

Imperial Healthcare (UK) Ltd

# Homelea Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We inspected Homelea Residential Care Home on 23 and 24 April 2018. The first day of the inspection was unannounced. The home has been inspected twice under the current provider. At the inspection of January 2017 we found the provider was in breach of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because risks to people's safety were not always well managed, people did not always receive care that was person-centred and people's privacy and dignity was not always upheld. The provider sent us an action plan and told us they would address these issues. We inspected again in September 2017 in response to concerns raised and found improvements were still required. The provider remained in breach of the regulations because risks to people's safety were not always well-managed, care and treatment was not always provided with the consent and involvement of relevant persons. People's care was not always person centred. We also found the home was not well led. The provider had not ensured systems and processes were in place to assess, monitor and improve the quality and safety of the service provided. People's records were not complete and the provider had not notified us of significant events which they are required to tell us about by law. The home was rated 'requires improvement' and the well-led question was rated inadequate. CQC took enforcement action in accordance with its procedures and issued a warning notice and four requirement notices.

We undertook this unannounced comprehensive inspection to look at all aspects of the service and to check that the provider had made improvements, we also wanted to check that the service now met legal requirements. We found some improvements had been made, however not all breaches of regulation had been met.

Homelea Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Homelea Residential Care Home provides accommodation and personal care for up to 27 people in one adapted building. At the time of the inspection there were 20 people living there. People living at the home were older people, some of whom were living with dementia. They had a range of needs associated with old age and their health.

There was a registered manager at the service who was also the provider. 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.

This inspection found improvements had been made across the service. However, these improvements were not, as yet all fully embedded in practice and need further time to be fully established in to everyday care delivery. The breaches of Regulations 9 and 17 had not been met.

Improvements had been made to the activities and there was now an activity session each day. However, there were periods of time where people did not have anything to do. Activities were not person-centred or

meaningful.

People's records did not fully reflect the care they required and received. Although staff could tell us about the care and support people needed and received and how people made choices, this had not always been recorded.

There was a quality assurance system in place. However, this had not identified all the shortfalls we found in relation to people's records and what they done throughout the day. There had been no audit of the daily records to determine shortfalls within the recording.

There had been a lack of stability within the management team. Although staff told us recent changes meant they now felt supported, this lack of stability contributed to improvements not taking place in a timely way.

Other aspects of the quality assurance system had improved and these improvements were developing and on-going. We found improvements had been made and systems were in place to ensure accidents and incidents were managed safely. These were audited and analysed to identify any themes and trends across the home. The provider had also employed an external consultant to complete further audits. Where areas for improvement had been identified, action was being taken to address these.

At this inspection staff understood the procedures to safeguard people from the risk of abuse. Any concerns were reported and acted on appropriately. Staff understood their own responsibilities in reporting safeguarding concerns.

Staff had an understanding of the Mental Capacity Act 2005. Assessments had been made to determine people's capacity and appropriate referrals were made to the local authority if people needed to be deprived of their liberty to ensure their safety and well-being.

Staff had a good understanding of the risks associated with the people they looked after. Risk assessments were in place to help and guide staff. Systems were in place to ensure medicines were ordered, stored administered and disposed of safely.

Staff received the training and support they needed to enable them to meet people's needs. There were enough staff, who had been safely recruited, to meet people's needs.

People were supported to eat and drink a variety of food that met their individual needs and preferences. Nutritional assessments were in place to identify where people may be at risk of not eating or drinking enough.

People's health and well-being needs were met. People were supported to have access to healthcare services when they needed them.

Staff had a good understanding of the care and support people needed. They treated people with kindness, respect and understanding. People's privacy and dignity were respected and they were supported to make decisions and choices throughout the day.

There was a complaints policy and people told us they would raise any concerns with the owner.

The provider and deputy manager were striving to improve and develop the service and to create an open

culture at the home.

You can see what action we told the provider to take at the back of the full version of the 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?

Good ●

The service was safe.

Systems were in place to ensure accidents and incidents were managed safely.

Staff understood the procedures to safeguard people from the risk of abuse.

Risk assessments were in place and staff had a good understanding of the risks associated with the people they looked after.

There were enough staff to meet people's needs.

Systems were in place to ensure medicines were ordered, stored administered and disposed of safely.

### Is the service effective?

Good ●

The service was effective.

Staff had an understanding of the Mental Capacity Act 2005. Assessments had been made to determine peoples' capacity and appropriate referrals were made to the local authority if people needed to be deprived of their liberty to ensure their safety and well-being.

Staff received the training and support they needed to enable them to meet people's needs.

People were supported to eat and drink a variety of food that met their individual needs and preferences.

People's health and well-being needs were met. People were supported to have access to healthcare services when they needed them.

### Is the service caring?

Good ●

The service was caring.

Staff knew people well and treated them with kindness and understanding.

People were supported to make decisions and choices throughout the day.

People's privacy and dignity were respected.

### Is the service responsive?

The service was not consistently responsive.

There was an activity session each day. However, there were periods of time during the day when people did not have anything to do.

People received care that met their individual needs and choices. Staff had a good understanding of the care and support people needed.

There was a complaints policy and people told us they would raise any concerns with the owner.

**Requires Improvement** ●

### Is the service well-led?

The service was not consistently well-led.

There was a quality assurance system in place and this had improved. However, this had not identified all the shortfalls we found. People's records did not fully reflect the care they required and received.

There was an open culture at the home. Both the management team and staff were striving to improve and develop the service.

**Requires Improvement** ●

# Homelea Residential Care Home

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 23 and 24 April 2018. The first day of the inspection was unannounced. The inspection was carried out by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the home, including previous inspection reports. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we reviewed the records of the home. These included three staff recruitment files, training and supervision records, medicine records, complaint records, accidents and incidents, quality audits and policies and procedures along with information in regards to the upkeep of the premises.

We looked at five care plans and risk assessments along with other relevant documentation to support our findings. This included 'pathway tracking' two people living at the home. This is when we check that the care detailed in individual plans matches the experience of the person receiving care. It is an important part of our inspection, as it allows us to capture information about a sample of people receiving care.

During the inspection, we spoke with 9 people who lived at the home, one visitor, and nine staff members, this included the provider. We also spoke with two health and social care professionals who visited the service.

We spent time observing people in areas throughout the home and were able to see the interactions between people and staff. We used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us. We watched how people were being cared for by staff in communal areas. This included the lunchtime meals.



# Is the service safe?

## Our findings

At our inspection in January 2017 we found the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because risks to people were not always safely managed in relation to risk assessments. Accidents and incident processes were not being consistently followed. Medicine procedures needed to be improved. People were left for periods unattended in the lounge. Staff did not follow infection control guidelines. At the last inspection in September 2017 we found improvements had been made in relation to infection control. However, concerns remained in relation to people's safety, accident and incident reviews, and staffing levels. The provider sent us an action plan stating how they would meet the requirements of the regulations by December 2017. We also asked the provider to make improvements in relation to some aspects of medicine management. At this inspection we found improvements had been made and the provider was meeting the regulations in this key question.

Accidents and incidents were now well managed. Following any accident, incident or fall appropriate action was taken and recorded to ensure people's safety. This included a description of the incident, what action had been taken immediately and any follow up actions to prevent a reoccurrence. There was a check list which was completed to demonstrate if the incident had been referred to the local safeguarding team or CQC. Where referrals had been made to the local safeguarding team we saw evidence of this. Information from incidents was analysed to identify any themes or trends. Information was also shared with staff to ensure they were aware of what had happened and any changes to people's support needs as a consequence. Throughout the inspection staff referred to incidents that we had read about. They told us what had happened and what actions had been taken. This demonstrated that staff were aware and had learnt from the incidents.

Staff received regular safeguarding training and were able to tell us what actions they would take if they believed someone was at risk of harm or discrimination. They told us how they would report their concerns and understood their own responsibilities. One staff member told us, "I would report to the senior or the manager but I know that I can also report to (local safeguarding team), we have their number on the wall." We asked staff if they would be confident to report concerns to the local safeguarding team and they told us they were. One staff member said, "I hope I wouldn't have to but yes of course I would." Where concerns had been raised these had been reported appropriately to the local safeguarding team.

Appropriate actions were taken to ensure people remained safe. People told us they generally felt safe at the home. One person said, "(Staff are) very good to you here and very helpful and I feel safe."

At our last inspection we found risks to people had not been safely managed. At this inspection we found improvements had been made. People's safety was maintained and risks were well managed. A range of risk assessments were in place and were used to identify and reduce risks. Some people were at risk of falls. The risk assessments and care plans demonstrated what measures were in place to reduce the risk of falls and injury. This included guidance about encouraging people to wear appropriate footwear and informing staff when sensor mats were required.

A person told us, "Sometimes I don't feel safe here." This person went on to explain this was because of

some people who on occasions displayed behaviours that may challenge. Although these were not directed at the person they did not like it. This person also told us what actions had been taken to help them feel safe. This included being able to lock their own bedroom door. Some people were prone to displaying behaviours that upset them. There was guidance available for staff. We saw that if challenging behaviour was displayed this was managed well. Staff were calm, they diverted the person's attention away from what was upsetting them, responded to their needs and took other appropriate actions to ensure any incidents did not escalate.

At our inspection in September 2017 there were not enough staff to keep people safe in light of the number of incidents that had occurred at that time. At this inspection there were enough staff to support people safely. Staffing numbers had not increased since the last inspection; however there was no longer a high number of incidents or falls. Staff told us although they were busy at times there was enough of them to support people safely. There were four care staff working each day, and two at night. There was a member of housekeeping staff, a laundry assistant and a cook. The deputy manager and the registered manager worked at the home most days and one of them was always on-call and available to contact. Throughout the inspection we saw people were attended to in a timely way. If staff were absent from work through sickness or leave then other staff covered these absences. The provider told us they were currently recruiting for another member of care staff and agency staff were only used on "rare occasions." We discussed with the provider the need to constantly review staffing levels to ensure people were supported safely.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Personal emergency evacuation plans (PEEPs) were in place to ensure staff and emergency services are aware of people's individual needs and the assistance required in the event of an emergency evacuation. Regular fire checks took place and this included fire drills for staff. There were servicing contracts in place, for example the gas, electrical appliances and water temperature and the moving and handling equipment.

Medicines were managed safely. At the last inspection we asked the provider to make improvements to aspects of their medicine procedures, in relation to body creams and to ensure protocols were in place for all medicines that had been prescribed 'as required' (PRN). People took these medicines only if they needed them, for example if they were experiencing pain. At this inspection we found improvements had been made and were being reviewed through the audit process. Where people had been prescribed body creams they had body maps which informed staff where the creams should be applied. We found one body map had not been completed, but this was addressed during the inspection. PRN protocols were in place and staff had recorded when and why the medicine had been given. Some PRN protocols were not detailed and did not include all information staff may need. We spoke with staff who were responsible for giving people their medicines and they were able to tell us why and when these medicines would be required.

Medicines were ordered, stored, administered and disposed of safely. The medicine administration chart (MAR) showed the medicines people had been prescribed and when they should be taken. They included people's photographs, and any allergies. Only staff who had received medicine training and completed competency assessments were able to give medicines. This helped to ensure they had the appropriate knowledge and skills. There were a range of daily and checks completed. This included storage temperature and checks to ensure MAR charts had been completed and medicines had been given as prescribed. Where people had been prescribed medicines with a variable dose there was guidance in the MAR to ensure staff knew what dose was required each day. Staff had a good understanding of how people liked to take their medicines and supported them to do this in a way that suited them.

People were protected, as far as possible, by a safe recruitment practice. Staff files included all the relevant

information to ensure all staff were suitable to work in the care environment. Each member of staff had a disclosure and barring check (DBS) to ensure they were safe to work within the care sector. Records demonstrated staff were recruited in line with safe practice and equal opportunities protocols.

People were cared for in a clean, hygienic environment. The home and its equipment were clean and well maintained. There was on-going maintenance and redecoration at the home. There was an infection control policy and other related policies in place. Protective Personal Equipment (PPE) such as aprons and gloves were available and used appropriately during our inspection. Hand-washing facilities were available throughout the home. The laundry had appropriate systems and equipment to clean any soiled washing. Regular infection control audits were completed and these showed where areas for improvement were identified then action was taken to address these. Security measures were in place and all visitors entering the service signed a visitor's book.

# Is the service effective?

## Our findings

At our inspection in September 2017 we found the provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because The Mental Capacity Act 2005 (MCA) had not always been followed to ensure decisions were made in people's best interests. We also asked the provider to make improvements to ensure staff who gave insulin injections had received competency assessments. At this inspection we found improvements had been made and the provider is now meeting the regulations.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The MCA says that assessment of capacity must be decision specific and it must also be recorded how the decision of capacity was reached. Where people lacked capacity, mental capacity assessments were in place where required. Best interest decisions had been made through discussions with people, their representatives, staff and health and social care professionals. There was information within the mental capacity assessments about who had the legal right to make decisions on behalf of people, when they lacked capacity to do this themselves. Throughout the inspection we observed staff asking people's consent prior to offering care and support and respected their decisions. Some people were wearing clothes protectors at mealtimes. Staff asked people if they would like to wear one and supported them to put it on if they agreed. We observed staff asking one person, who lacked capacity, if they would like a protector; they then showed it to the person who smiled. As the staff member started to put it on, the person raised their hand to push it away. The staff member stopped and said, "Oh, you don't want it, that's fine." The staff member placed it nearby and said, "If you change your mind we can put it on later."

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. DoLS applications had been submitted for people who did not have capacity and were under constant supervision. Copies of the applications and authorisations were available to staff. There were seven DoLS authorisations in place. Some authorisations had conditions attached and care plans were in place to inform staff of these conditions. The provider told us they were working to ensure these conditions were met. Mental capacity care plans informed staff when DoLS applications had been made.

At the previous inspection staff were giving insulin injections to one person. Not all staff who were doing this had been assessed as competent. We asked the provider to address this. At this inspection we were told that the person who required insulin injections was not currently living at the home. However, before they left all staff who gave the injections had been assessed as competent. The provider told us that if there was no member of staff working, who had been assessed as competent then the district nurses would visit and give

the injection. We discussed this with a district nurse who visited the service. They confirmed competency assessments had been completed and staff had the appropriate knowledge and skills to support the person. They further said, if the person returned to the home then reassessment of the person's needs would take place to ensure staff were competent with any changes to treatment.

There was an on-going training program to ensure staff received appropriate training and support to enable them to meet people's needs. Training was delivered in line with current legislation, standards and evidence based-guidance. This included safeguarding, moving and handling, infection control and equality and diversity. There was also training specific to the needs of people who lived at the home. This included pressure ulcer prevention, dementia and end of life care. There was a training matrix which demonstrated what training staff had received and when training updates were required. Training was online which staff were able to access and return to for further information. Following the training staff were required to complete a test to ensure they had gained the appropriate knowledge from the course. Where appropriate staff received face to face training, for example, moving and handling. One staff member had the role of infection control champion. They had completed an in-depth course and were planning to share their knowledge with other staff. They told us the course had been a good learning experience and they had gained ideas they could share with their colleagues.

Staff who were new to the service completed an induction which included an introduction to the home and time shadowing other staff. This allowed them to get to know people and understanding their care and support needs. They told us they were supported during this time and gained knowledge of how to support people. Staff who were new to care completed the care certificate. This is a set of 15 standards that health and social care workers follow. It helps to ensure staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Staff received regular supervision or at other times if concerns in relation to performance and training were identified. Staff had personal development plans in place and we saw these had been completed and demonstrated staff progress. Staff told us they always had an opportunity to discuss any issues and training needs with the provider and deputy manager and felt well supported.

People were supported to have enough to eat and drink throughout the day. Nutritional assessments were in place and helped to identify if people were at risk of not eating or drinking enough. The cook and staff had a good understanding of people's individual dietary needs, likes and choices. There was information available within the kitchen and in people's care plans about the type of diet people required, this included soft and diabetic. People were weighed regularly and this helped to identify if they were at risk of malnutrition. If people had lost weight or required professional support, their GP had been contacted for referral to the dietician or speech and language therapist. Where guidance was provided this had been followed.

People were supported to choose their own meals each day and picture menus were available for people who were less able to make choices. A variety of hot and cold drinks and snacks were available to people throughout the day. People were supported to eat their meals where they chose. Some people preferred to eat in their own rooms others came to the dining room. The menu was displayed in the dining room and this included pictures of the food. Meals were well presented and appeared appetising. One person told us, "I like the food here though I don't have much of an appetite." Another said, "The food is quite nice." Pureed foods were prepared in moulds which, when served, looked the same as other meals. This meant people were able to identify what they were eating.

People were provided with support as appropriate. This included the use of adapted plates. They were supported to eat at their own pace and in the way that suited them. One person had finished their lunch and said they wanted their pudding. As staff were attending to this the person left the dining room and returned to their bedroom. Staff explained the person would often do this and they took the pudding to the person in their bedroom. If people did not like what was on the menu then alternatives were always available. One person told staff they did not like the meal and they were provided with something different of their choice.

People were supported to maintain good health and received on-going healthcare support. When there was a change in their health people were referred to see the GP or other appropriate professional. This meant people received support from appropriate healthcare professionals when they needed it. Records and discussions with staff confirmed they regularly liaised with a wide variety of health care professionals. This included the GP, district nurse, falls team and chiropodist. Staff were attentive to changes in people's health needs and responded to them in a timely and appropriate way. We observed a visit from a GP in response to people's changed needs. Staff had identified a change in the person's health and contacted the GP promptly. They supported the person to make sure they received appropriate support until the GP visited and ensured there was no deterioration in their condition. They also recorded observations of the person. This included the temperature, pulse and blood pressure. The deputy manager explained that although staff were not qualified to interpret the results they provided the GP with a picture of the person's condition at various times during the day until the GP attended. Healthcare professionals we spoke with told us referrals made were appropriate and staff worked to ensure people received appropriate support in a timely way.

People's individual needs were met by the adaptation of the premises. Homelea Care Home was three houses that had been joined together adapted over the years. There was level access on the ground floor and stair lifts were available for people who could not use the stairs. There was a secure, well maintained garden, with seating, which people were able to access from the ground floor. People were supported to spend time on their own or with other people as they wished. They were able to spend time with their visitors in private if they chose to. There was on-going redecoration and improvements at the home to ensure it better met people's needs. This was to include improved signage throughout the home.

## Is the service caring?

### Our findings

At our inspection in September 2017 we asked the provider to make improvements to ensure people were dressed in a way that met their individual needs and preferences. At this inspection we saw improvements had been made. People were well dressed in clean, nicely laundered clothes. Staff told us how they supported people to make their own choice of clothing, by asking them or offering a choice of what to wear. Some people were less able to make clothes choices and staff told us they would make choices for them. They said this was based on what they knew people liked to wear. During the inspection staff were attentive to people's appearances to make sure they were clean and well presented.

Throughout the day we saw people were offered choices and these were respected. At lunchtime one person told staff they did not like the meal and they were provided with something different. They told staff they also did not like that meal and returned to their room. Later, the person told staff they were hungry and would like something to eat. Staff attended to the person with kindness and good humour and arranged for the person to have something to eat.

People were treated with kindness and respect. One person was talking to us about a member of staff. They said, "(Name) is really good to me, in fact they're all really good. They're all very kind. They look out for me and I look out for them." Another person said, "Everybody has been very kind to me." We saw interactions between staff and people were caring and professional. Staff greeted people with a smile and spoke to them in a cheerful voice. They spoke to people in a way they could understand and continually offered people reassurance and support. We saw people approach staff when they needed something, they called staff by name and looked pleased to see them. When staff spoke with people they got down to the person's level, gave them eye contact and spoke quietly with them.

Staff knew people well, they understood their needs, likes and choices and what was important to each person. They were observant of people and aware of their needs when they were anxious or distressed. Staff attended to people promptly when they needed assistance. They provided reassurance to people who were anxious. They stopped and spoke with people throughout the day. This was done with patience and compassion.

Staff told us about the people they cared for, their personal histories, and interest's. They spoke about people's individual care needs and preferences for example what time they liked to get up, what they liked to do during the day and food and drink preferences.

Peoples' equality and diversity was respected. They were supported by staff to maintain their personal relationships and what was important to them. Staff told us this was based on who was important to each person. People were asked about whether they would prefer male or female care staff to support them and this was respected.

People were supported to maintain contact with family and friends. They were also supported to develop new friendships with people who lived at the home. We saw these friendship groups had developed and

people chose to spend time with each other during the day. Visitors were welcome at the home and staff understood the importance of involving family and friends in people's care.

People's privacy was maintained and their confidentiality was respected. Those who wished to remained in their rooms and were supported to do so. Care plans were stored securely on the computer which was protected by a password. Other paper records were securely stored. Only staff with appropriate authority were able to access them.



## Is the service responsive?

### Our findings

At our inspection in January 2017 we found the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had not ensured people received person centred care based on their individual choices and preferences. At the last inspection in September 2017 we found no improvements had been made. The provider sent us an action plan stating how they would meet the requirements of the regulations by November 2017. At this inspection we found some improvements had been made, people received care and support that met their individual needs and choices. Although some improvements had been made to activities, there were also long periods of time when people sat without the opportunity to do anything. This is a continued breach of Regulation 9 and the third time the provider has been in breach of this regulation.

There had been some improvements to the activities provided at the home. There was a visit from external entertainers most days and an activity session by staff on other days. We saw two sessions by external entertainers. People were seen to take part and really enjoy themselves. The skill of the entertainers meant even people who were less able, or reluctant, were able to join in and have fun. People told us they enjoyed the activities. Comments included, "There's plenty of entertainment, a woman comes and plays a guitar and sings." "Lots of things going on. One man sings lovely. A past opera singer." However, apart from these times, there was not a lot happening to stimulate and involve people throughout the day and activities were not meaningful or person-centred. There were two televisions in the lounge, these were on the same channel and meant people could see television wherever they sat. We asked staff who chose the television channels and they told us it was what people liked and had chosen. There were daily newspapers and we saw people reading these during the morning. There was a table in the lounge with a variety of puzzles however staff did not offer these to people, or for example set up a table which may encourage people do puzzles together.

However, some people told us they did not have enough to do. One person said, "I'm not bored, I've always been an active person, but it is tedious sometimes." Another person told us "I've nothing to look forward to because I don't know it's going to happen. If they are doing activities I will join in." We discussed this with the provider who told us there had been an activity board but this had been removed during the re-decoration. The provider told us this would be put up again to ensure people knew what activities were planned for each day. Although there was information in people's care plans about their interests and hobbies there were not always plans in place to show how they could be supported to maintain their interests.

Keeping occupied and stimulated can improve the quality of life for a person, including those living with dementia and there was information in people's 'emotional support' care plans which reminded staff to involve people in daily activities. However, there was no specific information about what activities people enjoyed. Where people lacked capacity and were less able to express their choices care plans informed staff to talk with people about their past, their memories or life story. The care plan did not guide staff about how to achieve this, for example through the use of family photographs or music. There had been no audit or assessment of the benefits to people of the activities that had been provided.

These above issues are a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other aspects of care and support people received was responsive. Before people moved into the home an assessment was completed to ensure the person's needs could be met at the home. Care plans and risk assessments were then developed and regularly reviewed. Care plans included information about people's needs in relation to personal care, communication, mobility, pressure area risks, nutrition and health. There was information in the written care plans about any religious or cultural requirements. Although care plans did not include all the information staff may need we saw people received support that reflected their needs and choices. Where people required support in relation to their mobility, skin integrity and pressure areas this was provided appropriately. Staff knew people well and were able to tell us about the care and support they needed.

A handover took place at each shift change to ensure key information on people's needs were shared and discussed. This ensured staff had up to date and accurate information on people in order to meet their changing needs.

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. Staff had not received AIS training however there was some information about how to support people with their communication such as wearing glasses or using a hearing aid. Staff told us how they communicated with people. One person's first language was not English, some staff who worked at the home were able to communicate with the person in their preferred language. Other staff knew a few words of the language and we observed discussions and interactions taking place. The deputy manager had identified this as an area that needed to be improved and developed identifying an increased vocabulary for staff to communicate with this person.

People and their relatives were asked for feedback about the service through quality assurance questionnaires, feedback surveys and meetings. There was a complaint's policy in place and records showed complaints raised were responded to and addressed appropriately. Any issue that was identified was discussed with the staff, if appropriate, to prevent a reoccurrence. People told us they had no complaints but if they did, they would raise them with staff. One person said, "I have made one complaint and it had been sorted out and I'm more than satisfied." Another told us, "I would know to speak to the owner if I had a complaint."

As far as possible people were supported to remain at the home until the end of their lives. End of life care plans were in place; these were generic. End of life care plans had been developed previously. Although this information had not been added to the electronic care plans, they were available to staff for guidance. There was no-one at the home who required end of life care at the time of the inspection. Staff told us about changes to one person's health and steps they were taking in the event they should require end of life care. This included discussions with the person's family and healthcare professionals to ensure the appropriate equipment and medicines were in place.

## Is the service well-led?

### Our findings

At our inspection in September 2017 we found the provider had not notified CQC, without delay, of incidents and injuries which had occurred to people living at the home. This was a breach of Regulation 18 Care Quality Commission (Registration) Regulations 2009. At this inspection we found the provider had notified CQC of significant events in a timely way. Therefore the provider was now meeting the requirements of this regulation.

At our inspection in January 2017 we asked the provider to make improvements to ensure new quality assurance systems and processes became fully embedded into practice. At the last inspection in September 2017 we found improvements had not been made. There was a lack of robust audit and analysis and the provider had not maintained an accurate, complete, contemporaneous record for each person. The provider was then in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We followed our enforcement process and issued a Warning Notice against the provider, where we told the provider they needed to make improvements by the 15 December 2017. We rated the key question well-led as Inadequate. At this inspection we found improvements had been made in relation to the quality assurance systems. However, improvements were still needed to ensure records were up to date and complete for each person. Therefore the provider had not met all the requirements of the warning notice. This is a continued breach of Regulation 17.

There was a registered manager in post who was also the provider. Since the last inspection there had been a number of staff employed as manager with the view of becoming registered manager. These appointments had not been successful therefore the provider had made the decision to register as manager himself. He was supported in his role by a deputy manager. The deputy manager had worked at the home for six weeks and had been in the post of deputy for one week at the time of the inspection as the previous deputy manager had left the service. The provider had recently employed an area support manager to help support the managers and staff at all the three homes owned by the provider. They had been in post for one week at the time of our inspection. This lack of stability within the management team contributed to improvements not being made in a timely way. Despite working at the home only a short time, the deputy manager had developed good insight about what was needed to improve the home in order for the regulations to be met.

People's care plans and records did not contain all the information staff needed to support people. One person had a urinary catheter and we asked some staff how they supported the person. They gave us detailed information about how and when they changed and emptied the catheter bag. They told us how they would know if there were any concerns with the catheter and what action they would take. All staff answered consistently and appropriately. However, the care plan only contained guidance about when the catheter bag should be emptied. There was no information about when the bag should be changed or observations that should be completed. This lack of guidance left people at risk of not receiving the support they needed or chose to have and may result in people receiving inappropriate or inconsistent support.

Some people were at risk of developing pressure wounds and needed support with their continence. We

observed one person who required this and it had been recorded in the care plan. We looked at the daily records and they did not demonstrate the person had received continence or pressure area support during the morning. We asked staff about the support they had provided. They told us they had checked the person every two hours, the person had not required any continence support and there was no concern with their pressure areas. However, this had not been recorded. The staff member told us they would only have recorded if there had been a reddening of the person's pressure areas or they needed continence support. This lack of recording did not demonstrate the care and support this person actually received.

Some people were less able to express their choices, although staff told us how they supported people to make choices, this was not recorded in their care plans. There was no information about how people, who lacked capacity, were able to choose what to wear or what to eat. Some people were able to make a choice of meal if they were shown what food was available. For others choices were made by staff, based on their knowledge of people's likes and dislikes and how they then reacted to the meal.

There was some confusion about what staff should be recording within the electronic care planning system. The provider told us about people who needed their fluid intake recorded as they were at risk of not drinking enough. However, we found some staff were recording how much people drank, but others were recording only that the person had a drink. For example, according to records, on one day one person had only drunk 65mls. The provider explained this person did not need to have their fluids monitored, he further explained this person was able to help themselves to drinks throughout the day. Therefore staff would not be aware of how much the person had drunk. Although there had been audits of the care plans there had been no audit of the daily records to identify these shortfalls. We identified improvements needed to be made in relation to activities. Staff recorded when people had taken part in activities but this had not been audited to identify what people enjoyed, and if people had not participated in an activity.

Improvements had been made to the quality assurance system. There was a series of checks and audits that had taken place. However, these audits had not identified all the shortfalls we found in relation to people's records including communication needs, and lack of person centred activities. The medicine audit had not identified that PRN guidance was not detailed for every person although this had been identified by an external consultant. However, this had not been addressed at the time of the inspection.

These above issues are a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Despite these concerns we found the audit system had been developed and was completed each month. Accidents, incidents and falls had been audited and analysed to ensure appropriate actions had been taken and identify themes and trends across the home. There was an action plan as a result of the audits and this was re-visited each month to ensure action had been taken. The deputy manager had recently taken responsibility for part of this and told us the audit was, "A live document that is continually updated." In addition to the internal audit system the provider had employed an external consultant to complete regular audits, through unannounced visits. These audits, and our findings demonstrated work was taking place to address issues raised. The area support manager had commenced an audit and had implemented some improvements in relation to the recording of DoLS conditions. Throughout the inspection the deputy manager was identifying and updating people's care plans to ensure they reflected people's assessed needs.

At our inspection in September 2017 the provider was unable to locate all the documentation we required. At this inspection we found documentation was easily accessible. However, the provider had not obtained a copy of staff competencies in relation to the giving of insulin. The provider acknowledged this was an

oversight and told us this would be addressed.

People told us they were happy living at the home. Through observations and discussions we saw people knew the provider and responded positively to him. The provider knew people well and was able to tell us about their care and support needs. Comments from people included, "Everybody has been very kind to me and the owner puts in lot of work here," and "I couldn't wish for anywhere better. I'm happy here and my family are happy for me to be here."

Staff told us they enjoyed working at the home, they felt supported by the provider, deputy manager and their colleagues. A number of staff told us, "Things are much better now." One staff member said, "It's a good place to work, people (staff) are very helpful. We try to do our best, to make people's lives real, to be like family." Recent written feedback from a relative thanked staff for their, "Compassion and professionalism."

We asked the provider how they kept up to date and they told us this was through training and discussions with providers who they knew. However, he had not attended local forums to help ensure he was up to date with changes in legislation and best practice. We discussed this with the provider as an area that needed to improve. The area support manager and deputy manager told us they would also like to be involved with local forums to develop and improve the service for people. After the inspection we spoke with the local authority and they told us they would support the provider to develop support networks.

The provider sought feedback from people, their relatives and staff. Recent surveys had been sent out and some responses received. However, these had not yet been fully analysed. There were regular resident meetings where menus and activities were discussed. The deputy manager had identified the same people had attended each meeting and was looking at ways to include and involve more people. There were regular staff meetings where staff were updated about changes at the home, training and information about their individual roles and responsibilities. Minutes from the meetings were available to staff who were unable to attend.

The provider and deputy manager had commenced some improvements to the service. This included the introduction of 'champion' roles for staff. This included champions for medicines, dignity and infection control. Staff who were champions received extra training to give them the additional skills required to improve care and support for people. These roles were very new and not all champions had yet received the extra training. Those we spoke with were enthusiastic about their role and told us how they planned to share the information with their colleagues.

The deputy manager had developed a medicine handover document. This was completed when a person was admitted to hospital or transferred to a different service. It included a list of the person's medicines, a copy of their MAR chart and where appropriate their medicines. The deputy manager told us this had received positive feedback from other professionals.

This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  The provider had not ensured people always received person-centred care that meets their needs and reflects their preferences. 9(1)

### The enforcement action we took:

Warning Notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had not assured appropriate systems and processes were in place to fully assess, monitor and improve the quality and safety of the service provided. The provider had not maintained accurate and complete records for each service user. 17(1)(2)(a)(c)(f)

### The enforcement action we took:

Warning Notice