

Akari Care Limited

Princes Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The unannounced inspection took place on 2, 4 and 10 February 2016. A previous inspection undertaken in April and May of 2015 found there were breaches of legal requirements in two areas relating to safe care and treatment and good governance.

Princes Court is divided into three units and provides nursing and residential care for up to 75 people, some of whom are living with dementia. At the time of our inspection there were 68 people living at the service.

The service had a registered manager 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.

We found on-going issues with the management of medicines. Concerns that we found at our last inspection were still occurring. We also found additional issues that needed to be addressed.

We found further issues with the recording of information within people's care records. People's care records were reviewed regularly. However, we found some documentation relating to food and fluid recordings were not fully documented to show the levels of intake. We checked that people's food and fluid needs were being met and observed this to be the case throughout our visit.

Accidents and incidents were recorded and monitored for any trends forming. Risks to people were mitigated by staff completing risk assessments and monitoring these for any changes. Emergency procedures were in place, including suitable fire safety procedures.

People told us they felt safe and their relatives confirmed their feelings. Safeguarding procedures were understood by staff and they were able to tell us what they would do if they suspected or had any concerns. The provider displayed procedures throughout the service to support staff with any actions they may need to take of a safeguarding nature.

We found the service to be clean, tidy and appropriate standards of maintenance appeared to be in place.

The Care Quality Commission (CQC) is required by law to monitor the operations of the Mental Capacity Act 2005 (MCA) and to report on what we find. MCA is a law that protects and supports people who do not have the ability to make their own decisions and to ensure decisions are made in their 'best interests'. We found the provider was complying with their legal requirements.

There was generally enough staff at the service although we have made a recommendation to the provider to ensure that this remains the case. Safe recruitment procedures had been followed to ensure staff were suitable to work with vulnerable people. Staff were given opportunities to develop their skills and

understanding. There were some areas for improvement, but a staff training programme was in place and the registered manager was working to ensure that all staff received suitable training to match their role. An induction process was in place to ensure new staff were competent to deliver care to people safely.

A selection of food and refreshments were available and people told us they generally enjoyed the food. One person told us, "The food is canny [good], better than when I cooked for myself!" People who were in need of additional support because of their special diet were well supported.

People told us they had access to health care professionals if they needed additional support. For example, from GP's or chiropodists.

Adaptions to the building had been made, including clear signage and the registered manager planned to have the sensory garden for the dementia unit ready for the summer.

Staff were kind and treated people with respect and dignity. We observed people who were anxious or upset being comforted. One relative told us, "The staff are really kind. I cannot fault them."

People told us they had choice. People told us they could get up when they wanted and had freedom to go out with friends or relatives if they chose to.

Various activities were planned for people and improvements to the number of hours used to do this had increased. There were plans to provide a fuller programme of opportunities for people in the future.

The home's complaints procedure was available and on display around the service. Where people or relatives had made a complaint, it had been dealt with effectively.

People and their relatives were able to give feedback to the registered manager and staff through meetings and also surveys that were carried out and quality checks completed. People and relatives told us that staff were open to discussion and acted upon items that needed to be addressed.

The registered manager monitored the quality of the service provided by completing a number of audits (or checks) within the home. When issues were identified, we saw that measures had been taken, meetings held and outcomes recorded. We also saw that the service was monitored by the provider through the regional manager who visited regularly and completed their own internal checks. Although issues had been identified, we found that senior staff on each unit had not always chosen to follow the correct procedures.

We have made one recommendations regarding the care record review procedures to ensure changing needs are continually met for all people, particularly those at risk of quick decline in health.

We found two on-going breaches in relation to Regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to safe care and treatment and good governance. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

We are also currently reviewing information of concern which we have received about the location and are considering our enforcement options.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Medicines were not always being appropriately managed and although new procedures had been put in place, they were not always followed by some staff.

There were generally enough staff to support people within the service.

People were protected from abuse occurring because the provider had appropriate measures in place.

Is the service effective?

Good ●

The service was effective.

A training programme was in place and the registered manager was working to ensure that all staff were suitably trained. However, we found not all staff had received training in the areas in which they worked, for example, in dementia.

The provider met the requirements of the Mental Capacity Act 2005 to ensure that decisions about people's care and support were made in their best interests.

People were supported with their nutritional and fluid needs.

Is the service caring?

Good ●

The service was caring.

People and their relatives thought the staff team were caring.

People were supported by staff who respected their privacy and dignity.

Sources of information were available to all people and visitors to the home within the reception and office areas and both people and relatives told us they felt involved in the care provided.

Is the service responsive?

The service was not always responsive.

Care records did not always contain the detail required to ensure people's individual needs were being met.

Activity co-ordinators worked at the service and their hours had been increased to ensure people had access to past times that they enjoyed.

There was a complaints process in place and people and relatives knew how to complain.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

People, relatives and staff told us that the registered manager was approachable and had made positive changes within the service.

Staff told us they felt supported and regular meetings were held to discuss items as a team.

The provider had audits and checks in place and issues had been identified, but staff had not always chosen to follow correct procedures.

The registered manager had complied with the requirements of their registration.

Requires Improvement ●

Princes Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 2, 4 and 10 February 2016 and was unannounced. The inspection was carried out by three inspectors and one specialist advisor. The specialist advisor had a nursing background with management expertise in clinical governance.

We did not receive a Provider Information Return (PIR) before we undertook this inspection. The registered manager told us that they had not received a request for a PIR to be submitted. A PIR 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 service, including the notifications we had received from the provider about deaths, safeguarding incidents, police incidents and serious injuries. We contacted North Tyneside clinical commissioning group (CCG), the local authority contracts and safeguarding teams, the infection control lead nurse for the area and Healthwatch. Healthwatch is an independent consumer champion which gathers and represents the views of the public about health and social care services. We used their comments to support our planning of the inspection. On the day of our inspection we spoke with a palliative care clinical nurse specialist lead for care homes, a consultant geriatrician and a community nurse.

We placed posters on display around the service to indicate that an inspection was taking place and offered the opportunity for people, relatives and visitors to speak with us if they so wished either during the inspection or after the inspection on the telephone number displayed.

During this inspection we carried out three observations using the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 20 people who used the service and 14 family members or friends. We also spoke with the registered manager, deputy manager, one clinical lead, five nurses, two agency nurses, the activities coordinator, three senior care staff, seven care staff, one administrator, one domestic member of staff, one housekeeping member of staff and one member of kitchen staff. We observed how staff interacted with people and looked at a range of records which included the care records for 12 people who used the service, medicines records for 30 people and ten staff personnel files. We also reviewed documents connected to the management of the home, including those related to health and safety and quality assurance.

After the inspection visit, we asked the registered manager to send us additional information within a particular timescale, which they did so on time. We also contacted the local fire service and again contacted the CCG for support with additional information.

Is the service safe?

Our findings

At our last inspection we found that the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to medicines. We found people were not protected against the risks associated with medicines because the provider did not have accurate records to support and evidence the administration of medicines and did not follow safe management of medicines procedures or have robust medicine audits in place. During the inspection the registered manager told us that procedures had been reviewed and new procedures implemented. However, we found that staff had not always followed these procedures.

At the last inspection we found that there were no written protocols in place for people who took 'when required' medicines. 'When required' medicines are medicines used by people when the need arises; for example tablets for pain relief or other remedies for a variety of intermittent health conditions. We confirmed that the provider's medicine policy stated that an 'as required' medicine should have written instructions for staff to follow. At this inspection we found that although some people had written protocols for 'when required' medicines should be administered; not all of them did. This meant that the provider could not always be assured that people were receiving their 'when required' medicines as necessary.

At the last inspection, we also found that topical medicines (creams) were not always recorded correctly. At this inspection we could not always find evidence of topical medicines sheets in use, particularly on two of the units within the service. The registered manager confirmed that they should be in place, although none of the staff could produce them when we asked.

We saw that on three people's medicines administration records (MARs) they were all prescribed the same medicine to be administered once every week and usually on the same day at a particular time. All three people had not received their medicine in one particular week with no record of why this error had occurred and no reference to if the missed dose had caused any harm to them. When we asked the nurse in charge about this, they did not know why this had occurred. Another nurse told us, "We check the MARs at the end of our shift and if there is a gap, we would investigate why and check the stock to see if the person had received their medicines. This meant that nursing staff had not followed correct procedures and had also not followed the additional checking procedures set by the registered manager to minimise errors occurring.

We found hand written MAR sheets were not always signed by two staff members. We asked a nurse about this and they confirmed that all MAR sheets recorded in this way should be double signed. This meant that staff knew the correct procedures but had failed to follow them and this is important for accuracy and accountability.

We saw a 'pot' of tablets left unattended, on top of a medicines trolley on the unit where people who mostly suffered with dementia related conditions lived. This posed a risk of harm to anyone who chose to pick up the tablets and consume them.

At the last inspection we found one of the medicine room's temperatures had not been taken. It is important

that medicine room temperatures remain under 25 degrees Celsius to maintain the effectiveness of most medicines. At this inspection, the same room had only random dates showing in a book which recorded temperature checks. We also found that the room had no thermometer in place to allow staff to take temperatures and staff confirmed they had requested one some time ago.

During the inspection we met with the nursing team on duty to ask about medicines procedures and to gain an understanding of their role. We asked them about the issues we had found. They confirmed that the issues should not have occurred and one nurse said, "We will just have to pull our socks up." We further discussed our findings with the registered manager, who was able to show us minutes and other documentation to confirm that issues we had found had been discussed with staff during meetings or through individual supervisions.

From the information and evidence found in relation to the management of medicines, we found overall that the provider was not following good practice guidelines, company policy and was therefore not always operating in a safe way.

These are breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

Staff had received training in medicines and had gone through yearly competency checks to ensure they were suitable to administer medicines to people. The registered manager told us that they would review nurse and staff training and competencies again in light of our findings.

We found that controlled drugs (CD's) were all stored, accounted for and recorded appropriately with two staff members signing to confirm when any had been administered. CD's are prescribed medicines used to treat, for example, severe pain and are subject to stricter controls.

People told us they felt safe living at Princes Court. One person told us, "Safe as houses." Another person told us, "I am as comfortable as I can be, staff are nice and my relatives come to see me – yes, I would say I am safe." A third person nodded their head when we asked them if they were safe. One relative told us, "I would consider my [person] very safe. There are security codes on the doors and no one can get in without them. The staff are very good too. No concerns there."

The registered manager had dealt with previous safeguarding concerns appropriately, which included reporting to the local authority safeguarding adult's team and also reporting to the CQC. Staff understood safeguarding procedures and what they would do if they suspected any abuse. One member of care staff confirmed this when they told us, "I've already reported something to the nurse and manager and they took it on board." Staff training in safeguarding matters was either up to date or had been booked to take place, and we confirmed this from training records. Safeguarding policies and procedures were displayed and available for staff and visitors to the service and staff knew how to access the provider's whistleblowing procedures if they needed to.

Where people were at a particular risk, for example, those at risk of falls or from malnutrition; staff had completed risk assessments to ensure all possible risks were mitigated. Care records confirmed that people were routinely assessed against a range of potential risks, such as skin damage or those involving medicines. These had been completed and regularly reviewed for each person. Other, more general risk assessments had also been completed. For example, those involving moving and handling and working with 'risky' items. Including for example, working in the laundry area with soiled clothing. These general risk assessments were mostly reviewed annually.

People had emergency health care plans in place (EHCP). These contained information to help in an emergency to ensure that timely access to the right treatment was available. For example, the persons diagnosis, anticipated emergencies (like infections or fracture), GP or consultant names and other pertinent information to support staff.

The service was clean and tidy. The provider carried out a number of checks in the service to ensure that the premises and the equipment were in satisfactory working order. This included portable electrical appliance testing and the five year main electrical circuit checks on the premises. New weighing scales had been purchased and every year the scales were calibrated to check they were working correctly. Window restrictors were all in place and working appropriately.

We noted that the provider had regularly maintained the fire system which included checks of the equipment, including fire alarm systems and extinguishers. Fire drills were carried out with the staff and people living at the service. Records confirmed that these were undertaken in line with expectations from the local fire authority. Emergency evacuation procedures were in place and regularly reviewed and checked. We saw evidence that these were monitored by the registered manager through their monthly checks. Emergency contingency plans were also in place and these detailed what staff should do in the event of an emergency. This showed that the provider had mitigated the risk of harm to people and others within the service by implementing additional measures.

Accidents and incidents were reported and recorded correctly. The registered manager completed an analysis and this was monitored to help identify any trends developing. A number of people had been referred to the falls team and other appropriate action taken, for example, referrals to occupational therapists. We saw staff meeting minutes which confirmed that accidents and incidents were discussed with the staffing team in an aim to learn from any lessons and mitigate any further possible risks. This meant the provider protected people's safety and their exposure to further risk by robust monitoring of accidents and incidents and appropriate referrals to other healthcare professionals.

Over the last 16 months there had been a high turnover of staff as the registered manager identified poor performing individuals and strived to bring them to an appropriate standard. This had not always been possible and a number of staff had either resigned or had their employment terminated. We were told that the service was currently short of three full time nurses but that interviews were taking place in due course with the hope of filling these posts. Agency staff were used when cover could not be provided by permanent staff. The registered manager told us that she tried to use consistent staff from the same agency to provide continuity, but sometimes this was not always possible.

We examined staff personnel files and found that staff had completed an application and the provider had followed suitable recruitment procedures. Management had interviewed potential employees, obtained references and carried out a check with the Disclosure and Barring Service (DBS). DBS checks ensure staff have not been subject to any actions that would stop them from working with vulnerable people. Files contained evidence of a pre-employment induction process, shadowing of experienced staff and on-going training. This demonstrated that the provider was safely recruiting staff with a variety of skills, knowledge and experience who were suitable to meet the needs of the people who used the service. The staff we spoke with confirmed that the provider had obtained the necessary checks prior to their employment. We checked the personal identification numbers of all the nursing staff and found these to be in order. All nurses and midwives who practise in the UK must be on the Nursing and Midwifery Council (NMC) register and are given a unique identifying number called a PIN.

One person told us, "I sometimes ring the bell and have to wait for the girls to come. Mind, it's not that often,

but when you need to go – you need to go." Another person said, I don't often ring the bell, but when I have, the staff come more or less straight away. I know they are busy, so I try not to bother them." A relative told us, "We're pleased with it. There's always staff around and they always speak to us." One staff member told us, "There is enough staff on duty and we work well together." One healthcare professional told us, "Sometimes when I visit, it can be tricky to find a member of staff although they are usually seeing to someone in their bedroom."

We checked the last four weeks of staff rotas. We noted that there was usually enough staff on duty to meet the needs of people within the service, although sometimes staffing levels were reduced due to last minute sickness. Staff felt that they were able to cope with the demands of the service, but said at times it could be busy. We looked at the registered managers checks on the staffing levels and found that they used a specific tool requested by the provider to complete this task on a monthly basis. We found that there was a higher turnover of people in parts of the service. This meant that the tool should be used more frequently to ensure enough staff were in place to support the needs of people at all times. We spoke with the registered manager about staffing levels and she said she would review to ensure adequate numbers of staff were on duty.

Is the service effective?

Our findings

People told us that they thought the service was effective. One person said, "When I moved in here, I had a huge sore on my leg. It's all cleared up now." Another person told us, "The staff are smashing, I call and they come. I think they are very good."

All new starters at the service completed an induction programme which was now linked with the Care Certificate standards. The Care Certificate was officially launched in March 2015. It aims to equip health and social care workers with the knowledge and skills which they need. It has replaced the National Minimum Training Standards and the Common Induction Standards. We looked at one new starter's induction record and confirmed they had started to complete the process but were a little behind. We spoke with the registered manager about this and they told us they had arranged to meet with the staff member to discuss this. We looked at both the induction pack which agency workers were given on their arrival at the service and also staff induction. They both included a range of checks to ensure all staff were familiar with procedures. For example, fire safety procedures, including a tour of the building and exits and how to access policies and procedures. We saw evidence that staff and agency workers had signed to confirm this process had taken place.

From staffing records we were able to identify that staff had received training in a range of mandatory subjects. For example, nutrition and hydration, pressure care awareness and fire safety. The registered manager and administrator confirmed that staff training was on-going and was booked regularly throughout the year. There were print outs available in staffing areas and in the registered managers office to confirm which staff had been requested to undertake particular training that was booked in the future. One staff member told us, "Training is going on all the time, when we do a course [registered manager] books us on another. I did care planning training last week. I can ask for training if I want to." Another staff member said, "We have constant training. I've done NVQ2 on dementia and I've signed up for level 3."

We noted, however, that not all staff had received training in areas in which they worked. For example when we checked the training records of care staff on the dementia unit, we confirmed they had not all received training in dementia. We found a lack of evidence of specialist training completed by staff in general, for example, catheter care. We spoke with registered manager about this and they confirmed that they were currently working with healthcare professionals to train staff in specialised areas, for example; 'verification of death'. The registered manager also confirmed that all staff would be taking dementia training and explained that changes to the providers training guidelines had been reviewed to allow this to take place.

Healthcare professionals that we spoke with confirmed that staff were trained appropriately and were open to further training should the need arise. One healthcare professional told us, "The manager is open to any new learning; she wants the staff to be well trained in everything they do."

Staff confirmed that they received regular support meetings with their line manager, although we could not always find the corresponding recorded information because the manager was in the process of archiving information. One staff member told us, "Things have changed for the better. [Registered manager] puts

things right. She rotates staff around which is good." Another member of staff said, "I have supervision with [registered manager] every few weeks and I can discuss anything with her. She's always asking for ideas for improvement." The registered manager explained that she was in the process of completing everyone's appraisal and we saw evidence that a number had already been completed. For example, one staff member had been given an objective of looking at certain food types as part of their development. The registered manager confirmed that appraisals would all be completed over the next couple of months.

People told us they were asked for their consent before staff delivered any care to them. One person confirmed that staff always asked before completing personal care and support. Another person said, "I like my door closed and they [staff] usually knock and ask me if I want help. They [staff] never just come in and start doing things."

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. The service had followed the principles of the MCA with evidence of best interest's decisions being made.

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 is called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The service had acted appropriately and two people were subject to restrictions and these had been authorised by the local authority. The service had also outstanding applications to the local authority which had not yet been authorised.

There was a variety of food and refreshments available. One person informed us, "The food is very good - plenty. Can always get a bit more." Another person told us, "I get offered different things, some better than others. On the whole though, it's [food] good." One relative told us, "I have seen the food and it always looks good to me."

We observed meal time procedures every day of the inspection on all units and found staff to be supportive to people. Fresh fruit was available throughout the service and adequate amounts of food and refreshments were available to everyone. Where people were on special diets, for example those who were diabetic; appropriate meals were prepared by kitchen staff. Where people's eating habits had changed or there were any concerns about their nutrition, referrals were made to specialist teams. For example, one person who was at risk of choking had been referred to the Speech and Language Therapy Team (SALT), to support them further. We saw that people's care records explained to staff how to individually support people with additional nutritional needs. For example, one person needed their food cut into bite size pieces and for another person their care plan recorded a list of foods that they were at higher risk of choking from.

People and their relatives were complimentary about the way staff tried to please them by preparing foods which they liked. One relative told us, "I would hate to be the cook here with so many different people to cook for. They have been very good though and have cooked different things to tickle [person's] fancy. Cannot fault that."

People told us that staff supported them to access healthcare services. Records showed details of appointments with and visits by health and social care professionals and we saw evidence that staff had

worked with various agencies and made sure people accessed other services in cases of emergency, or when people's needs had changed, for example GP's, district nurse teams, social workers and chiropractors. One person received a visit from a GP on the day of the inspection which we were told was part of an on-going treatment and care plan.

Staff at the service were effectively following instructions and had incorporated additional information to help them meet people's needs. We saw on the records for one person that staff had a visual record of how that person should be supported. The pictures showed the position that parts of the person's body should be placed to adhere to physiotherapists recommendations.

We sat in on a well communicated shift handover and observed how staff passed relevant information from one staff shift to another. This meant staff coming on duty were fully updated with any pertinent issues before they started work. At the end of each shift a 'shift report' was completed by staff in charge on each of the three units and this was given to the registered manager for their information. The form included information on any issues that had arisen and ensured that the registered manager was kept informed.

The service was suitably adapted with further changes planned for the coming months. Signage was in place to help people orientate around the building, which was particularly important to people living with dementia. The outdoor area was well maintained with raised flower beds and was fully accessible and enclosed with seating areas. However, this area was not easily accessible to those who lived with dementia and at the last inspection we were told that plans were being made to build a secure garden area for those living with dementia. Best practice indicates that fresh air is crucial to people who are living with dementia as part of their daily living regime. The registered manager confirmed that approval had been given and quotes were in the process of being finalised with the garden to be ready for the summer.

Is the service caring?

Our findings

People and their relatives thought that the staff team were caring. One person said, "Staff are lovely, could not want any better." Another person told us, "The staff are caring. If I was bored I could ring my bell and the staff would come." Yet another person told us, "You could not want better, we have a good laugh too." Relatives felt that staff cared for their family members well. One relative told us, "They love music and they [staff] always put it [music] on for them." One relative told us, "Staff are great, no problems."

We spoke with a number of relatives whose family members were currently extremely poorly. One relative said, "The staff have been exemplary and could not have done anything more for my [relative]." Another relative said, "They [staff] have been smashing." A further relative said, "The staff are very tolerant, they are always speaking with people. I can only speak for myself and my [person], but I have found that staff to be very caring." Relatives confirmed that they could visit at any time. One relative told us that they were able to use the separate kitchen facilities to make themselves or their family member a cup of tea or coffee or other refreshments. We spoke to one person in the kitchen and they said, "Oh yes, I often make cups of tea. There is never a problem with it."

We completed many observations in different units of the home, including during mealtime activities and found there were lots of positive interactions between staff and people. Staff showed they cared for people by attending to their feelings. For example, one person was distressed and a care worker approached and comforted them, holding their hand and calming them. They spent time with the person until their mood was improved and the staff member had found them something to do.

Staff we spoke with clearly knew people well and they spoke in a positive, kind and thoughtful manner when they referred to people and their care and daily living arrangements. Staff consistently referred to people's rights and the importance of promoting them. For example, one staff member said, "This is their home now. We are here to help them make the best out of their individual circumstances."

People's privacy was maintained and confidential information was secured. Although we noted that the white board on one of the units, which detailed names and other personal information was in sight of people and visitors passing by the room. At our last inspection we had noted that the blind was down in the room to obscure the view from anyone passing. We mentioned this to the registered manager, who said she would look into it.

People were treated with dignity and respect and we observed examples of this. One person was asked very discreetly if they wanted to go to the toilet after calling for a staff member and we saw staff knocking on bedroom doors and asking permission before entering. One person told us, "She (staff) always asks me if I want to cover myself before they help me." This not only valued people's opinions but showed staff cared about people's dignity and respect.

People were encouraged to express their views through one to one conversations with staff, reviews of care and via meetings held at the service. One person told us, "Staff are always asking me what I think. I have

always felt included in what happens to me." Lots of information was available throughout the service in the form of leaflets and posters to advise people and their relatives on services available and information to support them and they told us they felt involved.

No one at the service was currently receiving the services of an advocate as people had relatives or friends that would help and support them when necessary. An advocate ensures that vulnerable people have their views and wishes considered when decisions need to be made about their lives. We observed information on display within the service explaining what advocacy services were available in the local area.

There were some people at the service receiving end of life care. Relatives told us that staff ensured that any changes in people's health were acted upon quickly and that their relatives were comfortable. Staff at the service worked in partnership with palliative care teams, Macmillan staff, consultants and GP's to ensure this. One relative told us, "I came the other day and one of the care staff was holding [person's] hand and talking gently to them. It brought a tear to my eye and made me realise that they [staff] really do care." We spoke with a healthcare professional and they were very complimentary about the standard of end of life care delivered at the home. They told us that staff at the service worked with them well to further develop the standard of care throughout the home.

Is the service responsive?

Our findings

At our last inspection we found that the provider was in breach of Regulations 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to good governance. We found people did not always have fully completed care plans in place to ensure their needs were being met. At this inspection we found that care plans were detailed and improvements had been made. However, we found that people's records which should have been completed to confirm actions had taken place, were not always completed or were not completed fully.

We found food and fluid charts were not always completed in a timely manner and sometimes had not been completed fully, with details missing. Details of the date, time and amount consumed was sometimes not recorded. This meant that staff could not be assured that people had received enough food or drink to maintain their health and wellbeing. We spoke to people and to the relatives of those who needed support or were at risk in connection with their food and fluid intake. They were all able to confirm that they did receive enough food and drink. One person told us, "I don't eat much but they try to encourage me all the time. I just cannot stomach anything at the moment." A relative told us, "The staff have been spot on, they try their best to get [person's name] to eat – they are so poorly though." Another relative said, "I have seen those [staff] bring different things for her to try, they have been very good."

We checked hospital admissions in the last five months to see if anyone had been admitted with malnutrition or dehydration and found no admissions of this nature.

We focussed our attention on the people currently living at the service who were at risk of malnutrition and dehydration because of their health conditions. We completed a number of observations to check that people were receiving suitable amounts of food and fluid and were able to confirm they were, although records were not always completed to show the amounts given as already stated. We checked daily progress notes and these made reference to people receiving enough food and drink. For example, one person who did not have their food and fluid chart completed had stated in their daily progress notes, "Average diet – no concerns." This had been signed by nursing staff. Overall, we were satisfied that the staff within the service provided enough food and fluids to people but that these were not always recorded fully.

These were a breach of Regulations 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

A number of assessment tools were used to monitor the changing needs of people within the service. However the majority of these tools were only used on a monthly basis. As a number of people were very frail and weak and therefore prone to deterioration this would not identify these needs in a timely manner.

We recommend that the provider checks their care record review procedures to ensure changing needs are continually met for all people, particularly those at risk of quick decline in health.

People and relatives told us they were involved in their care. An admission assessment had been completed

when a person was due to move into the service and from that information care plans were drawn up. These detailed what each person's needs were and how staff would support them to meet these. We found, however, that people or their relatives input into their care was not always indicated within the records to confirm that this was the case. Detailed information was on people's records of their life histories, including their likes and dislikes.

The service was going to have three activity coordinators in the near future working 70 hours between them. At the current time, they worked 56 hours but the new addition was due to start soon. We spoke with one of the activity coordinators and they told us about events and activities that had either been held or were due to take place. We saw pictures of one event where staff had dressed up as super heroes in order to entertain people and raise money for a charity and further benefit people living there.

There were daily activities taking place within the service, including armchair exercises, jigsaw puzzles, quizzes and pamper sessions. We observed a number of these taking place during the inspection and we noted that if people chose not to attend, their wishes were respected. The registered manager told us they had plans for future activities within the service as they wanted to make sure that people were kept stimulated and happy.

A hairdressing salon was located at the service and people had the full use of the facilities when the hairdresser visited regularly. People had daily newspapers delivered to them if they so wished.

People had choice in what they did. One person told us they liked to get up at around 7.30 and confirmed they could have a shower every day if they chose to. Another person said, "I decide what I do during the day. No one forces you to do anything you don't want to." We noted that some people left the service with friends or relatives to go shopping or for a walk. We saw this occur during our inspection.

A complaints procedures was in place and all of the people and relatives we spoke with said they would complain if they needed to and knew how to. One relative told us, "I have no hesitation in going to see [name of registered manager] if I am not happy." They continued to say that if ever they have spoken with the registered manager, they had been satisfied with the response. There had been two complaints which had been dealt with effectively by the registered manager. We noted, however, that not all complaints had been formally recorded. The registered manager told us that they tried to deal with any issues straight away and did not always record these. After our discussion, the registered manager told us that they would start recording all complaints, even if they were dealt with immediately.

Is the service well-led?

Our findings

At the time of the inspection there was a manager employed at the service with a nursing background who had been registered with the Care Quality Commission since September 2014.

Due to the continuing breaches of regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 the well led domain is limited to requires improvement.

People and their relatives and other visitors knew who the registered manager was and thought she was approachable. Her office was situated at the main entrance and anyone signing in could see into her room and attract her attention if required. Her door was mostly open and we often saw relatives holding conversations with her, either in her room or elsewhere in the service. One relative told us, "I have noticed a lot of things have changed in here over the last couple of years, for the better, I would say."

Staff that we spoke with told us that the manager had made lots of positive changes to the service. One staff member said, "It's not been easy for her, but she has made some good changes to this place, especially when you look at the staff now. I really like working here."

Staff told us they felt more settled and felt supported by the registered manager and the staff team. One staff member said, "The manager is lovely and I would speak to her if I had problems. People are happy in their jobs." Another staff member said, "Staff are much happier and there is more teamwork. [Registered manager] is tough but the staff no longer run the home." At the last inspection healthcare professionals we had spoken with were complimentary about the hard work that the registered manager had completed in the time she had been working at the service, this was repeated at this inspection.

The administrator for the service came into post in November 2015 after a long period of the post being vacant. It was clear that this had impacted on the registered manager, who was busy reviewing the services filing systems and modifying the way records were kept and stored.

Staff meetings had been held and we saw the minutes from these. A range of topics had been covered, including policies and procedures, staff uniforms, individual issues and personnel issues. One staff member told us, "The meetings are held every so often and we are all meant to go. If you cannot go, you are told what has happened. I don't mind going though as it's a good way of finding out what's going on." The registered manager showed us evidence from previous meetings held with all staff, to cover issues that she had found during audits and checks completed.

One relative told us that meetings took place for them and people at the service to attend, but that they hadn't attended for a while as "no one usually bothered." We were told by the registered manager that relatives meetings were regularly planned but often no one turned up. She told us that they were going to have a meeting soon and were going to look at new ways to encourage others to join in. Dates for future meetings were displayed on notice boards. We noted that the provider and the registered manager as part of their regular checks sought the views of people living at the home. The provider sent out regular surveys

to gather the views of people, relatives and professionals.

A range of audits and checks had been completed by both the registered manager and the provider, including those involving medicines, care plans and health and safety. The provider had completed regular quality monitoring visits, which included observations of care and people's mealtime experience and found no areas of concern. One report stated, "Mealtime experience on the EMI unit was a joy to observe."

We were given minutes of a meeting held with nursing staff on the 20 November 2015. These highlighted that discussions had taken place around the errors found by the management, for example, in care planning, records and medicines procedures. The minutes also confirmed that staff had been given a full list of issues and various policies they needed to read, including their own job description. We also saw evidence of the action plan from recent medicines audits which had identified the issues which we had found in the management of medicines. We also saw minutes from a meeting held in January 2016 with nursing staff and also present were representatives from the clinical commissioning group (CCG). The minutes stated that errors were still being found and that nursing staff would be liable to receive disciplinary action and also the risk of this then being reported to the NMC. The NMC is the Nursing and Midwifery Council and is the regulator for nursing and midwifery professions in the UK. This all meant that the registered manager and the provider completed a range of checks and acted on any concerns they identified. Although from our inspection findings, we found that staff; in particular some nursing staff responsible for particular units had chosen not to follow correct procedures.

In October 2015 Healthwatch's 'enter and view' volunteers visited Princes Court. Under the Healthwatch regulations, local Healthwatch organisations have the power to enter and view care homes (as in this case) so that volunteers can observe matters relating to health and social care services and report back findings. They spoke with a number of people and staff and gathered views on the service. Overall, the report was positive, highlighting a number of changes that the registered manager had made and also planned for the year ahead. This included introducing a canine friend to the service, which had already reportedly helped some people with behaviour which challenged the service and their plans to make one room into a sensory area. This showed that the registered manager worked in partnership with other services to gather people's views and experiences.

There had been one accident which had not been notified to us and this had been due to incorrect information being given to the registered manager. They apologised and said they were going to update procedures to ensure that this did not happen again. They confirmed this would include changing the information required on the 'shift report' to contain any Commission notifiable incidents, like fractures or police incidents. We confirmed that the provider had sent us all other notifications. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale.

We are further investigating the actions of the provider in relation to an individual concern that we received and we are dealing with this matter separately.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Treatment of disease, disorder or injury	People were not protected against the risks associated with medicines because the registered person did not follow safe management of medicines procedures or have robust medicine audits in place.
	Regulation 12 (f) and (g)

The enforcement action we took:

We are currently considering our regulatory response to the continued breaches within this report and will report on them when the action is complete.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	Regulation 17, Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Treatment of disease, disorder or injury	Effective quality assurance systems and processes had not been established to assess, monitor and improve quality and safety; assess, monitor and mitigate risk; or to seek and act on feedback and evaluate and improve practice.
	Regulations 17 (1) (2) (a) (b) (f)

The enforcement action we took:

We are currently considering our regulatory response to the continued breaches within this report and will report on them when the action is complete.