

Londesborough Court Limited

William Wilberforce

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

This inspection took place on 3, 7 and 8 January 2019 and was unannounced. There were 52 people living at the service at the time of the inspection.

William Wilberforce is a 'care home' without nursing for up to 64 older people, some of whom were living with dementia. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

At our last inspection in October and November 2018 we identified nine breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to person-centred care, good governance, dignity and respect, need for consent, safe care and treatment, safeguarding, nutrition and hydration, staffing and duty of candour. In addition, we identified the provider was continuing to be in breach of their (Registration) Regulations 2009. This was because they had not submitted notifications of safeguarding incidents to the CQC, which they are required to do by law. As a result of our findings, we rated the service overall 'Inadequate' and the service was placed in 'special measures'. We asked the provider to take action to make improvements.

At this inspection significant improvements had been made in most of the key areas of highest risk. The provider was no longer in breach of seven of the regulations. However, there remained a breach in relation to good governance and person-centred care. This was because the provider required more time to ensure work to improve care plans and the consistency of documentation was completed and sustained. This would ensure staff had sufficient information to provide person-centred care.

There was a registered manager at the service, who was also the nominated individual for 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. The nominated individual is a person nominated by the provider to represent them and is responsible for supervising the management of the regulated activity provided.

The registered manager demonstrated better oversight of the service at this inspection. They were supported by a deputy manager who knew people's needs well. There was a quality assurance system in place and audits were conducted. We found examples where audits had led to improvements being made, but they had still not been fully effective in identifying and addressing all issues. Due to the short period of time since our last inspection the provider had not completed work to improve the care records for all people. Progress had been made on this though, and overall care plans had improved and were more consistently updated. There was additional information for staff about risks and health conditions, but some files still contained inconsistencies or needed clearer guidance for staff about how to support people. For example, when the person may present distressed behaviours.

Staff demonstrated a better understanding of people's needs and risks in relation to their health and well-being. This had led to improvements in the care provided. Monitoring documentation generally showed staff were providing care in line with people's needs. This included increased observation checks and regular repositioning. Referrals had been made to health professionals when required.

The provider had taken appropriate action in response to accidents and incidents to try and prevent recurrences. They had a better knowledge of safeguarding processes and had made referrals to the safeguarding team when required.

Staff had received additional training since our last inspection. Work was on-going to assess staff competency following training and to plan additional training where required.

People were supported to have choice and control of their lives and Deprivation of Liberty Safeguards applications had been made where required. Further improvement was needed to evidence best interests decisions that had been made on behalf of people who lacked capacity to consent to particular decisions.

There had been improvements to medicines practices. There remained some minor issues to address, but overall medicines were safely managed.

People and relatives told us staff were kind and we observed positive, caring interactions between people and staff. Staff understood how to uphold people's privacy and dignity.

The support and monitoring of people at risk of dehydration and malnutrition had improved. Staff were aware of people's dietary needs and offered a choice of meals.

Servicing and maintenance of the environment had been carried out in a timely manner and infection prevention and control measures were robust and well managed.

The overall rating for this service is 'Requires Improvement' and the service is therefore no longer in 'special measures'. 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?

Requires Improvement ●

The service was not always safe.

Improvements had been made to risk assessments, but there remained inconsistencies which needed addressing to ensure staff had clear information.

Staff knowledge of safeguarding had increased and safeguarding procedures were followed.

There were sufficient staff to meet people's care needs.

Medicines were generally safely managed, but there were areas where practice could be improved further.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff received an induction and training. Staff knowledge in some areas needed to be improved further.

Staff followed the principles of the MCA, and DoLS applications were submitted, but further improvement was required to evidence best interests decisions which had been made.

Staff monitored and managed people's nutrition and hydration needs. Referrals had been made to healthcare professionals when required.

Is the service caring?

Good ●

The service was caring.

People and relatives provided positive feedback about the staff and told us they were kind.

Staff had made improvements to their practice and demonstrated that they upheld people's privacy and dignity.

Staff promoted people's independence.

Is the service responsive?

The service was not always responsive.

Improvements had been made to care plans, to give staff better information about how to provide person-centred care.

However, further improvement was required to complete this work and ensure consistency in the quality of care plans.

Some activities and entertainment were provided.

There was a complaints procedure in place to give people opportunity to raise any concerns.

Requires Improvement 

Is the service well-led?

The service was not always well-led.

There was a quality assurance process in place and audits were completed to monitor the quality and safety of the service.

However, more time was needed for the provider to demonstrate the consistency and sustainability of improvements made.

Notifications had been made to CQC since our last inspection.

Requires Improvement 

William Wilberforce

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 3, 7 and 8 January 2019. The inspection was unannounced on the first date and we advised the provider we would return on the following two dates.

Day one of the inspection was conducted by two adult social care inspectors and a medicines inspector. The second and third days of inspection were conducted by three adult social care inspectors.

Before the inspection we met with partner agencies including the local authority safeguarding and quality monitoring teams, community district nursing teams and the Clinical Commissioning Group. This was to discuss safeguarding concerns that had arisen from our last inspection and to receive feedback from their visits to the service since our last inspection.

We reviewed notifications we had received from the provider. Statutory notifications are documents the provider is required to send the CQC to inform us of important events that happen in the service. The provider had previously completed a Provider Information Return (PIR) in March 2018. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with six people who used the service, six relatives, two senior care staff, four care staff, one hospitality assistant, one cook, the head of hospitality and one health professional. We also spoke with the deputy manager, the safeguarding and quality assurance lead and registered manager (who was also the provider's nominated individual).

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at a range of documents and records related to people's care and the management of the service. We viewed seven people's care records, medication records, three staff recruitment records, induction and training files and a selection of records used to monitor the quality of the service. We observed lunchtime in each dining area and medicine administration.

Is the service safe?

Our findings

At our last inspection in October and November 2018 the provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safeguarding service users from abuse and improper treatment. This was because the provider had not referred all safeguarding concerns to the local authority safeguarding team where required, or notified CQC of these matters.

At this inspection improvements had been made and the provider was now meeting legal requirements. Since the last inspection, the provider had continued to work with the local authority safeguarding team to increase their knowledge and understanding of when to make a safeguarding alert. The provider's safeguarding lead had sought advice and made referrals to the safeguarding team when appropriate. Additional training had been provided and the care staff were able to describe types of abuse which could occur and how they would report any concerns. This gave us assurance that the provider and staff now had sufficient knowledge of safeguarding procedures to raise concerns to protect people's safety.

At the last inspection, staff did not feel equipped to support people who might be aggressive or violent. At this inspection, the provider advised us they were working with a training provider to arrange further training. This was part of a continuous programme of training, rather than a specific response to the last inspection. The provider had updated some care plans to include more information about risks in relation to challenging behaviour and more instruction for staff. Although these care plans had improved generally, one behaviour risk assessment still required further clarity about how to provide care safely. The care plan had been updated to contain more information about the person's needs and how to support them, but their behaviour risk assessment still did not contain specific detail about known risks relating to the person's anxiety around water and showering. It did not contain specific instructions to staff about how to support the person with showering.

At the last inspection in October and November 2018, there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe Care and Treatment. This was due to concerns about medicines management; risk assessments; the support provided to people at risk of developing pressure ulcers and the oversight and response to accidents and incidents.

At this inspection the provider had made sufficient improvement to demonstrate they were now meeting the requirements of Regulation 12.

People confirmed they felt safe living at the home, and relatives we spoke with were satisfied their loved ones were safe.

Systems were in place to ensure people received their medicines as prescribed. The provider had developed protocols for medicines which were prescribed for use 'as and when required'. This helped ensure information was more consistently available to staff about when these medicines may need to be given. Medicine administration records and notes sheet were completed; this meant that staff knew if a medicine was effective. Since our last inspection, the provider had re-assessed the competence of staff who were

responsible for medicines. Medication records were audited. Where issues had arisen, such as medicines not arriving from the pharmacy as expected, this had been followed up. Senior care staff responsible for people's medicines were aware of people's needs. We observed medicines being administered safely, including time-specific medicines.

Some aspects of medicines practice could be improved further. Topical medication administration records did not always provide sufficient information about where, and how often, to apply creams. Fridge temperatures were regularly checked, but the provider agreed to check the medicines fridge thermometers, as ice was beginning to form in a fridge, indicating it may not have been working properly. Some people were prescribed 'thickening powders' (used to thicken fluids for people with swallowing difficulties); these were suitably stored in a lockable trolley. There was written information from the specialist team to advise of the correct consistency. However, for one person staff were using the correct consistency, but their care plan had not been updated to reflect this. There was an excessive amount of medicines waiting for return to the pharmacy. This stock management issue had been identified in a medicines audit and was being addressed with the pharmacy by the provider.

Since our last inspection the provider had reviewed the risk assessments for people considered to be at highest risk in relation to nutrition, falls and pressure sores. These assessments had been regularly reviewed. The provider had developed choking risk assessments and there were also additional care plans for people where there was a risk associated with their health conditions, such as one person who had diabetes. Staff demonstrated a greater knowledge of people's needs, including how frequently they needed to be repositioned. It was evident from our discussions with staff and our observations of daily 'staff huddle' meetings, that staff were regularly reminded of key information in relation to people's needs, especially those at highest risk. Nobody at the time of our inspection had any pressure sores.

There remained inconsistencies in two people's risk assessments. For example, one person's skin integrity care plan had been updated as they now needed two hourly repositioning. However, one part of the care plan had not been updated with this change and still stated the person required four hourly repositioning. Records confirmed the person was being repositioned two-hourly. Another person's waterlow risk assessment score (used to calculate the risk of developing pressure sores) had been incorrectly recorded in the person's skin integrity care plan. This error had not been picked up during subsequent reviews of the care plan. The registered manager agreed to update this straightaway. Although risk assessments overall had improved, further work was required to ensure information in all risk assessments and care plans was always consistent, to avoid the risk of staff following incorrect information.

The monitoring and oversight of accidents and incidents had improved. There had been a reduction in falls in the period since our last inspection. Sensor equipment used to monitor people at risk of falls was switched on and trip hazards in bedrooms had been minimised. Appropriate action had been taken in response to incidents that had occurred. For instance, a referral had been made to the district nursing team for one person who had fallen out of bed, to assess if a different bed or equipment may reduce the risk of harm. One incident record was not written clearly, and the deputy manager advised this was because English was not the first language of the staff member who had completed it. The deputy manager told us they would check and review all incident reports in the first instance, to ensure they were always clear and correctly phrased. This would help to enable proper analysis of all incidents.

At the last inspection there was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing. This was because staff had not tended to people's needs in a timely manner. There were concerns about the process of determining the number of staff required based on people's dependency levels.

At this inspection the provider had maintained the same staffing levels, but they were now supporting seven less people. We observed staff provided care in a timely manner and there was a more visible presence of staff in corridors and communal areas. Care staff confirmed they felt there were sufficient staff. One told us they felt people were being checked more frequently and call bells answered more promptly. We checked a sample of call bell response times, and these did not highlight any lengthy delays. The provider had introduced 15 minute checks for people who were not able to use the call bell system effectively, which had reduced the risk of relying on people being able to call for attention. The provider was still using the same dependency assessment tool to determine staff numbers as the one we were shown at the end of our last inspection. We found dependency levels had been reviewed and updated for a small number of people since then.

The provider was no longer in breach of legal requirements, but we will continue to monitor staffing levels at future inspections, to ensure there continues to be sufficient staff as and when the number of people using the service increases.

The provider completed checks to ensure the suitability of staff they recruited. This included references and Disclosure and Barring Service (DBS) checks. DBS checks help employers make safer recruitment decisions and are designed to prevent unsuitable people from working with adults or children who may be vulnerable.

Servicing and maintenance checks of the premises had been completed in a timely manner. The provider had continued to ensure there were appropriate plans and contingencies in place for emergencies and unexpected service disruption. Evacuation procedures detailed the level of support people required to safely exit the service in an emergency.

Infection prevention and control procedures were robust and well managed. The service continued to be very clean throughout. A relative confirmed the service was always "Extremely" clean and added, "It's one of the defining features of William Wilberforce. Immaculate."

Is the service effective?

Our findings

At our last inspection there was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing. There were gaps in staff knowledge and competency checks were not robust.

At this inspection, the provider had made sufficient improvement to demonstrate they were meeting the requirements of Regulation 18. Continued work was required to complete planned training and monitor the effectiveness of training on an on-going basis.

The provider had started improving staff knowledge in particular areas. Staff had completed additional training in topics such as safeguarding, sepsis and dementia. The provider planned to re-assess staff knowledge after completing certain on-line training, such as safeguarding, and to provide additional face to face training where this was needed. The provider was working with an established training provider to support the development of training moving forward and a number of courses were in the process of being arranged. From our discussions with staff we found, for some staff, knowledge could still be developed further in areas such as the Mental Capacity Act, diabetes and identifying the signs of constipation.

Work to improve training records was also on-going at the time of our inspection. The registered manager advised they were changing the way training records were held. We were not able to view an up-to-date overall training matrix, as this was still under development. A matrix enables the provider to easily monitor when training for each staff member has been completed and is next due. However, individual training certificates were held elsewhere on an electronic system and the registered manager showed us individual training plans they had developed for each staff member, showing the training staff had been assigned and completed.

The provider had completed more detailed medication competency assessments since our last inspection, to identify and address any skills gaps. This included a quiz to test staff understanding. Staff completed inductions in line with the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in health and social care settings. Some staff were also working towards Level 3 diplomas in health and social care.

There was no supervision matrix available to easily identify how frequently staff received supervision and when these were next due. The provider showed us individual supervision records for a selection of staff. These showed staff had received supervision and appraisal.

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 MCA 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the

Deprivation of Liberty Safeguards (DoLS).

At our last inspection the provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Need for consent. It was not clear how DoLS were being adhered to and there was no evidence of best interests meetings and decisions for people who lacked the capacity to consent to bed rails.

At this inspection 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 had the appropriate legal authority and were being met. We found there was now sufficient evidence to demonstrate the provider was meeting the principles of the MCA and the requirements of this regulation, however some further improvement was required.

Staff sought people's agreement to the care they offered, before providing support. The provider submitted DoLS applications where required. There was a system to ensure applications had been re-submitted prior to their expiry date. One person had a condition on their DoLS authorisation, requiring that the provider have a plan to ensure the person's access to activities and outings, in conjunction with the person's family. We found that although there was no formally recorded plan agreed with the family, the person's relative confirmed to us they regularly spoke to staff and worked with the provider to arrange outings. The provider also retained activity records which showed when the person took part in activities at the home.

A visiting healthcare professional confirmed that, as the agency authorising and supplying bed rail equipment, they retained evidence of best interests meetings which had been held in relation to people having bed rails. They told us a meeting was planned for the week after our inspection to discuss how care staff could evidence these decisions in their records. This gave us assurance the provider was working to resolve the issue.

Further improvement was required to demonstrate the provider had appropriate systems to record other best interest decisions, made with the involvement of others, for significant decisions. The deputy manager explained that they assessed people's capacity and consent informally on an on-going basis for day to day care decisions. We were also advised that the provider had a mental capacity assessment document for recording best interests decisions and least restrictive options considered, but we were not provided with evidence of this or any examples.

One person's care plan contained contradictory information about whether the person had a lasting power of attorney (LPA), with authority to make health and welfare decisions on their behalf. The registered manager agreed to update the care plan to clarify this information.

Since our last inspection the provider had worked to improve the communication and recording systems at the home. Staff recorded certain monitoring information on paper, rather than in electronic records. The registered manager felt this was working more effectively. The provider had introduced a system to ensure up-to-date information about pressure care, nutrition and falls audits was available at 'staff huddle' meetings, held each morning. This was so staff could be reminded on a daily basis which people were at highest risk and had specific re-positioning and nutritional requirements. We found staff's knowledge of people's requirements had increased greatly at this inspection, which reduced the risk of people not getting the care they needed.

At the last inspection there was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Meeting nutritional and hydration needs. Recording of food and fluid intake was

poor and we observed concerns about the support one person received with drinks. Referrals were not always made to appropriate professionals when concerns were identified about people's nutritional needs or weight loss, in line with the provider's own recommendations.

At this inspection improvements had been made and the provider was meeting the requirements of Regulation 14. The provider had reviewed nutritional risk assessments, focussing on people at highest risk of malnutrition and dehydration. They had sought advice and made referrals to the speech and language therapy team and dieticians where any concerns were identified.

Food and fluid intake monitoring records were more consistently completed and totalled each day. This helped staff to more effectively monitor people's nutrition and hydration needs, to ensure they had sufficient to eat and drink.

We observed mealtimes in the home and found people were usually offered a choice. Staff showed people different plated meals, to support them in their decision making. The dining area and meals were nicely presented and food smelled appetising. Staff were knowledgeable about people's dietary requirements. Feedback about the food was generally positive. One person told us, "The food's good and plenty of drinks offered." A relative confirmed their loved one received a varied diet and had put on weight.

The home was spacious and very well maintained. There was a lift to enable access to all floors. There were interesting items around the home, but these were utilised more as display pieces rather than items people were encouraged pick up to stimulate activity. There were some items to aid people's orientation to their own bedrooms. For instance, some bedroom doors had personal photos next to them. Toilet doors had small accessible signs on them. However, more use could be made of dementia best practice and design techniques. For instance, the use of colour contrast and additional signage to assist people living with a dementia related condition navigate around the home. We observed one person became anxious when they could not recall where the toilet was and another person told us, "I don't learn things as fast as I used to. Signs to guide me would help."

Is the service caring?

Our findings

At our last inspection we identified a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Dignity and respect. People's dignity was not always protected and their privacy respected. People felt their preferences were not always considered.

At this inspection people's privacy and dignity were respected and the provider was now meeting the requirements of Regulation 10. We observed staff took steps to ensure people's modesty and closed doors when providing them with any personal care. Staff described how they maintained people's dignity and supported them to be comfortable with the care they offered. Staff spoke about people respectfully. A relative confirmed, "Staff always close the curtains after entering [my relative's] room and take them to the bathroom to do personal care."

Staff were friendly in their manner towards people and chatted with them when the opportunity arose. People told us staff were kind. Their comments about staff included, "The staff are alright. They seem fine" and "They are very willing to help me." Others described care staff as "Nice" and "Very good."

One person told us they did not feel they were involved in decisions, but others felt they were. Staff involved people in decisions. For instance, what people wanted to eat and where they wanted to sit. We saw one person was asked to give their views on a singer's CD in order to decide whether to book them to perform at the home. The provider had information available about local advocacy services, should people wish to access independent support with expressing their views.

Relatives provided positive feedback about care staff. They told us, "They are very kind" and "The carers are lovely." Relatives confirmed they had been included in discussions about their relative's care. One told us they attended review meetings and provided an example of how staff acted on a suggestion they made.

Staff encouraged people to be as independent as possible. They prompted people to do things for themselves where they were able to, including eating and mobilising around the home, using mobility aids where required. A relative provided positive feedback about how staff had supported their loved one to maintain some independence in relation to their continence needs; seeking to achieve a balance between dignity and independence. They told us, "Staff work diligently around this area."

The provider had an equality and diversity policy and staff respected people's diverse needs, including faith and disability. The provider's pre-admission assessment did not prompt staff to ask questions about all protected characteristics of the Equality Act, such as sexuality. Reviewing this documentation would provide opportunity for people to discuss any other support needs they may have relating to protected characteristics. After our site visits the deputy manager advised us they had a care plan, which could be used to record this information and explained how they would provide people with opportunity for discussion about any needs in this regard.

Is the service responsive?

Our findings

At the last inspection the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Person-centred care. This was because the support provided did not always meet people's needs and care plans had not always been updated when people's needs changed. Activities for people living with dementia were limited, communication care plans lacked detail and there were concerns about end of life care provided for one person. This was a continued breach since the provider's previous inspection in July 2018.

Before this inspection, the provider had sent us a service improvement plan and advised us that their work to finish reviewing and improving all care plans would not be complete until March 2019. At the inspection we found the provider was moving towards a paper-based care planning system and streamlining the number of care plans each person had. The provider told us they were introducing this slowly so that important information was not lost in the process. Work had commenced to review care plans, prioritising those people assessed as being highest risk. The provider had printed copies of the key sections of these care plans, to assist with raising staff awareness of people's needs in these areas. We continued to find some inconsistencies and anomalies in the care documentation of people whose files had been reviewed, but overall, they had improved and had been regularly updated. They also contained more person-centred detail, which made it easier for staff to provide care in line with people's personal preferences.

As advised by the provider prior to the inspection, the full review of care files for the remaining people had yet to be completed. This meant there remained a risk that staff did not have consistent, person-centred information for all people they supported. Further time was needed for the provider to complete this work and demonstrate the sustained improvement that was required to meet the requirements of Regulation 9.

Monitoring records, such as observation checks, food and fluid intake charts and repositioning records had significantly improved. However, there were still some gaps in monitoring records, such as 15 minute observation checks. Whilst most were completed regularly, we found two examples where checks were over half an hour late. In one of these cases, when we went back later, we found that the gaps we had seen had been retrospectively filled in. Monitoring records should be completed at the time of the check or activity to ensure their accuracy. Continued attention was required in this area.

The provider remains in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Person-Centred Care. We will review this area again at our next inspection.

Staff demonstrated a greater understanding of people's needs. This increased knowledge and better communication had helped to improve the responsiveness of the care staff provided. This included the provision of end of life care. We reviewed the care records and support provided to one person who was reaching the end stage of their life. Records and discussions with staff showed the person was being cared for appropriately and that relevant healthcare professionals were involved.

Where people had been assessed at risk in particular areas such as malnutrition, staff took required action,

such as monitoring food intake, weighing people more frequently and making referrals to relevant health professionals.

The provider employed an activities coordinator and some activities took place during the inspection. This included jigsaws and an armchair exercise session run by an external facilitator. Staff encouraged people to join in. People received a newspaper of their choice, where they wanted one.

The provider retained a record of activities people had taken part in and we found examples where people's interests had been taken into account when planning these. Whilst we observed some activities taking place, we also observed periods where people sat unoccupied, particularly those who were unable to initiate conversation or communicate what activity they may like to try. We saw care staff chatting with people in a warm and friendly manner, but these interactions were primarily when supporting people with care tasks, such as offering drinks and providing personal care, rather than dedicated time spent engaging people in hobbies or things of interest to them.

We continued to receive mixed feedback about the level of stimulation and activity at the home. One person told us, "I think I'm going to be bored here. I do join in things going on, like there's a lady that comes and does exercises, and I join in that, but there could be more to do." Another person told us they enjoyed regular walks. Relatives we spoke with generally expressed satisfaction at the activities available at the home. It was evident that the provider offered activities and made attempts to meet the needs and interests of those using the service, but there was opportunity to continue to develop this further.

The provider had a policy and procedure about how to handle complaints. This outlined how people could expect any complaints to be investigated and responded to. People and relatives knew how to raise concerns or complaints, and told us they would feel comfortable doing this. We viewed records which showed the provider had received no complaints since our last inspection. They had received a number of thank you cards and compliments, including one which read, 'Thank you for all your kindness and care. We really do appreciate all you have done for [person] and us'.

Is the service well-led?

Our findings

At the last inspection the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance. This was because systems in place to monitor the quality of the service did not always highlight areas that required improvements and records relating to people were not always accurately maintained. This was a continued breach since the provider's previous inspection in July 2018.

At this inspection we found the provider had made some improvements to care records and work was on-going to review all care files and address inconsistencies in care plans.

There was a quality assurance system in place and the registered manager had made some changes to the way in which they were using this since the last inspection. For instance, they had printed and displayed audit findings on the office wall, so they could continue to monitor and update information on an on-going basis. Audits had been completed regularly since our last inspection. The provider completed an analysis of falls to identify patterns and action required to reduce the risk of recurrence. Action had been taken in response to accidents and incidents. There were also audits in relation to medication practices, staff files and DoLS applications. We saw examples where actions had been identified through these audits, and then signed off to indicate when the action had been completed. Some actions were outstanding, such as those in relation to staff development, so these had remained on the service's 'rolling audit reporting log'. Audit systems had though still failed to fully identify and address the anomalies we continued to find in some care files. This was the third inspection in a row where the provider had failed to make adequate improvement to achieve an overall rating of Good.

Whilst there had been significant improvements to many aspects of the service, the provider required more time to demonstrate the consistent and sustained progress required to meet the requirements of Regulation 17. Work that had started in July 2018 to improve care plans was still not complete. The provider remains in breach of this regulation and we will continue to review this again at our next inspection.

At the last inspection the provider had failed to notify CQC of some safeguarding incidents, which resulted in a continued breach of their (Registration) Regulations 2009. At this inspection the provider's knowledge had increased and notifications had been submitted when required.

At the last inspection there was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) 2014, Duty of candour. This was because we had received unsatisfactory and contradictory information in relation to an incident where a person sustained an injury. The provider told us they were still investigating this issue and would inform us of their final outcomes. Duty of candour is in place to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment. We received the outcome of their investigations after this inspection and the provider is no longer in breach of Regulation 20. The investigation highlighted significant record keeping failures in relation to the original incident.

Comments from staff about the management and leadership of the service included, "It's okay" and "I'm satisfied." Staff confirmed they received supervisions and met for short 'staff huddle' meetings on a daily basis. There were also additional staff meetings.

The provider sought people and relative's feedback in meetings and surveys, in order to get their views of the service and improvements that could be made. Relatives provided positive feedback about the registered manager and told us they had been a more visible presence at the home recently.

The provider worked alongside other health and social care organisations, but there remained limited evidence that the provider developed links within the community or with other organisations. The provider advised they had supported people to visit a local attraction and to go to church.

We received feedback which confirmed the provider had worked with the local authority contract monitoring and safeguarding teams to develop their knowledge and ensure safeguarding referrals were made appropriately.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Care plans did not all contain sufficient, consistently accurate information to enable staff to provide person-centred care.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance systems had failed to ensure there were accurate, complete and contemporaneous records for all people who used the service.