recent occasions when in excess of 300 agency staff hours had been used within a week. Agency staff did not always know the needs of people well and this impacted on the quality of care people received.

Agency staff told us they did not read care plans and risk assessments and relied on staff to give them information about people's needs verbally. They had very little understanding of the people they were delegated to provide care and support to.

People told us, "I use my alarm sometimes, they are reasonable at coming. They get short now and again because of illness, they do their best but there just isn't always enough staff. Most of them you don't recognise, the agency staff, and who knows who you will have next to do your personal bits." And, "There is probably not enough staff. I must admit that today there are a lot of staff I don't recognise. That's not so much of a problem so long as they provide the same level of care, that's what matters. Most of the time the staff is really steady, it's because of the summer holidays I think."

Relatives told us, "You notice it more at the weekends, there are not always enough staff around when you need to speak to someone." And, "Weekends can be difficult, one Sunday I came in and it felt like I was in a different place as I didn't recognise any staff."

On Chestnut the dementia care unit, we found 20 people were being cared for with complex needs as a result of advanced stages of dementia and palliative care needs. There were three care staff on duty and one senior member of care staff. On day one of our visit two of the three carers were agency staff who were not familiar with people and the other a newly employed member of staff. This unit was chaotic, disorganised and people's assessed needs were not being met. For example, people at risk of inadequate intake of nutrition had not had their food and fluid intake monitored as required. We observed agency staff record in daily observation records for two people meals as eaten when we found their midday meals uneaten, in their rooms two and a half hours after they had been served. For one person, agency staff also recorded them as having eaten a pudding which had not been provided. These two people had been assessed as at high risk of losing weight and needed support from staff to monitor their food and fluid intake and support to maintain a healthy weight.

People who required close observation were left unobserved for significant periods of time. People being cared for in bed did not all have access to call bells. By late afternoon of day one, jugs of water and juice had not been replaced as date stamps recorded they had been provided the day before. We found dead flies in water jugs and in one person's beaker of juice. This had not been identified by staff until we showed our findings to the deputy manager who took immediate action to have these replaced.

On day two of our visit Chestnut unit was found to be more organised with more permanent staff on duty who knew the needs of people well.

We discussed our findings with the registered manager and the operations manager. In response they informed us that an additional member of staff would be recruited to work across all three units to provide additional support where required. They later confirmed this new post would commence on the 20 August 2018. They also told us that six new staff had recently been recruited to fill the high number of staff vacancies and they were waiting on pre-employment safety checks to be completed to enable them to start their induction. This left another 44 staffing hours still vacant to be recruited into.

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

The service recruited staff in a way that protected people. For new staff recruited since our last inspection we found job application forms had been completed which identified any gaps in the applicant's 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 type of setting. References and DBS checks had been confirmed before staff started working at the service. This meant that the registered manager followed safe recruitment practices, with steps taken to assess that staff employed were of good character, competent and had the necessary skills for the work they were employed to perform.

At our last two inspections we found people did not live in a safe, well maintained environment, with planning and resources provided to ensure continuous improvement of the environment in which people lived. For example, we found people were at risk from an open pond in a courtyard where there was unprotected, steep edges presenting the 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) which, if a person fell onto it had the potential to cause a serious injury. We also found corridors with sloping floors without handrails to prevent the risks of falls. External doors and windows were in need of replacement due to rotting wooden frames.

At this inspection, we found safety rails had been installed along all corridors to reduce the risk of falls. Improvements had been carried out to improve the appearance and safety of the courtyard gardens. The pond area highlighted at the last inspection as a risk to people's safety had been made safe. Garden areas around Chestnut unit and to the front of the building required further work to remove weeds and rubbish to enhance people's enjoyment of these spaces. Work had been carried out to enhance the internal environment with freshly decorated corridors and bedrooms. The operations manager provided us with recorded evidence of funding agreed by the provider to replace external windows and doors and refurbish sluice rooms.

A number of fire doors were wedged open including the laundry room door. This is a high risk area for fire breaking out. The practice of wedging fire doors open poses a potential risk to people of fire spreading quickly throughout the building. We discussed this with the maintenance person who told us the automatic door closures required adjusting to enable them to close and they immediately took action to remedy the faults.

The maintenance person provided us with records to reflect how risks in the service were monitored and managed to keep people safe. They also maintained a register of maintenance checks to ensure systems were in place, which complied with health and safety legislation. Routine checks such as bed rail checks, fire safety, water temperature testing to mitigate the risk of scalding and Legionella water safety checks were in

place as well as checks on pressure-relieving equipment to ensure these were working and set at the correct pressure for the person's weight.

Arrangements were in place to manage environmental risks and to keep people safe. For example, a range of risk assessments, including but not limited to fire safety, window restrictors, access to hot water and hot surfaces including assessment of risks in accessing outside spaces had been completed to assess and mitigate risks to people. Records showed hoisting equipment was regularly serviced and portable appliance testing (PAT) had been carried out to ensure that electrical equipment was in safe working order.

Senior staff were trained in medicines management and their competency was regularly assessed. Medicines had been stored securely for the protection of people who used the service but were not being stored at the correct temperature. This was due to faulty air conditioning equipment which had been out of action for a significant period of time during a season of very hot weather. On day two of our visit we were assured by the registered manager that the air conditioning unit where medicines stocks were stored was scheduled to be replaced on the same day.

We carried out an audit of stock against medicine administration records. We found of the 19 items we audited, six items did not tally. This meant that we could not be assured that people had received their medicines as prescribed.

Prescribed creams and lotions were not being recorded by staff when they administered them. The registered manager told us staff recorded administration of creams and lotions within daily observation records. However, we found this was not the case for the majority of people where this was relevant. Monthly management audits had not identified the shortfalls that we found.

We discussed our findings with the registered manager and deputy manager who took immediate action to contact the supplying pharmacy who then provided medicines administration records appropriate for the recording of creams and lotions. These records included body maps to illustrate for staff where on the body creams and lotions should be applied. By day two of our visit the registered manager had confirmed that the revised system for recording the application of creams and lotions was in place. They also told us they would implement weekly audits in addition to the monthly audits already in place. This would enable senior staff to identify and take action in response to medicines errors in a timelier manner.

There were effective infection control systems in place. Staff had access to appropriate hand washing equipment such as personal protective gloves, aprons and facilities. Daily and weekly cleaning schedules were completed by the kitchen staff. Food temperatures were recorded, as were fridge and freezer temperatures. Food stored in fridges was labelled with the date of opening. The cook told us that all the food returned at the end of meals was disposed of appropriately. Domestic staff were observed to use coloured cleaning equipment relevant to the area they were working on.

Is the service effective?

Our findings

At the last inspection in July 2017 this key question was rated as 'Requires Improvement'. At this inspection whilst we have acknowledged some areas of improvement further work is required. We have judged this domain as continuing to 'Require Improvement'.

At our last inspection, we found not all newly employed staff had been provided with induction training.

At this inspection, we found continued shortfalls in staff knowledge and understanding which could have a significant impact on people. Permanent and agency staff did not always receive the training they needed to meet the needs of people they supported and keep them safe. For example, staff competency checks and training in areas such as moving and handling, catheter care, caring for people at risk of choking and support of people living with dementia Had not taken place.

We observed two permanently employed staff, including a newly employed member of staff and two agency staff, using unsafe moving and handling manoeuvres. The newly employed member of staff told us, and staff training records confirmed that they had not been provided with induction training including moving and handling training. This included a lack of competency assessment before they supported people unsupervised. A review of the staff training matrix confirmed this.

Staff told us that the majority of training they received, other than moving and handling, was via e-learning. Staff told us they would prefer face to face training and one told us, "You just don't take it all in, staring at a computer. I learn better with face to face."

Staff told us they received opportunities to receive regular supervision and annual appraisals where their learning and development was discussed. However, the shortfalls we found had not been identified and addressed.

People's nutritional needs had been assessed and professional advice obtained when needed.

We observed the lunch time meal on both days of our inspection. Apart from concerns regarding the conduct of one member of agency staff's lack of interaction with the people they supported, where people required additional assistance this was provided in an engaging and patient manner. Staff were attentive and the dining experience for people was enhanced with jovial interactions. Alternative meal options were offered to people if they did not want the main options on offer.

People were mostly positive about the food provided. Comments included, "I've put on weight since I've been here, I like the food, my figure tells you that." "The food is quite good, if you don't like what's on offer they will change it for you." And, "I have no complaints, it's not always what I would have cooked if I was still at home but it is satisfactory for my needs." A hydration station with water and squash was available on each unit for people to help themselves throughout the day.

Catering staff told us the communication between the management team, staff and the kitchen was good. If people's needs changed they were informed straight away, for example, they were made aware of people who required specialist diets, such as those with a diagnosis of diabetes. They also told us they were informed of any changes in people's needs following recommendations made by specialists such as dieticians for people at risk of choking and in need of a fortified diet.

We observed people being encouraged to drink during and in between meal times and they were offered a selection of snacks and drinks throughout the day. However, there was a lack of monitoring people's food and fluid intake where risks had been identified to people from inadequate nutrition and hydration. For example, we found the majority of observation records on Chestnut unit, staff had written the meal provided but not the amounts consumed. Fluid intake monitoring records had not always been totalled up correctly within a 24-hour period, which meant where insufficient had been consumed this was not always identified and action taken in response.

People's ability to make decisions was assessed in line with the Mental Capacity Act 2005 (MCA). 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).

The registered manager and some staff other than agency staff had a good understanding of the MCA and DoLS. People were supported to have choice and control of their lives and staff understood how to support them in the least restrictive way possible.

Care plans contained information which considered whether or not people had the capacity to make decisions about their health and welfare. Assessments had been carried out to establish if DoLS applications should be made for people living at the service. We saw DoLS applications had been submitted to the local safeguarding authority.

There were procedures in place for staff to follow when people were not able to make decisions about their care or treatment. These included making decisions in people's best interests on a day-to-day basis, such as providing personal care and continence management. For decisions that are more specific, we saw that appropriate qualified professionals had been involved in making best interest decisions. For example, one person's care plan reflected they had fluctuating capacity with guidance for staff to ensure this person was given opportunities to make choices and decisions for themselves.

People told us, and records confirmed they had access to a range of healthcare services including GP's who carried out a weekly surgery at the service, optician, community nurses and dieticians. One person told us, "I think my heart is doing the rumba and it should be doing the waltz, I have seen the doctor twice, she's a wonderful doctor. I'm seeing the chiropodist next week. When you need a doctor, they sort it for you."

Feedback from health professionals told us that staff responded promptly to people's needs to access healthcare support when needed.

People's care records contained information that showed they were referred to appropriate professional support regarding ongoing care, support and treatment, such as the falls prevention team and speech and

language therapists.

People's bedrooms had been personalised. Adaptations had been made to the building enabling people to move freely around the premises, including those who used wheelchairs. Handrails were situated in all corridors and we observed people using these to help them move around the service safely.

The registered manager told us they were provided with a budget to redecorate the service and said they were aware the service needed some ongoing refurbishment. Following our visit, they provided us with a development plan which described planning for ongoing works.

Is the service caring?

Our findings

At the last inspection in July 2017 this key question was rated as 'Requires Improvement'. At this inspection whilst we have acknowledged some areas of improvement further work is required. We have judged this domain as continuing to 'Require Improvement'.

We saw some positive interactions between staff and the people they supported. They were friendly, affectionate and showed concern for people's wellbeing. For example, we overheard one member of staff when noticing a person with their shoes on the wrong feet ask, "I think you may have your shoes on the wrong feet, would it be alright for me to help you put this right?"

One person told us, "The staff respect my privacy and my dignity. When I have visitors, they make sure we are not disturbed." This person also told us they preferred female staff to support them with their care and this had been described in their care plan.

We observed one member of agency staff who did not verbally communicate with people when supporting them with all aspects of their care. For example, when supporting people to eat their meals, when using a hoist or when assisting with walking to and from rooms. We shared our concerns with the registered manager who told us they informed the providing agency of this person's conduct.

The poor moving and handling practices we observed during this inspection, and the lack of the courtesy with basic interactions observed between some agency staff and people did not support a caring experience for people.

We observed people were treated with dignity when support was provided from permanently employed staff. For example, when using the hoist and where support was needed with eating meals. This was carried out in a friendly dignified manner. We saw other positive examples where staff respected people's dignity, for instance, a member of staff approached a person who needed support for personal care, spoke with them quietly to go with them to change their clothing. We also saw staff gained people's consent to enter their rooms and provide personal care. Staff knocked on people's doors whether or not they were open or closed, rather than just walking in.

People told us they were provided with daily choices as to how they spent their time and despite some limitations felt in control of their lives. One person said, "They ask me if I want to get up and if I don't they leave me to have a lie in." Another said, "Yes we have limitations, of course we do it's not like living in your own home but I can choose when I go to bed and they ask me what I want to do, it's not a prison."

On Chestnut unit people's records were not always securely stored and therefore people's personal information was not protected. Care plans and daily observation records were stored in unlocked drawers in a dresser in the communal dining room.

Is the service responsive?

Our findings

At the last inspection in July 2017 this key question was rated as 'Requires Improvement'. At this inspection whilst we have acknowledged some areas of improvement further work is required. We have judged this domain as continuing to 'Require Improvement'.

At our last inspection, we found staff did not access and read care plans and lacked knowledge as to people's current needs.

At this inspection, we found people and/or their representatives, where appropriate, were involved in making decisions about their care and support. People's care plans had been tailored to the individual and contained information about how they communicated, plans to achieve people's goals and aspirations, and their ability to make decisions about their everyday lives. Supporting plans and assessments had been written detailing how staff were to support the person and to mitigate risks to their health and wellbeing. Care plans were being reviewed monthly. However, staff told us they continued not to read the comprehensive care plans located in the senior staff office but had been provided with a summary care plan to refer to which was held in people's rooms. However, agency staff told us they had not been made aware of the summary care plans and so did not read these. They told us they were provided instead with a verbal handover from staff.

Summary care plans available in people's rooms were brief and did not always contain the information needed to guide staff as to the care of people needed. For example, information in the care of people with an indwelling catheter and safety instructions for people who required support with mobilising. There was a lack of information such as moving and handling plans including a description of what equipment staff should use to keep people safe. Where staff were required to use hoist lifting equipment, there was not always guidance provided to ensure staff used the correct sling type with a description of the sling loop to attach to the hoist. This was important to mitigate the risk of people falling from the hoist.

In relation to the care of people with a pressure ulcer, care plans had not always been updated to reflect changes following assessment and advice from clinical professionals. For example, information we found in monthly evaluation records which indicated community nurse involvement in treating and recommendations had not been transferred to the care plan to guide staff. We also found gaps in staff recording of people who required support with repositioning in their chair or bed to maintain integrity of their skin and prevent the risk of pressure ulcers developing.

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

There was a complaints process in place. Not all the people we spoke with were aware of this. However, we found a clear system for logging concerns, suggestions and complaints. We noted that all concerns and complaints had been taken seriously and responded to in a timely manner with a clear audit of actions taken in response to concerns.

People said that they were supported to voice any concerns they might have and the registered manager had been supportive in listening to suggestions they had made to improve the service through residents and relative's meetings and satisfaction surveys.

People's wishes and preferences in planning for the end of life care were in place. Advanced care planning documents had been completed setting out people's preferences for end of life care, including their spiritual and religious beliefs and arrangements after their death.

Where agreed, people had a Do Not Attempt Resuscitation (DNACPR) order in place. A DNACPR form is a document issued and signed by a doctor or medical professional authorised to do so, which tells the medical team not to attempt cardiopulmonary resuscitation (CPR). However, these were not reviewed regularly with the person and or their representative to ensure they reflected people's current wishes.

People told us the availability of organised activities and outings had improved since the last inspection following the employment of two activities organisers, with one based permanently on Chestnut unit. They said they had enjoyed trips to the seaside, shopping and the visiting entertainers. We observed one activity organiser, who was based on Chestnut unit supporting people with one to one and group activities. We noted improvements made to the courtyard gardens which enabled people to enjoy access to the outside. However, further work was needed as other outside garden spaces remained in need of renovation to ensure these were safe places free of rubbish to access.

A new cinema room where people accessed regular film afternoons and a shop had been created. We observed people using the cinema room watching old films and eating popcorn with the support of an activity organiser.

People's bedrooms had been personalised. Adaptations had been made to the building enabling people to move freely around the premises, including those who used wheelchairs. Handrails were situated in all corridors and we observed them being using these to help move around the service safely.

Is the service well-led?

Our findings

At the last inspection in July 2017 this key question was rated as 'Requires Improvement'. At this inspection whilst we have acknowledged some areas of improvement further work is required. We have judged this domain as continuing to 'Require Improvement'.

At this inspection, we found shortages of staff continued to impact on the quality of care people received.

There was a registered manager who had been working at the service for two years.

We found there was an open, transparent culture evident from our discussions with the registered manager and management team. Whilst we identified some shortfalls at this inspection there was an immediate response to rectify issues where they were able to do so. The registered manager had a vision for improving systems which evidenced their learning from incidents. They demonstrated they had plans to improve, innovate and ensure sustainability of the service.

Whilst there was a number of management audits in place the overall governance systems did not always ensure the safety and quality of the service was maintained. The current arrangements were not as robust as they should be and improvements were required. The management team completed monthly audits of all aspects of the service, such as medicines, care plans, including health and safety. They used these audits to review the quality and safety of the service. Audits routinely identified areas that could be improved upon. Action plans had been produced, which detailed what was needed to be done and when action had been taken. However, these systems had not identified all the areas for improvement we found as part of this inspection. Whilst we acknowledge the registered manager has responded and taken action during our inspection to rectify some of the shortfalls we identified, the risks to people from receiving inadequate care had not been previously identified and mitigated.

There was a further need for development of the service. We identified continued shortfalls in relation to people having access to sufficient numbers of, suitably qualified staff at all times to meet their needs and the deployment of staff to meet the needs of people living with dementia. There was a lack of supernumerary hours allocated to the deputy manager and team leaders assigned to each unit who were responsible for monitoring the quality of care, staff supervision, care planning and medicines management. There was little time for these senior staff to plan and develop their assigned units this was particularly noticeable in relation to Chestnut the unit designated for people living with dementia.

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

Staff, people who used the service and their relatives were all complimentary about the management team. They told us they found them approachable, engaging and had clear, person centred vision and values. Staff told us the registered manager was, "Approachable", "Cares about the people who live here." And, "We have a good team here we just need more permanent staff and less agency, I think it will improve then. The manager cares about the home and does her best."

People, relatives and staff said they felt comfortable to air their views and, provide honest feedback. When asked what people would like to see improve the quality of care they received, they told us, "More staff in the place might help." And, "We need more to do, having said that it has been improving, we have a nice lady who does things with us but there are days when we just sit."

There were clear lines of accountability for staff, policies and procedures set out what was expected of staff in terms of their performance and guidance to protect people's health and welfare and mitigate them from the risk of harm. The provider's whistleblowing policy supported staff to question practice. It also assured protection for individual members of staff should they need to raise concerns regarding the practice of others.

We found the registered manager and staff team sought to provide consistent joined up care for people by working collaboratively with other agencies. This included engagement with a range of health professionals such as the local surgery, community nurses, chiropodists, speech and language therapists and social care professionals. This meant staff sought support from other specialists to improve outcomes for people.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service and on their public website where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had clearly displayed their rating on their website and at the residential location for people who used the service and their visitors to view.

Systems were in place to receive people's feedback about the service. The provider sought the views of people, their relatives and staff. Views were gathered through the use of satisfaction surveys and regular meetings. This enabled people who used the service and staff to air their views and contribute to improving the quality of care provided. Local community groups including church groups visited the service regularly.

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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>Care plans did not always reflect people's health, welfare and safety needs.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks to people's health, welfare and safety had not always been identified with guidance provided to staff to mitigate the risk of harm.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Where the risk of abuse had been identified action had not always been taken to monitor and ensure people protected from the risk of harm.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes for monitoring the quality and safety of the service had not been effectively established and operated.</p>
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

There continued not to be enough staff on duty at all times to care for people and monitor their safety and wellbeing.