

Lotus Care 2 Limited

Abbas Combe Nursing Home

Inspection report

94 Whyke Road, Chichester,
West Sussex PO19 8JF
Tel: 01243 789826
Website: www.lotuscaregroup.com

Date of inspection visit: 27 and 28 October 2015
Date of publication: 14/01/2016

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Good



Overall summary

The inspection took place on 27 and 28 October 2015 and was unannounced.

Abbas Combe Nursing Home is registered to provide accommodation and nursing care for up to 25 people with a variety of needs ranging from dementia to physical health conditions. At the time of our inspection, there were 16 people living at the home. Abbas Combe Nursing Home is an older style detached property close to the A27 on the outskirts of Chichester. Communal areas include an entrance hall, lounge with conservatory off and a small dining room. Approximately half the rooms have en-suite facilities. The property has gardens at the rear, with seating areas.

There was 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.

The last inspection took place on 10 February 2015. As a result of this inspection, we issued three Warning Notices in April 2015. We asked the provider to take action to address areas of concern relating to the risk management of people receiving care and treatment, systems to assess the quality of the service provision and the management

Summary of findings

and control of infection. The provider was required to take appropriate action to meet these Warning Notices by 23 May 2015. In addition, we found the provider in breach of a number of regulations and asked them to submit an action plan on how they would address these breaches. An action plan was submitted by the provider which identified the steps that would be taken.

Premises and equipment were not always managed to keep people safe. Some areas of the home were in a poor state of repair and one room, which contained hazardous material, had been left unlocked.

Information written up in daily records and charts was not always used to inform the care plan. Some re-positioning charts had not been consistently completed. In another case, food and fluid charts had not been totalled up on a daily basis, so it was difficult to ascertain how much food or fluid one person had consumed and for this to be used to inform the care plan.

Risks to people had been identified and assessed and there was information in care records to advise and guide staff on how people's risks should be managed. People were protected from the risk of infection and domestic staff had been recruited to keep the home clean and hygienic. Care staff wore personal, protective equipment when delivering personal care. There were sufficient numbers of staff on duty to keep people safe and meet their needs and agency staff were employed when needed. Staff knew how to protect people from the risk of abuse and had received appropriate training. Medicines were managed safely. New staff were recruited in line with safe recruitment practices.

New staff followed an induction programme and were required to follow the Care Certificate, a universally recognised qualification. Staff were in the process of updating their training. Staff had received at least one supervision since the new registered manager had come into post. Daily handover meetings ensured staff were updated on people's care needs and communication was effective. Staff meetings took place and existing staff

completed all essential training; this was refreshed as needed. Staff had a good understanding about consent and the main requirements under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards legislation. People were encouraged and supported to eat a healthy diet and to maintain a healthy lifestyle. They had access to professionals as needed. Some people's rooms were personalised with photos and ornaments, however, the majority of rooms were decorated similarly with pale yellow paintwork and green carpeting. The provider had plans to refurbish and redecorate the home.

People were looked after by kind and caring staff who knew them well. They were treated with dignity and respect. As people reached the end of their lives, they were looked after in line with their pre-recorded wishes.

Care plans contained comprehensive information about people and they were assessed prior to admission to the home, however, some care plans were less detailed. As much as they were able, people were supported to express their views and to be involved in all aspects of their care. There was a range of planned activities available to people, but little opportunity for people to go out, without the support of staff, friends or relatives. Complaints were listened to and addressed promptly in line with the provider's policy.

The registered manager had introduced a range of systems to measure the quality of care provided. People, their relatives, staff and other professionals were asked for their feedback and overall the comments were positive. Residents' meetings were held every quarter and people discussed food, activities and the planning of events. The registered manager had concentrated on recruiting new care and nursing staff to the home in order to meet people's needs safely.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the back of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe.

Premises and equipment were not always managed safely.

Risks to people were identified, assessed and monitored and infection control measures were in place.

There were sufficient numbers of staff on duty and safe recruitment practices were followed.

Medicines were ordered, stored, administered and disposed of safely by trained staff.

Requires improvement



Is the service effective?

Some aspects of the service were not effective.

Staff were trained to carry out their roles and responsibilities effectively. They were supervised regularly and new staff were required to complete the Care Certificate. Staff were in the process of updating their training.

Staff had a good understanding of capacity and the requirements under the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards had been met.

People were supported to eat a healthy and balanced diet. They had access to healthcare professionals when needed.

People's rooms were personalised and the provider had plans to redecorate and improve the home.

Requires improvement



Is the service caring?

The service was caring.

People were looked after by kind and friendly staff and they were treated with dignity and respect.

At the end of their lives, people were supported to have a dignified death.

Good



Is the service responsive?

Some aspects of the service were not responsive.

Information contained in people's daily records did not always link with the care plan and some daily charts had not been completed consistently. Some care plans did not provide information about people's personal histories.

People were supported to express their views and to be involved in planning their care.

Requires improvement



Summary of findings

Activities were planned for the month ahead, but there were limited opportunities for people to go out.

Complaints were listened to and addressed in line with the provider's policy and to the satisfaction of the complainant.

Is the service well-led?

The service was well led.

There was a registered manager in post and a range of quality assurance systems had been implemented.

People, their relatives, staff and other professionals were asked for their views about the service.

Good



Abbas Combe Nursing Home

Detailed findings

Background to this inspection

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

The inspection took place on 27 and 28 October 2015 and was unannounced. Two inspectors undertook this inspection.

This inspection was carried out to check that improvements to meet legal requirements, identified in three previous warning notices, had been made. This inspection also checked to see whether breaches of legal requirements made as a result of the last inspection on 10 February 2015 had been met.

Before the inspection, we checked the information that we held about the service and the service provided. This included the last inspection report and statutory notifications sent to us by the registered manager about

incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also examined the action plan that the provider had returned after the last inspection. We used all this information to decide which areas to focus on during our inspection.

We observed care and spoke with people, relatives and staff. We spent time looking at records including three care records, five staff files, medication administration record (MAR) sheets, staff rotas, the staff training plan, complaints and other records relating to the management of the service.

On the day of our inspection, we met and spoke with four people living at the service and three relatives. Due to the nature of people's complex needs, we did not always ask direct questions. We did, however, chat with people and observed them as they engaged with their day-to-day tasks and activities. We spoke with the provider, the registered manager, two registered nurses, the chef, three care staff and two domestic staff. We also spoke with a healthcare professional who gave us permission to use their feedback in this report.

Is the service safe?

Our findings

At the inspection in February 2015, we found the provider was in breach of a Regulation associated with person-centered care. There were serious concerns that people were not protected against the risks of receiving care or treatment that was inappropriate or unsafe. As a result, we issued a Warning Notice in April 2015, which was to be met by 23 May 2015.

At this inspection, we found that sufficient steps had been taken and the provider was meeting the required standards. Accidents and incidents were recorded and monitored and 36 had been recorded for the year to date. As a consequence of continuous falls being sustained by one person, the provider had reviewed their care plan and updated the risk assessments. This had resulted in an increased level of staff support for this person and a subsequent significant decrease in falls. Risks to people had been identified and assessed and there was information and guidance for staff on how to mitigate these risks to keep people safe. There were risk assessments for people in a range of areas such as falls, nutrition, the use of bed rails and skin integrity. Risk assessments were reviewed monthly or more often, if required, and care plans updated appropriately. Where people had been identified as at risk of acquiring pressure ulcers, wound management plans were in place. If people's wounds gave cause for concern, then their GP would be consulted or a referral made to a tissue viability nurse. These measures ensured that risks to people's health and well being were managed and mitigated where possible.

At the inspection in February 2015, we found the provider was in breach of a Regulation associated with the prevention and control of infection. There were serious concerns that there were no appropriate systems in place to protect people from the risk of infection because appropriate standards of cleanliness and hygiene were not maintained in relation to premises and equipment. As a result, we issued a Warning Notice in April 2015, which was to be met by 23 May 2015.

At this inspection, we found that sufficient steps had been taken and the provider was meeting the required standards. The provider had recruited domestic staff to ensure that the home was cleaned regularly and people were protected from the risk of infection. Cleaning schedules were completed at the end of each day to show

which areas of the home had been cleaned and records confirmed this. Rooms were deep cleaned at least every two weeks, or more often, if required. The registered manager had arranged training for all staff on infection control. Some staff had already completed this training and a further session had been arranged for November 2015. The registered manager told us that a member of staff would take on the role of 'infection lead' and more advanced training had been arranged to enable them to advise and support staff in this area.

A recent outbreak of diarrhoea and vomiting had affected some people and staff at the home and CQC had been notified accordingly. As a result, the registered manager closed the home to visitors for 48 hours and a notice was posted on the front door advising this. This would prevent a further spread of the infection. One relative told us that they only found out about the outbreak when they tried to visit and saw the notice.

We observed that the home was clean and hygienic and staff wore personal protective equipment when delivering personal care. We asked one member of staff about their domestic duties. They told us, "I wipe down beds, wash sinks, clean toilets and skirting boards and do the hoovering. I shampoo the carpets too". They added that every day one room upstairs and one room downstairs underwent a deep clean. This meant that each room was deep cleaned at least once a month or more often if required, for example, spillages that posed a risk of infection. Another member of staff described action they took for an infectious illness outbreak and said they wore personal protective equipment which would be changed between each room and that they washed the wheels of the cleaning trolley to prevent the spread of germs around the home.

Care staff were responsible for people's laundry, including personal items, towels and linen. The registered manager said they hoped to recruit a laundry assistant to relieve care staff of this responsibility in the future. Soiled items were put into red alginate bags and were laundered on a sluice wash setting to prevent the risk of infection. The laundry room had been recently refurbished and extended so that laundry could be dealt with more efficiently. Staff confirmed that clinical waste was disposed of in yellow bags and immediately taken and put into a clinical waste

Is the service safe?

container, which was locked and kept outside the home. Used, disposable bedpans were macerated in a machine kept in a room upstairs that had been specially adapted for the purpose.

Premises and equipment were not always managed to keep people safe. A power point in one room had come unscrewed from the wall and could have posed a risk. The boiler in a ground floor bathroom had been partly surrounded with chipboard which was damaged and there were nails protruding from the board. There was a gap behind some radiator shelving with tiles missing, which would not have been easy to clean. The grouting at the back of a wash basin was uneven, making it difficult to keep clean. A hot water tap in an upstairs wet room was not working. A room with housing maintenance materials and cleaning equipment had been left unlocked so that anyone could have easy access. A sign on the door stated, 'Warning – Asbestos'. We opened the door and found asbestos insulation housing in one corner of the room and a leak through the ceiling. A notice placed on the asbestos stated, 'Do not disturb'. We brought this to the registered manager's attention and notified the Health and Safety Executive of our concerns. The registered manager said that the door should have been locked and that staff would be reminded of this. Later in the inspection, we checked the door again and it was locked.

The above evidence shows that premises and equipment were not always managed safely. This is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A maintenance man worked at the home for two days each week and dealt with repairs which had been identified by staff or through environmental audits. We observed that some rooms had been recently redecorated and new carpets laid. Other communal areas, although clean, had chipped paintwork and the décor was worn and tired. The provider had plans in place to improve and refurbish all areas of the home and showed us some interior designs for the dining room and sitting room.

At the inspection in February 2015, we found the provider was in breach of a Regulation associated with staffing levels. We asked the provider to take action because there were not sufficient numbers of suitably qualified, skilled and experienced staff employed. Following the inspection,

the provider sent us an action plan which showed what steps would be taken to meet this regulation. At this inspection, we found that sufficient improvements had been made and that this regulation was met.

Our observations were that there were sufficient numbers of suitable staff on duty to keep people safe and meet their needs and staffing rotas confirmed this. For example, there were four care staff and one registered nurse to provide care and support for 15 people (one person had 1:1 support). In addition, the registered manager, who was a registered nurse, could work flexibly and did work shifts with staff for part of the week. However, one person said there were, "Not as much as I think there should be," and added they would call staff if needed. They felt that staff did not always get them up and would leave them in bed, but that it, "Depends who is on duty". Another person felt that when staff were serving meals there was no-one available if they needed to go to the bathroom. People's needs were assessed and the provider used a dependency assessment tool to identify the number of staff required. Records confirmed this. The registered manager told us additional registered nurses were being recruited, but this had been a challenge. New care staff and domestic staff had recently been recruited to the service. Where necessary, agency staff were used to make up any staffing shortfalls and the same staff were used to provide consistency of care. Staff felt there were sufficient staff and said that the registered manager, who is a registered nurse, would always step in if needed. Additional staff were on duty between 8pm and 10pm to support people to get ready for bed.

At the inspection in February 2015, we found the provider was in breach of a Regulation associated with the safe management of medicines. As a result, we asked the provider to take action because people were not protected from the risks associated with the unsafe use and management of medicines. Medicines were not administered or recorded safely. Following the inspection, the provider sent us an action plan which showed what steps would be taken to meet this regulation. At this inspection, we found that sufficient improvements had been made and that this regulation was met.

Medicines were managed so that people received them safely. We observed medicines being administered at lunchtime when people received their prescribed medicines from a registered nurse. We observed the staff

Is the service safe?

member talking with people in a reassuring, patient way and gave them time to take their medicines. They went into one room and said to the person, "Let's sit you up a bit better. Just take it slow, nice and relaxed". Medicines were administered by registered nurses who had competency checks undertaken by the registered manager at least annually, to ensure they followed safe practice in administering medicines. Medication administration record (MAR) sheets showed that people had received their medicines at the time they needed them. Individual entries were signed off by staff to confirm this. Medicines were audited monthly and records confirmed this. Stock levels of medicines were checked to ensure that no over-ordering took place. Any medicines that had not been used up within three months were disposed of. A room on the ground floor was dedicated to the storage of medicines and this included a refrigerator for medicines that needed to be kept at a certain temperature. Medicines were stored safely. Controlled drugs were checked by the registered manager and a registered nurse on a weekly basis and records confirmed this. Controlled drugs are drugs which are liable to abuse and misuse and are controlled by the Misuse of Drugs Act 1971 and associated regulations. We checked the stocks of controlled drugs and these tallied with the levels recorded in the controlled drugs register.

People felt they were protected from abuse or harm and relatives confirmed this. Staff had received training in safeguarding adults at risk and were able to identify the different types of abuse, such as physical, emotional and financial. Staff knew what action to take if they suspected abuse was taking place. One member of staff said, "I make sure the residents are safe, well cared for and watered. I make sure they have everything they need". Another staff member told us, "We need to make sure what we do is safe for the resident and us as well". They added that if they had any concerns, "I would inform my supervisor and manager as soon as possible". A third member of staff told us what action they would take in line with the provider's whistleblowing policy. They told us they would report any concerns to the registered manager and, "I would want to keep informed and have it followed through".

The service followed safe recruitment practices. Documents in staff files showed that, before new staff commenced employment, checks were made to ensure they were suitable to work in a care profession. Employment histories were confirmed, two references obtained, their identity verified and checks made through the Disclosure and Barring Service (DBS) that staff were suitable to work in a care setting. Registered nurses underwent checks to ensure their registration was up to date.

Is the service effective?

Our findings

At the inspection in February 2015, we found the provider was in breach of a Regulation associated with staff training and support. As a result, we asked the provider to take action because staff were not appropriately supported to enable them to deliver care and treatment safely and to an appropriate standard. Following the inspection, the provider sent us an action plan which showed what steps would be taken to meet this regulation. At this inspection, we found that sufficient improvements had been made and that this regulation was met.

People received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. Since the new registered manager had come into post, every staff member had at least one supervision and records confirmed this. These showed that conversations had taken place between the registered manager and members of staff. The records did not document any actions that needed to be followed up at subsequent supervision meetings. We brought this to the attention of the registered manager who stated this would be rectified. Supervisions were planned for twice a year in addition to an annual appraisal, which monitors staff performance.

Daily handover meetings occurred between staff shifts and a handover sheet provided updates for staff about people's care needs. We were given a copy of a handover sheet at our inspection, although this was out of date, since one person had passed away the day before and the sheet had not been updated. In addition, another person required the use of a hoist to aid mobility, but this had not been shown on the latest handover sheet we were given. We brought this to the attention of the registered manager who stated they would ensure information was maintained accurately and that handover sheets were dated. Communication between staff was effective. For example, one person's dietary needs had changed in that they required their food to be pureed, rather than mashed. Staff had told the chef about this person and changes had been made accordingly. A member of care staff felt that nursing staff listened to them and said, "Everything we say they deal with straight away, they always listen".

Staff meetings took place and the last minutes showed that a meeting was held on 5 October 2015. Items discussed were training, CQC with reference to the last inspection and

activities for people. Staff confirmed they had attended a staff meeting recently and one said, "We sit round with [named management team]. We can all air our views". Staff commented that they felt positive in their work and that the new registered manager was supportive. One member of staff told us, "[Named manager] is wonderful. She's changed things. She's so supportive and always there for you".

The provider had introduced on-line training for all staff through a training company and staff were in the process of completing various modules and updating their training. New staff were required to complete the Care Certificate, covering 15 standards of health and social care topics. The registered manager told us that they would also complete the Care Certificate alongside new staff, to provide staff with encouragement and effective support. New staff completed an induction programme which included 'shadowing' experienced staff. One member of staff explained, "I worked with someone else and they showed me everything I needed to do". When asked how they would find out about people's care needs, they told us they would, "Always ask".

Some face to face training was also provided and a training plan was in place to ensure all staff received training in essential areas. Training had been organised to meet people's specific needs and registered nurses received additional training, for example, syringe driver training, and support from nursing staff at a local hospice to respond to people's end of life care needs. Although training and support for staff had been improved upon and further training had been arranged, this area required additional time for changes to be embedded.

At the inspection in February 2015, we found the provider was in breach of a Regulation associated with lawful consent. As a result, we asked the provider to take action because consent to care and treatment was not always sought. Following the inspection, the provider sent us an action plan which showed what steps would be taken to meet this regulation. At this inspection, we found that sufficient improvements had been made and that this regulation was met.

Staff had a good understanding of the difference between people's capacity to make day-to-day decisions and the requirements under the Mental Capacity Act (MCA) 2005 and put this into practice. Staff confirmed they had received training on the MCA and one member of staff

Is the service effective?

explained, “If they are able to make a decision, it’s their choice. If not, I would read the care plan or ask the supervisor or manager”. Capacity assessments were completed in people’s care plans and these identified whether people had the capacity to make certain decisions. Some people had appointed a person to make decisions on their behalf under the requirements of a Lasting Power of Attorney and records confirmed this. Where people had been assessed as not having capacity, the registered manager had completed Deprivation of Liberty Safeguards (DoLS) forms. DoLS protects the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. The local authority had acknowledged receipt of the DoLS forms, but had not made any decisions on these at the time of our inspection.

At the inspection in February 2015, we found the provider was in breach of a Regulation associated with providing person-centered care and treatment. As a result, we asked the provider to take action because there were omissions in people’s health checks which meant they did not always receive timely health care. Following the inspection, the provider sent us an action plan which showed what steps would be taken to meet this regulation. At this inspection, we found that sufficient improvements had been made and that this regulation was met.

People were supported to maintain good health and had access to healthcare services. One person said that they kept their own GP after they were admitted to the home and that they had visited a couple of times. Care records confirmed people received support from a range of professionals, for example, their GP, dietician and speech and language therapist. On the day of our inspection, we observed a GP was called to see one person who had been feeling unwell. District and community nurses also visited regularly.

People were supported to have sufficient to eat, drink and maintain a balanced diet. People confirmed that there was a good variety of menu options and that roasts were available on a Wednesday and Sunday, with chicken, gammon, pork, lamb and beef at various times through the month. Relatives confirmed their family member was asked every day what they would like to eat and were given the choice of two options. The chef was new to the home and said, “I’m still trying to find out what people like and what

they don’t like”. We observed that the chef visited every person individually to discuss the day’s menu. On the day of our inspection, meatballs was one option available to people from the lunch menu. However, the chef said that the majority of people, “Did not fancy meatballs,” and so a last minute suggestion of shepherd’s pie was offered, which people agreed to. Menus were changed every four weeks and there were always alternatives for people to choose from. A whiteboard in the kitchen displayed information about people’s diets, for example, normal, soft or pureed consistency, and any special dietary needs such as allergies or for diabetes. This meant that the chef could reference the whiteboard easily and prepare meals in line with people’s dietary needs. Meals were plated up on to trays and the chef informed staff which meal was intended for which person. Trays were taken to the dining room or to people’s rooms, if they ate separately. Plate guards and special cutlery were available to people to support their independence to eat, although these were not utilised on the day of our inspection; this was an error by staff.

We observed five people eating their lunch in the dining room and one member of staff who provided support if needed. There was little conversation from people or staff during lunch. One person had difficulty swallowing and started choking on their mashed-up food, so this was taken away and replaced with pureed food. The chef said they would follow this up with the registered manager and we confirmed later that this had been done. Tables were laid up with table cloths, glasses and place mats. However, the glasses and place mats appeared needing more thorough cleaning. A member of staff said that people could have snacks outside of meal times if they wished. They told us, “I give them drinks at night and complete fluid charts. People can have anything, anytime”. We observed that drinks were freely available to people.

People had been assessed using a combination of height, weight and body mass index, to identify whether they were at risk of malnourishment. The provider had completed these assessments using the Malnutrition Universal Screening Tool (MUST), a tool designed specifically for this purpose. Where people’s weights gave cause for concern, then referrals were made to healthcare professionals and their advice was sought. One healthcare professional stated they had noticed improvements since the new registered manager had come into post. They told us, “I think there has been improvement to engagement and response to my requests”. They added that staff acted and

Is the service effective?

implemented their advice and said, “[Named registered manager] is very responsive and she has responded to my requests. [Named a registered nurse] is very good with the patients, a good approach all round”.

Some people had personalised their rooms with pictures, photos and ornaments. However, other rooms had not been personalised and all rooms were decorated uniformly with pale yellow paintwork and green carpeting. People’s names were printed on A4 sheets of paper, alongside the provider’s logo of a lotus flower. These could have been personalised, for example, to include pictures that people

liked or were of particular significance to them. The provider had plans to redecorate the home and some improvements had been made since the last inspection. For example, the hall area had been redecorated and a bathroom updated. The upholstery to every chair in the dining room was split and needed replacing. The provider was aware of this and told us this had been included in their refurbishment plan. The provider acknowledged that redecoration and refurbishment were areas for further improvement.

Is the service caring?

Our findings

At the inspection in February 2015, we found the provider was in breach of a Regulation associated with dignity and respect. As a result, we asked the provider to take action because people were not involved in making decisions about their care. People did not have appropriate opportunities, encouragement and support to promote their autonomy, independence and community involvement. Following the inspection, the provider sent us an action plan which showed what steps would be taken to meet this regulation. At this inspection, we found that sufficient improvements had been made and that this regulation was met.

People were supported to express their views as much as they were able and were actively involved in making decisions about their care, treatment and support. The registered manager said they tried to include relatives as well as people in care reviews and added that, if necessary, they would conduct reviews over the telephone. Care plans did not always document that people or their relatives had been involved, as they were not signed by them. However, people and their relatives confirmed to us that they had been involved. A member of staff said that people should be treated as individuals and said, “Everyone’s different and want things done in certain ways”. A relative said that sometimes the call bell was left on the wall and not always within easy reach of their family member. We asked staff what they would do if people refused support with their care. One member of staff told us, “I would write it down and try later, at least twice. Sometimes people change their minds”.

At the last inspection, it was observed that mealtimes were not a pleasurable social experience for people. The dining room was small and could not have accommodated everyone living at the home if they wanted to eat together. However, on the day of our inspection, there was sufficient space for people who had chosen to eat in the dining room. The registered manager said they had plans to open up the sitting room and conservatory at Christmas so that people,

family and friends could all eat and celebrate the festive season together. The sitting room and conservatory had been recently updated and provided a pleasant communal area for people to get together.

We observed positive, caring relationships between people and staff. A member of the domestic staff told us, “I love chatting with the residents, it makes my life so much better”. Another member of staff said, “I love working with people and relatives. I always offer visitors a drink when they come in” and we observed this on the day of our inspection. Staff were enthusiastic about their work and enjoyed chatting with people. People were treated with warmth and respect by friendly, caring staff who knew them well. One relative was, “having a bad day” and the registered manager was supportive and said, “We’re always here if you want to talk to us”. Another relative said, “Staff are always very nice. I can come any time and stay as long as I want”. A third relative told us, “Care staff are very good”. There was good communication and relatives confirmed that they were involved and updated on all aspects of their family member’s care.

People were treated with dignity and respect and we observed staff knocked on people’s doors before entering. One of the domestic staff explained, “We don’t barge in, we ask people before we clean”. Another member of staff said that, before they supported people with their personal care, they ensured that curtains were drawn and their doors were shut.

At the end of their lives, people were supported to have a private, comfortable, dignified and pain-free death. One member of staff told us about their experience of looking after people at the end of their lives and said, “We sit with people and hold their hand”. The majority of people had ‘Do not attempt resuscitation’ (DNAR) forms in place which meant that people should be allowed a natural death. The DNAR forms had been completed appropriately, with the involvement of the person and their relatives if possible, and were signed by a GP. The registered manager was in the process of meeting with people and their families to ascertain their views and wishes about end of life care. Some people had made decisions about their end of life wishes and advanced care plans were in place.

Is the service responsive?

Our findings

At the inspection in February 2015, we found the provider was in breach of a Regulation associated with person-centred care. As a result, we asked the provider to take action because people's care plans were not accurate or up-to-date and this had an impact on their care and welfare. At this inspection, we found that sufficient improvements had been made and that this regulation was met.

Comprehensive information provided advice and guidance to staff about people's care needs. Before being admitted to the home, people's needs were assessed by the registered manager. A member of staff told us, "We can look at the care plans. With new patients, I always like to look through them". However, another member of staff said, "I check the records in their rooms, but I don't read the care plans, because mostly the nurses fill these in". Care plans were reviewed monthly and any changes required were implemented and the plan updated. Care plans were not always person-centred and some life histories for people were incomplete. The registered manager acknowledged this and told us that they were in the process of completing new care plans for people.

In one person's care plan, it was recorded that a family member had been appointed as their Lasting Power of Attorney (LPA) for their finances. An LPA is where a person has been given legal entitlement to act upon another person's behalf. We discussed this with the registered manager who said that the LPA had not been formally lodged with the Court of Protection and therefore was not valid. They said they would update the care plan to show this.

Personal care records were kept in people's rooms to indicate what care or support had been provided by staff on a daily basis. However, the information contained within these daily records was not always linked back to the care plans. For example, in one person's dietary care plan it stated that the person was eating well on a pureed diet with liquid supplements, but no reference was made to their weight loss or food and fluid charts. However, other records stated that this person had suffered a significant weight loss and a referral to the GP and dietician was made a month later. Daily reports completed by staff between 11 September 2015 and 26 October 2015 indicated that they had been prescribed an antibiotic by the GP and given

three doses of this by an agency nurse. However, notes also indicated that the person had an allergy to this medicine. When this was discovered, the GP and agency were contacted and the medicine withdrawn, without harm to the person.

Re-positioning charts for another person, who received care in bed and was at risk of developing pressure ulcers, were inconsistently completed. For example, on 24 and 25 October, nine entries were recorded to show the person had been re-positioned. On 26 October, there were six entries, and on 27 October, there were four entries recorded. On the day of our inspection, we observed that this person had been re-positioned during the afternoon at around 3.50pm, but this had not been recorded in their re-positioning record. Personal care daily records were unclear and had not been completed consistently, which meant that staff could not be sure what support people had been given previously. Food and fluid charts were in place for one person. The record stated that, 'Chart to be totalled every 24 hours between 5 and 6pm by RN'. However, this had not been done, therefore, it was difficult to see the amounts of food or fluid that this person had received and correlate it with the care plan.

Information in people's care records was not always consistently recorded or accurate. Whilst there was no evidence to show that this had any impact on the care that people received, care records, in two instances, were incomplete.

The above evidence shows that records were not always accurate, complete and contemporaneous. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some activities had been organised for people and delivered by an activities co-ordinator who was a volunteer. The registered manager said that they planned to recruit permanently to the post of activities co-ordinator. The activities planned for November included armchair exercises, puzzles, games and quizzes. A themed lunch was planned for USA Thanksgiving on 26 November. Where people were receiving care in bed, they received 1:1 sessions. People had been asked for their views about the activities and armchair exercises were popular. The registered manager said that a summer fete had been held and there were plans for Christmas and children from a primary school were to be invited to sing carols. However,

Is the service responsive?

activities were not available to people every day and, unless relatives or friends took them out, people were usually unable to access the community. One person told us, “It’s difficult here, there’s nowhere to go and see”. Clergy from a local Baptist church offered Holy Communion on the second Sunday of each month and people could participate in this if they wished. Although improvements had been made to provide stimulating activities for people, this was an area that required further development.

Complaints were listened to and lessons were learned. Forty-nine complaints had been recorded in the year and these showed the action that had been taken as a result of

the complaint and that these had been resolved to the satisfaction of the complainant. One person said that if they had any concerns, they would tell the registered manager or staff and, “They are on it straight away”. They gave an example where a chair was broken and this had been replaced within a couple of days. The complaints policy was on display in the hall area and there was guidance for people and their relatives on how to make a complaint. In addition, there was a suggestions and comments box in the hall, so that anyone could post their feedback on any aspect of the home and care provided.

Is the service well-led?

Our findings

At the inspection in February 2015, we found the provider was in breach of a Regulation associated with good governance and quality monitoring. As a result, we issued a Warning Notice in April 2015, which was to be met by 23 May 2015. There were serious concerns that the provider did not have effective systems in place to monitor the quality of the service. At this inspection, we found that sufficient steps had been taken and the provider was meeting the required standards.

There was a range of systems in place to monitor the quality of the service provided. These included audits of: care plans, medicines, air mattresses, completion of DNAR authorisations, environment, infection control and accidents and incidents. The registered manager chose three random care plans in the care plan audit and checked these contained all the information needed to provide safe, effective care to people. Accidents and incidents were analysed and any trends or patterns were used to update people's risk assessments and care plans, to ensure that appropriate measures were put in place to prevent the risk of reoccurrence. The infection control audit had been completed and identified areas of potential infection and the control measures that were needed. The registered manager told us that staff were to be appointed as 'champions' in specific areas such as infection control and incontinence. These staff would receive additional training, which had already been planned, and act as a point of contact for staff in their specialist areas. Additional time was needed to embed these changes and to ensure that the quality monitoring systems were being used effectively.

The provider had asked visiting professionals for their feedback about the service and completed questionnaires were on file. One completed questionnaire referred to communication and stated, 'Senior staff to confer with, able to see patients in private. Clear understanding by staff of needs of service users. Medicines managed appropriately. Take appropriate action when person's care needs can no longer be managed' and, 'Staff know residents very well. No concerns raised by the residents or family members'. Another professional's feedback questionnaire stated, 'Walk in and there is a palpable

difference. Notes [referring to care plans] all to hand, written-up and in order. Calmer, happier atmosphere overall. New manager knew what was required to change the home for the better'.

Staff were also asked for their views and six surveys had been completed overall with positive results. One of the care staff told us, "As long as people are looked after and cared for, that's all that matters to me".

At the inspection in February 2015, we found the provider was in breach of a Regulation associated with staffing. As a result, we asked the provider to take action because there was no registered manager in post at the time of the inspection and there was a high turnover of staff. Following the inspection, the provider sent us an action plan which showed what steps would be taken to meet this regulation. At this inspection, we found that sufficient improvements had been made and that this regulation was met.

A manager was appointed to the home in March 2015 and registered with the Commission in September 2015. The new registered manager explained how they had looked at every aspect of the service, identified improvements and put these in place. They told us that their priority was to recruit new staff, build the morale of existing staff and, "Getting staff up to speed". The registered manager said that when they were not at work, they were on call 24/7 and that they were very familiar with different job roles at the home. The registered manager explained, "I wouldn't expect staff to do anything I wouldn't do myself," and staff confirmed this. One member of staff said, "She rolls her sleeves up and is always there to lend a hand on the floor if needed". They also referred to the provider and said, "The boss is very supportive too. You tell him anything and he does it". Another member of care staff told us, "At the moment things are looking up" and then referred to the home stating, "I love the homeliness of it. I love the friendliness and I love the job". Existing staff felt that the registered manager had made positive changes since coming into post and that, as a result, morale amongst all staff had increased.

People were asked their views about the home and residents' meetings were held every quarter. A notice in the corridor stated that the next meeting was to be held on Tuesday 1 December at 14.00hrs. Items discussed at the residents' meetings included food, activities and planning of events. People were also asked to complete questionnaires and give feedback on a range of areas, such

Is the service well-led?

as, 'Your daily care, comfort, cleanliness, convenience, social activities, laundry, food and catering, health and safety'. Three completed questionnaires had been returned with overall good feedback. One person thought that the home could be 'freshened up and redecorated'. Relatives were also asked for their feedback about the

home and five completed questionnaires were received with overall positive comments. One relative stated, 'Best place out of three we tried'. A 'Meet the Management' event had been organised in May 2015 which provided an opportunity for relatives to meet the management team; three relatives had attended.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment How the regulation was not being met: People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance. Regulation 15 (1) (c) (e)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: Care records were not always accurate, complete and contemporaneous in respect of each person using the service. Regulation 17(2)(c)