

Care Matters (S.E.) Limited

Abbey Lodge

Inspection report

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Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

Abbey Lodge is a care home that provides care and support for up to 18 people living with past and present mental health needs and people who are living with a dementia. People cared for also have additional physical and health care needs. This included people living with multiple sclerosis and diabetes. The care home comprises of two separate buildings one known as the House and one as the Bungalow. These are used flexibly to accommodate people with similar care needs and to ensure people with physical needs are accommodated in rooms of a suitable size and design. At the time of this inspection five people were living in the Bungalow and seven were living in the House.

This inspection took place on 23 and 29 November 2017 with the first day being unannounced.

The service had a registered manager in place. 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.

At the inspection completed on the 25 March 2015, we asked the provider to make improvements in relation to a number of areas. Three breaches to the regulations were identified and the provider provided an action plan to address all the issues identified.

At the last inspection in August 2016 the provider was found to be meeting all of the regulations but recommendations were made to improve the service. These referred to developing staff training, reviewing supervision practice and reviewing the staffing levels and skills to ensure people's needs could be met. At this inspection we found these recommendations relating to staff training and supervision had not been embedded into practice and additional concerns were identified. The staffing levels had been reviewed however staff skills were in need of improvement, to ensure staff responded to all people's needs appropriately.

At this inspection we found staff training and practice followed in the service did not ensure all types of possible and potential abuse were recognised and reported to the appropriate authorities. A proactive approach to safeguarding was not demonstrated and therefore did not ensure all risks were minimised and put people at risk of potential abuse. Accidents and incidents were not recorded in a consistent way and did

not demonstrate that they had been thoroughly reviewed and evaluated. This meant accidents and incidents were not used effectively to change practice, review and learn lessons from and therefore reduce risks for people.

Most medicines were handled safely, however we found for people who were prescribed 'as required' (PRN) medicines suitable guidelines were not always in place to guide staff on the safe and consistent administration of these medicines.

Staff turnover had been high and the level of training provided had not ensured all staff had the required skills and competencies to look after people effectively. Staff training records to confirm the training undertaken by staff were limited and the level and content of the training provided did not support a skilled workforce. For example, staff were training each other on how to move people with equipment when they had not been trained themselves on how to deliver this training safely and competently.

The care documentation was not completed consistently and did not always provide clear information on the care and support needed or guidelines for staff to follow in order to provide this care. The way some care documentation was completed did not promote a person centred approach to care. This meant the provider could not be assured that staff delivered appropriate and responsive care to people.

The quality monitoring and management systems did not support safe and best practice was followed in all areas or identify all areas for improvement. The provider had not established systems that identified and responded to the lack of consistent recording and reporting of accidents and incidents, the absence of PRN guidelines and a lack appropriate care plans to cover specific care and support needs. The quality systems had not identified staff training was not being maintained to a level that ensured staff had the required skills and competency to look after people effectively. Or that staff had a good understanding of their roles and responsibilities. The governance systems had not ensured the service had maintained improvements and maintained compliance with the regulations.

People were happy with the care they received and they appreciated the contact and friendly relationship they had with staff. Staff were kind and attentive and demonstrated a caring approach to people.

Recruitment records showed there were systems which ensured as far as possible staff were suitable and safe to work with people living in the service. Staff understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Senior staff had an understanding of DoLS and what may constitute a deprivation of liberty and followed procedures to protect people's rights.

Staffing arrangements ensured staff worked in such numbers, that people's needs were responded to in a timely fashion. People were supported to maintain good health with the support of local community resources.

Staff monitored people's nutritional needs and responded to them. Preferences and specific diets were provided. Activities and entertainment arrangements and facilities in the service had been improved to provide additional opportunities to people. This included the use of a mini bus. People were supported to maintain their own friendships and relationships with whoever they wanted to.

Feedback was regularly sought from people, relatives and staff. People were encouraged to share their views on a daily basis and satisfaction surveys were used to improve the service.

People were given information on how to make a complaint and said they were comfortable to raise a concern or complaint if need be. People were supported to communicate and had access to resources to

facilitate this.

This is the third time that this service has been rated Requires Improvement.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and a breach of the Care Quality Commission (Registration) Regulations 2009 (Part 4). You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Accidents/ incidents and falls were not responded to appropriately or reported to the local authority in accordance with safeguarding protocols.

Individual guidelines for the giving of PRN medicines were not in place to guide staff appropriately. Other medicines were stored and handled safely.

Recruitment practices ensured all the required checks on staff had been completed before they worked unsupervised. There were enough staff to meet people's care and support needs.

The provider had established systems that promoted a safe environment.

Requires Improvement 

Is the service effective?

The service was not consistently effective.

Staff had not received training and supervision to deliver care in a way that responded to people's individual needs.

Staff had a basic understanding of the Mental Capacity Act 2005 and DoLS and the registered manager involved the appropriate authorities when people were thought not to have capacity to make specific decision.

Staff ensured people had access to external healthcare professionals, such as the GP and specialist nurses as necessary and had established good links with local community resources.

Staff monitored people's nutritional needs and people had access to food and drink that met their needs and preferences.

Requires Improvement 

Is the service caring?

The service was caring.

Good 

People were supported by staff who were kind and caring staff. Relatives were made to feel welcome and encouraged to stay as long as they wished.

People were supported to maintain relationships and friendships that were important to them.

People had their privacy and dignity respected.

Is the service responsive?

The service was not consistently responsive.

Care documentation did not always support individual and person centred care.

Additional activity resources had been sourced, including staff and a minibus to develop further individual activity and entertainment for people.

A complaints procedure was in place and complaints were responded to appropriately.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

Quality monitoring systems did not always establish best practice or identify all areas for improvement.

The registered manager was committed to delivering individual care and support to people that enabled people to enjoy their lives.

People felt they were listened to and had their views taken into account.

Requires Improvement ●

Abbey Lodge

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 checked 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 23 and 29 November 2017 and was unannounced. This was undertaken by two inspectors.

Before our inspection we reviewed the information we held about the service. We considered information which included safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we spoke with the local authority who commissioned care for people living in the service. During the inspection we were able to talk with nine people who use the service and seven staff members, including the registered manager and an activities co-ordinator. We also spoke with a visiting social care professional a GP, and five relatives who were visiting. After the inspection visit we contacted five further health and social care professionals for their feedback on the service. This included allocated mental health social workers and a DoLS assessor.

We spent time observing staff providing support to people in the home and garden area. We reviewed a variety of documents which included four people's care plans and associated risk and individual need assessments. This included 'pathway tracking' two people living at the service. This is when we looked at people's care documentation in depth and related this to observations and discussions with staff. This allows us to capture information about a sample of people receiving care.

We looked at four staff recruitment files, and records of staff training and supervision. We viewed medicine records, policies and procedures, systems for recording complaints, accidents and incidents and quality assurance records.



Our findings

People told us they felt safe living at Abbey Lodge. People said they felt the service was homely, 'warm and comfortable'. One person said, "I feel safe as the door is locked and people cannot get in." Another person said, "I am content here I have no worries." Visiting professionals told us the service was well maintained and kept as a safe environment for people to live in.

Despite this positive feedback we found areas where people's safety was not protected. Staff told us they had undertaken some training on safeguarding adults and a safeguarding procedure was available for staff to reference. The level of safeguarding training and staff understanding varied. With staff not always clear on recognising all types of actual and potential abuse and what actions they would take to ensure both were reported. Records confirmed that possible safeguarding incidents had not been reported or discussed with the relevant authorities and meant a multidisciplinary approach to safeguarding and a proactive approach to ensuring people's safety was not in place. Incidents included for example, a high number of falls, a person falling and hitting their head, assaults on staff members. This placed people at risk of potential abuse. Particular areas of concern were highlighted to the registered manager and an allocated social worker was notified of further falls that had not been reported.

Accidents and incidents were not recorded in a consistent way and did not demonstrate that they had been thoroughly reviewed and evaluated. The forms did not always record clearly who they related to. The form had an area for a manager review and to record actions taken following the accident/incident. These were not completed or poorly completed. This meant accidents and incidents were not used effectively to change practice, review and learn lessons from. For example, reports that described incidents where staff escalated behaviour that challenged instead of de-escalating were not reviewed to see how the situation could have been handled differently. One person had an accident the fact that this was followed up with an x ray at the hospital was not recorded within the accident form or within the health care records.

Some people were prescribed 'as required' (PRN) medicines. PRN medicines are only taken if they were needed, for example if people were experiencing pain. Individual protocols and guidelines were not always in place to guide staff on the safe and consistent administration of these medicines. For example, one person was prescribed a medicine to relieve anxiety 'as required' we were told this was given only when needed however there were no specific guidelines for staff to ensure this medicine was given appropriately. Other people had been prescribed PRN painkillers and laxatives. We found not everyone had guidelines for the use of these. One staff member told us how they looked for particular signs to help them administer these medicines however these were not reflected in suitable protocols. The provider could not be assured

that PRN medicines were given in a safe and appropriate way.

This lack of robust safeguarding procedures that ensured concerns were reported appropriately, the lack of review and learning from accidents and incidents, and absence of clear procedures for PRN medicine administrations is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other systems relating to the management of medicines were found to be safe. We observed medicines being administered safely to people. When giving medicines staff introduced themselves to the person, and explained what they were doing. Staff gave people time and support to take their medicines without rushing. Medicines were only administered by staff who had received training on the safe handling of medicines and training schedules confirmed staff competency on this matter was assessed. Staff told us they only administered medicines once trained and assessed as competent to do so.

Staff recruitment records showed the required checks were undertaken before staff began work. This ensured as far as possible only suitable people worked at the service. These checks included confirmation of identity references and a disclosure and barring check (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or adults at risk. The registered manager coordinated the recruitment of staff and told us they were particular in who they recruited taking account of people's motivation when coming for an interview.

The staffing levels were reviewed by the registered manager and took account of people who required additional one to one time. The bungalow and house were staffed separately, however staff could be deployed in either area of the service. Each area had two care staff as a minimum during the day with the registered manager working across the service. A cleaner was also employed and two activities coordinators were now working in the service to support the care staff and focus on the emotional and recreational needs of people. There was a waking care staff working in each area at night. The registered manager confirmed as from the 30 November 2017 an additional staff member was working on nights. This staff member was a sleep in so covered when needed in both the Bungalow and House and also provided additional caring hours early in the morning and in the evening before people went to bed. Staff told us there were enough staff and they were able to respond to people as they wanted in a safe way. The registered manager was satisfied that there was enough staff working in the service to respond to all needs, additional cover was provided by an on-call arrangements this was to respond to emergency situations. Visiting relatives told us there was enough staff to talk to, and provide the care and support needed. "The staff are available and willing to help."

The provider had ensured the service was clean and assessed for possible environmental risks, maintenance issue were identified and responded to. The premises were well maintained and systems were in place to ensure the service was secure. There was a system that allowed anyone to identify and log any repairs needed and action was taken to complete these in a reasonable timescale. The service's equipment was regularly checked and maintained. Safety checks had been carried out and these were planned and monitored. They addressed the environment, water temperature, appliances including portable electrical appliances and fire protection equipment.

People's risks were assessed and reviewed. These included risks of falls and behaviour that challenged. Risks associated with promoting people's activity and mobility were also assessed. This included the risks associated to one person undertaking gardening. This meant this person was supported with this activity that they enjoyed safely. We also found personal emergency evacuation plans (PEEPs) had been completed on each person and ensured staff and emergency services were aware of people's individual needs and the

assistance required in the event of an emergency evacuation.



Our findings

People told us staff understood their needs and supported them appropriately. One person said "Staff know and understand me." Another said, "The staff always do the right things for me." Relatives were positive about the staff, the care they provided, and the skills they showed. However, one relative told us they were concerned with the high level of changes in the staff group. "There are a lot of staff changes, different staff every time I come here." Visiting professionals were confident that the staff met people's needs and told us staff were committed to meeting people's care and support needs."

Despite this positive feedback we found areas that impacted on the provision of effective care.

The provider could not be assured that staff had undertaken appropriate training to ensure they had the required skills and competencies to look after people effectively. There had been a high turnover in staff and this had meant a greater number of new staff working in the service. On the day of our unannounced inspection visit the four care staff who covered the morning and afternoon shift in the House were all new having worked in the service less than four months.

Staff training records to confirm the training undertaken by staff were limited. New staff had completed an induction which included two days shadowing and then working with a senior care staff to sign off induction skills. The essential training was completed in workbooks, the registered manager was unable to confirm what training had been completed by what staff. The registered manager had started to complete profiles for staff but recognised there was no established system to record or plan the training for staff. The completion of workbooks alone does not give staff the practical skills to care for staff effectively. For example, to move people safely staff need to practice with equipment as well as understand the theory. One staff member told us they were going to be trained by another staff member. There was no evidence that the staff member providing the training had undertaken a course to ensure their competence to provide this training. This meant people may be placed at risk when being moved by staff who had not received appropriate training.

Observations during the inspection indicated that staff did not have the skills and experience to look after people effectively. For example, we observed staff asking people to say please and thank you when requesting cigarettes, drinks or going to different areas in the service with staff. One staff members said, "What's the magic word when we ask for something." This approach had not ensured staff treated people as adults and demonstrated staff had not been trained with the appropriate approach when looking after adults. This was raised with the registered manager who recognised this as poor practice.

Staff told us they had received supervision which they had found useful. However, many of the staff were new and had not received any supervision. The supervisions were completed by the registered manager or the deputy manager. The deputy manager had not completed any training to support them in this role. This meant the provider could not be assured that all staff were receiving meaningful supervision on a regular basis.

This lack of thorough training and supervision to ensure staff have the appropriate skills, qualifications, competence and experience to undertake their designated role in the service is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had accessed some specialised training and further had been arranged to support staff when caring for people with specialised care needs associated with their health needs including diabetes and Huntington's disease. She and the provider planned to progress this training further along with recognised training for staff including diplomas in health and social care.

We were told staff had completed training on the Mental Capacity Act (MCA) and DoLS. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff spoken with understood the principles of consent and described how they offer care and return later if people decline. We observed one staff member return with medicines when a person had declined to take these when they were first offered.

The registered manager discussed when DoLS applications had been applied for. She was aware of how to make an application and had done so in the past when she was unclear of the capacity of people to make an informed choice, some of these applications were rejected. Discussions with the DoLS assessor and social care professionals had improved the registered manager's understanding. Recent applications had been accepted and one DoLS application had been approved. This was reflected within the care documentation and staff understood the restrictions in place. The DoLS assessor was satisfied with the arrangements and was scheduled to review the authorisation near the date of expiry. Bed rail risk assessments were in place for people where bed rails were used and people had consented to their use.

The services environment was adapted to meet people's individual needs. Most rooms were large and corridors were wide to accommodate people with poor mobility and the use of mobility aides including electric wheel chairs. Good planning and design can help in making it easier for people to interpret and navigate a service in safety, and the use of colour and contrast can be used in different ways to assist in this, hand rails had been fitted along corridors and the registered manager confirmed consideration was being given to painting them brightly to ensure they were easy to see and use. Signs around the service were used to orientate people as to where they were.

People were supported to have enough to eat and drink when and where they wanted. For example, breakfast was provided on an individual basis and included a cooked breakfast of bacon and eggs if wanted. Staff were available to support and encourage people to eat both in the dining rooms and in people's own rooms. Staff were not rushed and gave people time to eat at their own speed with the correct approach being used. For example, returning to people to check they were eating independently and assisting as needed. A record of meals provided and then eaten was maintained for each person.

People's individual needs were responded to. When people had difficulty in eating and swallowing staff referred to appropriate professionals for advice as necessary. Additional support and monitoring was put in place and recommended changes to food and drinks were implemented. For example, fluids were thickened according to the Speech and Language Therapist's directions and meals were supervised to reduce the risk of choking. Staff had a good knowledge of people's dietary choices and needs. The provision of meals was being changed within the month to an outside catering company that provides frozen ready-made meals. People had been involved in tasting sessions of these meals in order to ensure a varied and appetizing menu that suited their individual needs. People had been satisfied with the food provision in the past, but were happy to try the new arrangements. Relatives had provided some negative feedback on the food provision in the past and were pleased alternative arrangements were being used.

Staff responded to people's mental health and physical health care needs. They recognised the importance of responding to both and supporting people in maintaining all their health needs. Staff maintained communication with each other and people so all needs were addressed. For example, the staff handover shared information on how people were feeling and if they were feeling unwell. One person had not been well in the morning and a GP had been called all relevant information was passed onto the staff at the beginning of their shift. A relative told us staff had ensured suitable contact and appointments had been made with the optician and dentist. A visiting GP told us the staff worked hard to ensure people received the right care and also ensured they were reviewed regarding their health care needs on a regular basis. Staff worked with a variety of health care professionals to support people's health. This included the district nurse, community nurses, specialist nurses who gave valued input for people with complex care needs.



Our findings

People were supported by staff who were pleasant and caring in their approach. People told us they liked the staff and enjoyed spending time with them finding them friendly and good company. People had developed positive relationships with staff that cared for them. We saw genuine affection between staff and people. One person embraced a staff member who responded to this appropriately, both were clearly just pleased to see each other. One social care professional told us, "Staff care about people, one staff member really cares about my client who has no family, she spends time chatting with them which they really enjoy." Relatives also complimented the approach and caring attitude of staff. "The staff are really really good, they are kind and thoughtful."

The registered manager demonstrated a kind and caring approach to people, relatives and staff. This provided an excellent role model for staff to follow. For example, following a recent death in the service the manager came into work to support the staff and to ensure the family were advised in a sympathetic and sensitive way. They drove to their home to speak to them directly and to bring them to the service as they wished. This demonstrated that they were willing to put themselves out to provide empathetic care and support to staff and relatives.

Staff had a good knowledge and understanding of the people they supported and knew about their past life's and interests. The activity co-ordinators had started work on enabling people to meet individual wishes. These were very personal to people and could be small or a bigger goal. For example, one person shared a wish to stroke a horse. The registered manager told us a local stable was to be contacted to facilitate this. Contact with animals can be very therapeutic for people. Understanding this and responding to individual wishes demonstrated a caring approach to people.

Staff encouraged people to maintain positive relationships with their friends and families. People's friends and relatives were warmly welcomed when they arrived at the service. The visiting arrangements were not restrictive and allowed people to have visitors at any time. Staff worked hard to ensure Abbey Lodge had a welcoming environment for everyone. This promoted a homely atmosphere where people and visitors to the service could relax and feel at 'home' Relatives and friends were invited to events at the home and joined in any parties. This allowed people to feel their loved ones were involved as they would want in the service.

Peoples' equality and diversity was respected. People in the service were supported to form friendships and positive relationships including partnerships when this was what people had chosen to do. People were

afforded private time and this was respected. The provider had ensured people who had physical disability had access to all areas in the service including the garden and café area. This ensured equitable access to facilities and activities provided in the service. One person understood that their cigarettes were limited in accordance with an agreement in place. They had requested that the number of cigarettes available be increased on Christmas day. The registered manager recognised this as a treat wanted and said she would be extending this to other smokers who have an agreement to restrict their cigarettes to ensure people did not feel they were being treated differently.

People's privacy and dignity was promoted. People's bedrooms were seen as people's own personal area and staff respected this, only entering with permission. Rooms were provided with locks so people could secure their own room if they wished. We were told rooms were personalised to individual choice. Whilst some rooms were very personalised and reflected people's personality and interests other rooms looked less personal. However, during our second visit it was clear that people's choices had been responded to with one room that looked less personalised being painted with a colour that the occupant had chosen a couple of weeks previously. They were very pleased with the result and gladly showed us how the room was progressing. The ability to have personal items in your own room and to have control over its contents and look was important to people. It gave them a sense of identity and level of well-being. One person described the pictures in their room and told us how important they were to them as their wife had painted them.

Staff understood the importance of maintaining people's confidentiality and to maintain professional boundaries. Staff were advised of their responsibilities in respect of confidentiality within the induction. Staff told us they knew to keep information secure and not to discuss people outside of the service. Records were kept securely within a locked room.



Our findings

People and their representatives told us they were involved in deciding how people's care was provided, they told us that they had discussed their needs with staff and that these had been reviewed. One person said, "Yeah, staff provide the care I need and I have discussed this with me." A relative told us, "We have had time to go through a number of areas in relation to care and help needed on a daily basis."

Despite this positive feedback we found areas that impacted on how staff were supported to provide person centred care. Some of the care documentation did not provide clear information on the care and support needed or guidelines for staff to follow in order to provide this care. For example, one person who had a urinary catheter did not have a care plan to describe the care and support staff were to provide. We found the top of the night bag drainage was left without a cap on it. This could lead to urinary infection. Another person had varying blood glucose levels and the care plan did not provide guidelines to staff on what action to take if these levels varied. One person who had behaviour that could challenge and staff told us they could shout and become agitated in their approach. The care documentation did not contain any guidelines for staff to follow to support this person's emotional needs. Another person who had a risk of choking had no guidelines for staff to follow if they had a choking episode. This meant the provider could not be assured that staff delivered appropriate and responsive care to people. This is of particular importance as there was a high number of new staff and some agency staff working in the service.

Other care and support plans were not completed in a way to demonstrate a person centred approach. For example, a care plan in place relating to the number of cigarettes one person smoked did not record discussions and agreements made with the individual concerned. The registered manager confirmed discussions were undertaken and recognised the language used within the care documentation did not always reflect a person centred approach or ensure people's choices preferences and decisions were documented.

The lack of consistent and thorough care documentation to ensure people's needs are responded to in a person centred way is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Abbey Lodge was seen as people's own home and an effort was made to encourage and support this view for people. It was key that people living in the service got on well and their health needs did not impact on each other in a negative way. The registered manager took account of this during the admission process and when people's needs changed. When people's needs could no longer be met the registered manager

worked with health care professionals to find appropriate safe placements. This maintained a comfortable environment for people to live in.

No one at the time of the inspection required end of life care. The registered manager told us people's end of life care would be discussed and planned and their wishes respected. People were able to remain at the service and were supported until the end of their lives if their care needs whenever possible.

There were systems in place to record any compliments, concerns or complaints. People and their relatives were encouraged to raise any concerns and knew who to speak to if they had any concerns. The complaints procedure was displayed in the service. One relative told us, "I raise anything with the manager. We have a good relationship and so I can share any concerns." Two relatives told us how they had recently raised concerns about the food with the registered manager. They were satisfied that they had been listened to and that their concerns were being dealt with appropriately. The registered manager took time to talk to people and ensure concerns were responded to quickly. The registered manager told us, "I promote an open door policy and actively encourage and support residents and their families to come and see me."

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify, record, flag, share and meet people's information and communication needs. Although staff had not received AIS training staff had identified the communication needs of people. Communication was a key area of the assessment tool used. This went on to describe how communication needs were to be addressed. Staff spent time with people to ensure communication was effective. For example, one person liked to write on a notebook. Staff ensured the pen and book were available to them and spent time encouraging them to write and giving them time to do so.

Engagement with meaningful activities can support people develop friendships and promote their identity. For people with mental health needs and dementia, engagement with activities can provide structure and promote well-being. The provider had recognised the need to develop a suitable activity programme with the facilities and staff to support this. They had recently purchased a mini-bus and employed additional activity staff. This had provided the resources necessary to develop an individual programme for each person living in the service. Activity staff had started assessing people's needs, wishes and preferences in relation to the provision of meaningful activity. A recent party held in the service's café area had been greatly enjoyed by people who attended. One person said, "We all had a really good time dancing and singing along to Elvis." Another person told us how they were looking forward to the future activity programme. "I am looking forward to going out in the mini bus."



Our findings

People were positive about the management of the service. People told us they liked the registered manager and she was approachable and would listen to them. Relatives were also positive about the management of the service telling us the registered manager was available and 'knew what was going on.' Staff told us they felt supported by the registered manager who was readily available to them.

Despite positive feedback about the registered manager and their approach we found areas where the leadership of the service did not ensure safe, effective care in all areas. Visiting professionals were not confident that the management had established communication systems that ensured they were notified of all incidents and accidents that impacted on the care and safety of people living in the service.

We found management systems, that included quality monitoring, did not support safe and best practice was followed in all areas. For example, the monitoring of accidents and incidents did not identify appropriate responses and actions had been taken. This had included ensuring appropriate people were notified of all falls and ensuring appropriate equipment was sourced following accidents to reduce the risk, such as, the timely provision of sensor mats and head protectors. Quality monitoring systems had not identified when records were not completed consistently for example, incomplete accident reports, the absence of PRN guidelines for people and a lack appropriate care plans to cover specific care and support needs. The quality systems had not identified staff training was not being maintained to a level that ensured staff had the required skills and competency to look after people effectively.

We were told that the provider visited the service on a regular basis, however a provider quality report and review on the service was not available when requested. The provider and registered manager had not ensured areas raised within the last two inspection reports had been fully addressed and improvements noted at last inspection were not embedded into practice and continued. The provider had established some systems to monitor the quality of the service, however these had not ensured the service was compliant with the statutory regulations. The service had relevant and up to date policies and procedures however staff were still in the process of reading these. Staff told us time available for this was limited. There was no evidence that staff had terms and conditions of employment. The provider could not be assured staff had a solid understanding of their roles and responsibilities or a clear understanding of what was expected of them.

The lack of effective quality review and monitoring is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had not notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations in a timely fashion. This was discussed with the registered manager for her to address. For example, safeguarding referrals made had not been notified.

This lack of appropriate notification is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (Part 4).

In some areas quality monitoring systems had been established and had been used to improve the service. This included auditing system, for example, the handling of medicines. Health and safety and infection control audits and checks were also established and reviewed on a regular basis. Feedback was sought from people and those who mattered to them in order to enhance the service. This was facilitated through regular meetings, forums, satisfaction surveys and regular contact with people and their relatives. For example, one relative told us, "We are asked what we think about things and how the home is run." Satisfaction surveys had been completed this year and were waiting to be audited. Last years had been completed and audited and where people had asked or suggested changes these had been progressed. For example, an improvement to activities was being progressed.

A management structure was in place and included a registered manager, deputy manager and senior care staff. Staff told us they felt very well supported by the registered manager and support systems including supervision, team meetings and appraisals. Team meeting records confirmed staff were reminded on best practice and ensuring a caring and appropriate approach to people. For example, staff were reminded to store cooked and raw meat separately in the fridge. There was an on-call arrangement and staff were confident that if they contacted senior staff or the provider for support and guidance they would be available. Staff knew about 'whistleblowing' and how to contact external agencies if they needed to.

The registered manager was dedicated and committed to their role and had a vision for the home. They were passionate about providing care to people in a person-centred, inclusive way to uphold people rights. They recognised the importance of developing people's skills, independence and meaningful activity ensuring people enjoyed their lives. They were open to gain feedback from outside professionals and told us they would be contacting the local In Reach team who provide support and training to services supporting people with dementia. The registered manager encouraged staff to work with people promoting the same values and demonstrated these through their daily contact with people and staff.

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The registered provider had not notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations in a timely fashion.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The care documentation did not provide staff with the information and guidelines to provide individual and person centred care.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not ensure that care and treatment was always provided safely. Accidents and incidents were not managed in a way to ensure the safety of people. Not all medicines were managed in a safe and consistent way.</p>
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

The registered provider had not established systems or processes that ensured compliance. Quality monitoring systems had not established best practice in all areas or identify all areas for improvement.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

Staff working in the service had not received training and supervision to ensure they had the skills and competencies necessary to carry out their duties and deliver care in a way that responded to people's individual needs.