

Burwood Care Home Limited

Fern Hill House Care Home

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

We carried out an inspection of Fern Hill House Care Home on 7 and 10 March 2017. The first day was unannounced.

Fern Hill House Care Home changed its name from Burwood Care Home in June 2016 and amended their registration to accommodate younger people and people with mental ill health.

Fern Hill House Care Home provides accommodation and care and support for up to 24 people, some of who were living with dementia or mental ill health. There were 22 people accommodated in the home at the time of the inspection.

Fern Hill House Care Home is located on a main road close to the town centre facilities of Bacup. It is an older style property with facilities on three floors, which could be accessed by steep staircases or a number of chair lifts and a passenger lift. There was a small car parking area with a gated seating area to the front of the house. A dining room and two lounges were available on the ground floor with quiet seating areas around the home. Bathroom, shower rooms and toilet facilities were available. One bedroom had ensuite bathroom facilities and others were located near to toilet facilities or were provided with commodes.

The service was managed by a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection on 20 and 24 January 2016 we found the service was not meeting all the standards assessed. We found shortfalls in the management of medicines, infection control processes, recruitment practices and a lack of effective quality assurance and auditing systems. Following the inspection we contacted the local authority infection control lead who visited the home and provided support and advice to help them improve cleanliness and infection control.

We also recommended the improvement plan dates were followed to make sure people lived in a comfortable and suitable environment and that the provider should consider the relevant guidance and principles associated with the implementation and use of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Following the inspection of 20 and 24 January 2016 we asked the provider to take action to make improvements and to send us an action plan. In addition following our inspection a number of safeguarding concerns had been raised about the care and support people were receiving and about the environment. The local authority safeguarding team, medicines management team, infection control lead nurse, fire safety officer and local commissioners had visited the home and worked with management and staff to support them to make improvements.

During this inspection, we found some improvements had been made to the management of medicines, infection control processes and recruitment practices. Limited progress had been made in providing effective quality monitoring systems and in meeting the recommendations. Our findings demonstrated there were four breaches of the regulations in respect of risk management, care planning, maintaining the environment and quality assurance systems. You can see what action we told the provider to take at the back of the full version of the report. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

We also made recommendations about ensuring people were able to participate in decisions relating to their care and ensuring assessments and decisions relating to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were recorded.

People told us they felt safe and staff were kind and caring. Safeguarding adults' procedures were in place and staff understood how to safeguard people from abuse.

Some improvements had been made to ensure people's medicines were managed safely. Safe recruitment processes had been followed and records showed there were sufficient numbers of staff available who were provided with training, professional development and supervision.

Care plans and risk assessments had been completed to help ensure people received appropriate care. However, whilst care plans and risk assessments had been updated, some information was brief and lacked detail. We found people were not routinely involved in the care planning process and there was limited evidence to indicate people's mental capacity to make their own decisions had been assessed and recorded.

Accidents and incidents were not routinely checked or investigated to make sure that staff responses were effective, to identify any trends and to see if any changes could be made to help minimise the risk of the same occurrence in the future.

People told us they enjoyed the meals and they were offered a choice at mealtimes.

People told us they were happy with the facilities available in the home. We found the cleanliness of the home had improved. Whilst some improvements had been undertaken there were areas of the home that remained in need of maintenance.

People were encouraged to remain as independent as possible and were supported to participate in daily activities. People's rights to privacy and dignity were recognised and upheld by the staff.

People had access to a complaints procedure and were confident their complaints and concerns would be responded to.

In view of the number of shortfalls found during the inspection it was clear the current quality assurance and auditing processes were not effective in identifying shortfalls. However, new systems were being introduced to help the provider and the registered manager to effectively identify and respond to matters needing attention. Feedback was sought from people, their relatives and staff on a regular basis.

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 consistently safe.

Accident and incident monitoring and recording systems needed to improve to ensure people's safety.

People were protected against the risk of abuse and felt safe in the home.

There were sufficient numbers of staff on duty to meet people's needs. Safe recruitment practices were followed.

People's medicines were managed safely and administered by trained staff.

Is the service effective?

Requires Improvement 

The service was not consistently effective.

Staff were provided with training, professional development and supervision.

Some improvements had been made to ensure the environment was safe and comfortable for people to live in although a number of areas were still in need of improvement.

People told us they enjoyed the meals.

Staff had received training to improve their understanding of the MCA 2005 legislation. People's capacity to make safe decisions and consent to care had been assessed prior to admission to the home although information relating to this was not clearly recorded.

Is the service caring?

Good 

The service was caring.

Staff knew people well and we observed good relationships between people and the staff.

Staff respected people's rights to privacy, dignity and

independence.

Is the service responsive?

The service was not consistently responsive.

People were supported to keep in contact with relatives and friends and to take part in suitable activities.

Each person had a care plan that was personal to them. However, we found insufficient detail to ensure people received personalised care and support in a way they both wanted and needed. Some people were aware of their care plan although had not been involved in the review of their care.

Staff were knowledgeable about people's needs and preferences.

People had access to information about how to complain and were confident that any complaints would be listened to and acted upon.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

Whilst regular audits and checks on the quality of the service were carried out it was clear the systems were ineffective in identifying shortfalls. During this inspection we found four breaches of the regulations.

People made positive comments about the management and leadership arrangements at the service. They confirmed improvements had been made.

People, their relatives and staff were asked for regular feedback on the service.

Requires Improvement ●

Fern Hill House 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 was 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 7 and 10 March 2017 and the first day was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service such as notifications, complaints and safeguarding information. We contacted the local authority contract monitoring team and local commissioning team for information about the service and received feedback from the local authority infection control nurse, medicines management team and fire safety officer.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with the area manager, registered manager, a cook and four care staff. We spoke with seven people living in the home and with one relative. We also spoke with healthcare professionals.

We looked at a sample of records including five people's care plans and other associated documentation, three staff recruitment and induction records, staff rotas, training and supervision records, minutes from meetings, complaints and compliments records, medication records, maintenance certificates and development plans, policies and procedures and quality assurance audits. Following the inspection, as requested, the area manager sent us an updated list of available policies and procedures and a refurbishment plan for 2017.

We observed care and support in the communal and dining room areas during the visit and spoke with people in their rooms.

Is the service safe?

Our findings

People living in the home told us they did not have any concerns about the way they were cared for or about the numbers of staff available. They told us they felt safe in the home. They said, "There are enough staff to keep everyone safe and happy", "The staff are nice to people" and "The staff are very kind to me and to everyone here." Staff told us, "The staffing levels have improved. There are enough staff now."

During the inspection we observed people were comfortable around staff. We observed staff interaction with people was kind and friendly.

At our last inspection we found the provider had not managed people's medicines safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found there were no records to demonstrate care staff who administered medicines had received appropriate training and checks on their practice had not been undertaken to ensure they were competent. Guidance for medicines prescribed 'when required' was not always clearly recorded to make sure these medicines were offered consistently. Medicines were not stored or disposed of safely and appropriately. Following the inspection, the provider sent us an action plan which set out the action they intended to take to improve the service.

During this inspection we found some improvements had been made. We observed people's medicines being given at the correct time and in the correct manner with encouragement as needed. People confirmed they were given their medicines when they needed them. One person said, "The staff sort out my tablets. I get them on time and when I want them. I don't have to worry about them." Medicines in use were stored appropriately.

Care staff who were responsible for the safe management of people's medicines confirmed they had received appropriate training and checks on their practice had been undertaken; records confirmed this. Policies and procedures were available for them to refer to.

A monitored dosage system (MDS) of medicines was being used. This was a storage device designed to simplify the administration of medicines by placing the medicines in separate compartments according to the time of day. However, we noted the medication records were not well organised and some records were difficult to locate. The registered manager agreed to review this.

We looked at eight people's Medication Administration Records (MARs). We found that the MARs were accurate and up to date. However, we found three handwritten entries that had not been witnessed and the guidance to support staff with the consistent administration of 'when required' medicines was not recorded for two people. The registered manager told us this would have been noted at the next audit and discussed with staff. Medicines were clearly labelled and dated on opening and codes were used for non-administration of regular medicines. There were records to support 'carried forward' amounts from the previous month which helped to monitor whether medicines were being given properly. People were identified by a photograph on their medication administration record (MAR) which would help reduce the

risk of error. Any allergies people had were recorded to inform staff and health care professionals of any potential hazards of prescribing certain medicines to them. People who wished to manage their own medicines were risk assessed and regularly monitored.

We found systems were in place to support the safe disposal of medicines. Medicines for disposal were stored in a locked room but records were not always witnessed by a second member of staff to reduce the risk of misuse. The registered manager and area manager gave assurances this would be actioned.

Appropriate arrangements were in place for the management of controlled drugs which were medicines which may be at risk of misuse. Controlled drugs were administered, stored and disposed of appropriately and recorded in a separate register. We checked one person's controlled drugs and found they corresponded accurately with the register. There was a system to ensure people's medicines were reviewed by a GP. This would help ensure people were receiving the appropriate medicines.

We carried out a stock check of one person's medicines and found this corresponded accurately with the MAR. Regular audits of medicine management were being carried out which helped reduce the risk of any errors going unnoticed and enabled staff to take the necessary action. The area manager told us the auditing tools and the policies and procedures had been improved and would be introduced within the next two weeks.

At our last inspection we found the provider had not kept all areas of the home clean and hygienic. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We were particularly concerned about the cleanliness of the laundry areas and discussed our concerns with the local authority infection control lead. A support and advice visit was arranged. We were told that any recommendations made had been actioned. Following the inspection, the provider sent us an action plan which set out the action they intended to take to improve the service.

During this inspection we did not look at all areas but found improvements had been made. The home was clean and generally odour free although we noted odours in three bedrooms and some of the radiator grills were dusty. We discussed this with the registered manager. Infection control policies and procedures were available. Records showed staff had received infection control training. A designated infection control lead had been identified; they would take responsibility for conducting checks on staff infection control practice and keeping staff up to date. The registered manager and two staff were also due to attend training provided by local commissioners.

We noted staff hand washing facilities, such as liquid soap and paper towels were available with pedal operated waste bins in all rooms. This ensured staff were able to wash their hands before and after delivering care to help prevent the spread of infection. Appropriate protective clothing, such as gloves and aprons, were seen in use around the home. There were contractual arrangements for the safe disposal of waste. A domestic staff worked five days each week and care staff were responsible for laundry duties. Cleaning schedules were completed although we noted some gaps in the recording; we noted sufficient cleaning products were available. There were audit systems in place to support good practice and to help maintain good standards of cleanliness.

Prior to the inspection we received concerns about the standards of cleanliness in the kitchen. An environmental health officer had visited the home. There were no recommendations made at that time and no changes were made to the five star rating of 'Good' awarded for food safety and hygiene 12 months ago. During our inspection we noted the oven hob and deep fryer needed cleaning and the pipe under the sink was leaking into a bucket. We discussed this with the registered manager and the microwave and deep fat

fryer were replaced by the second day of the inspection. Following the inspection the sink was repaired and the oven hob was deep cleaned again.

At our last inspection, we found the provider had not followed safe recruitment processes. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that not all the required checks on applicants had been completed and records of the interview had not been maintained. Following the inspection, the provider sent us an action plan which set out the action they intended to take to improve the service.

During this inspection, we found the necessary improvements had been made. We checked three staff recruitment files and found potential employees had completed an application form, which enabled gaps in their employment history to be examined. References were obtained along with an enhanced police check. This meant the provider only employed staff after all the required and essential recruitment checks had been completed. A record of the interview had been maintained to support a fair process. Recruitment and selection policies and procedures were available and were currently being updated to reflect the current regulations. However, we noted the reference form did not clearly indicate who had provided the reference and a medical questionnaire, to determine the applicant's fitness to undertake the role, was not found on any of the files. The area manager told us the policies and procedures and all recruitment records had been reviewed and would be used in all the services.

We looked at how the service managed risk. We found individual risks had been assessed and recorded. Risk assessments relating to personal care included skin integrity, nutrition, fire safety, dependency, falls and moving and handling. There was evidence to demonstrate risk assessments had been reviewed. However, some of this documentation was not always included in the care plan which meant there was insufficient information to guide staff on how to manage the risks in a consistent manner. For example, where people had been assessed of being at risk of skin breakdown or the development of pressure ulcers it was not clear what was being done to prevent this from happening.

We looked at records kept in relation to any accidents or incidents that had occurred at the service. From the records in the accident book we noted there had been a high number of unwitnessed falls during night time/early morning hours. However, there was no evidence to support the records were analysed or investigated by the registered manager to make sure that staff responses were effective, to identify any trends and to see if any changes could be made to help minimise the risk of the same occurrence in the future. We discussed our findings with the registered manager who confirmed some referrals had been made to the falls team where appropriate. The provider had failed to ensure people were protected against the risks to their health, safety and wellbeing.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found individual assessments and strategies were in place to guide staff on how to safely respond when people behaved in a way that challenged the service. We were told referrals were made to the mental health team as needed. Some staff had attended appropriate training and we were told further training was planned for all staff. Training and guidance helped to keep staff and others safe from harm.

We looked at how the service protected people from abuse and the risk of abuse. There were safeguarding vulnerable adults procedures and 'whistle blowing' (reporting poor practice) procedures for staff to refer to. Safeguarding vulnerable adults' procedures provided staff with guidance to help them protect vulnerable people from abuse and from the risk of abuse. We noted the contact information of local agencies and

information about how to report abuse was easily accessible to staff, people living in the home and to visitors to the home. We were told a new system was being introduced which would allow staff to report any concerns to the area manager or the provider by using a dedicated telephone number or electronic form.

All staff had completed safeguarding training as part of their induction and ongoing training. Staff were clear about what to do if they witnessed or suspected any abuse or poor practice and indicated they would have no hesitation in reporting any concerns they may have. Staff were also aware they could take concerns to organisations outside the service if they felt they were not being dealt with and told us they were confident the management team would deal appropriately with any concerns they raised. The management team was clear about their responsibilities for reporting incidents and safeguarding concerns and had worked in cooperation with other agencies.

People using the service and staff told us there were sufficient numbers of staff to meet people's needs in a safe way. We noted calls for assistance were promptly responded to although staff were not always available in the lounge areas during staff break times. People made positive comments about the staff. They described them as being 'fantastic', 'professional', and 'very nice people'.

We looked at the staffing rotas and found a designated senior carer was in charge with three care staff throughout the day and one senior carer and a care staff at night. An additional sleep in' care staff had recently been introduced. A cook was available every day. A cleaner was available five days each week and an activities person available for four shifts during the week. The registered manager was available five days each week and provided on call out of hours. Any shortfalls due to leave or sickness were covered by existing staff which ensured people were cared for by staff who knew them.

We looked at how the safety of the premises was managed. We found documentation was in place to demonstrate regular health and safety checks had been carried out on all aspects of the environment. For example, on water temperatures, emergency lighting and the fire systems. We also noted servicing certificates were available to demonstrate equipment had been serviced at regular intervals. Staff spoken with confirmed equipment was in working order.

Training had been provided to help staff deal with emergencies such as first aid and fire evacuation. Personal emergency evacuation plans (PEEPs) were available for staff information and were also seen in three of the five care plans that we looked at. PEEPs gave staff clear guidance on how to support people to evacuate the premises in the event of an emergency. Following concerns raised in relation to the safety of the service the fire safety officer had visited the service (1 December 2016); the service was noted to be compliant with fire safety.

Prior to the inspection we were told there were concerns about moving and handling practices. We observed people being supported safely and appropriately during the inspection. There was key pad entry to the home and visitors were asked to sign in and out which helped to keep people secure and safe.

Is the service effective?

Our findings

People told us the staff had the skills and knowledge to provide them with effective care and support. People told us, "The staff know what they are doing" and "The staff are excellent and helpful." They also said, "It's alright here. I keep myself to myself and watch TV", "I can't ask for anything better" and "I like my room." A visitor said, "I am happy with everything."

At our last inspection, we recommended that the provider considered the relevant guidance and principles associated with the implementation and use of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. During this inspection, we found limited progress had been made on this matter.

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and found there were policies in place to underpin an appropriate response to the MCA 2005 and DoLS. The management team and staff expressed an understanding of the processes relating to the MCA and DoLS and records showed most staff had received recent awareness training in this subject. At the time of the inspection one authorisation had been approved and 10 other DoLS applications had been made.

On looking at people's care files we found people's capacity to consent to their care and treatment had been assessed as part of the pre assessment. However, there was limited information in the care plans to demonstrate people's capacity to make specific decisions about their care and support and about any restrictions in place.

We noted useful information about people's preferences and choices was recorded. One person's record included, "I like to wear a nightdress and bed socks." However, people's wishes had not been consistently recorded in areas such as information sharing, personal care from male or female staff, health monitoring, personal involvement, medicine management or taking photographs. This meant that people, particularly those with limited decision making, may not receive the help and support they needed and wanted. The area manager assured us this had been identified and included in the new care plan system.

We recommend the service seeks advice regarding recording people's capacity and ability to make decisions about their care and to keep this under review.

Staff were observed asking for people's consent before providing care, explaining the reasons behind this and giving people enough time to think about their decision before taking action.

The service had a policy in place with regards to resuscitation (DNAR - do not attempt resuscitation). We looked at one person's records relating to a DNAR decision and found limited information in the person's care plan to ensure their end of life wishes would be upheld by staff or that any information to support the decision had been kept under review. The area manager assured us this would be improved with the introduction of the new care plan format.

At our last inspection, we found a number of areas were in need of improvement and we recommended the provider complied with the dates on the improvement plan and kept the plan under review to ensure people lived in a comfortable and suitable environment.

During this inspection we looked around the home and found some areas were well maintained whilst other were in need of improvement. We did not enter all areas of the home. Improvements had been made such as new flooring to bedrooms and corridors, redecoration and refurbishment of some bedrooms, the provision of matching bedroom furniture, the development of a gated smoking area to the front of the home, re organisation of the entrance area, a sluice room and provision of a medicine storage room, de cluttering of storage areas and improvements to the bathroom and laundry areas. However, we also found areas in need of attention which included a broken door closure, uneven corridor carpet, leaky kitchen sink, inadequate lighting in the medicine storage room, faulty glazing, loose flooring in the laundry, a stained headboard, a number of radiator covers that were loose, worn and mis-matched bedding and a number of rooms with mis-shapen and flat pillows. There were no records to support these shortfalls had been recognised or reported for action. One person described the home as 'shabby' another described it as 'much improved'.

Some of the people in the home were living with dementia. We noted there were no items of interest displayed on the corridor or communal walls such as 'fiddle' boards or old photographs of local towns. Some of the bedroom doors were identified by the name of the person and a familiar picture or photograph; this helped people, particularly those living with dementia, to recognise their bedrooms. However most had no identification other than a room number. The registered manager told us frames had been purchased which would enable photographs to be displayed. We also noted the information board did not display the correct date, staff on duty, resident of the day or daily menu; this could be confusing for people with dementia.

The provider had arrangements in place for ongoing maintenance and repairs to the building and we saw records of some of the work completed. We were told a maintenance person visited the home once each week or when repairs or maintenance were urgent. However, a number of the shortfalls noted during our inspection had not been recorded and there were no records of some work requested by staff or completed; this made it difficult to determine whether maintenance was being requested and when work was completed or not.

There was a development/refurbishment plan for the next 12 months and we noted improvements and maintenance was discussed at the manager's meetings. We found the refurbishment plan was very brief and it was unclear what improvements were planned. For example, each room was listed under a month of the year with no indication of how improvements would be undertaken. We asked the area manager to send us an updated plan. However this was also brief and lacking in detail.

The area manager told us the records of maintenance requests and maintenance work completed had been improved and would be introduced within the next two weeks. The area manager confirmed the development plan would be discussed with the providers. The provider had failed to provide a safe and properly maintained environment for people to live in.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Aids and adaptations had been provided to help maintain people's safety, independence and comfort. People told us they were happy with their bedrooms and some had created a homely environment with personal effects such as furniture, photographs, pictures and ornaments

We noted there was an unsecure gated seating area to the front of the home; we observed a number of people sat outside. Prior to the inspection visit we were told the area to the front of the home was covered in cigarette ends. We noted ashtrays had been provided for people who smoked although cigarette ends had been discarded on the floor. The area manager addressed this on the second day of the inspection visit.

We looked at how staff were trained and supported. We found all staff completed induction training when they commenced work in the home. This included an initial orientation induction, training in the organisation's policies and procedures and the provider's mandatory training which was linked to the Care Certificate. The Care Certificate aims to equip health and social care workers with the knowledge and skills which they need to provide safe, compassionate care. Staff newly recruited to the home were initially supernumerary to the rota and shadowed more experienced staff to enable them to learn and develop their role.

Training was provided from a number of sources such as e learning, workbooks, and external courses and included safeguarding vulnerable adults, moving and handling (theory and practical), fire safety, nutrition, food hygiene and safe handling of medicines. We were shown a copy of the staff training matrix and noted this was not up to date. Most staff had completed a nationally recognised qualification in care or were currently working towards one. Staff told us they had completed safeguarding training and were due to complete mental health awareness. They said, "We get loads of training; it never stops" and "We know exactly what training is due and when we need to do it."

Staff spoken with told us they were provided with regular supervision and they were supported in their work. However, from the records we noted the format of the supervision discussions were one sided with limited opportunity for staff to discuss various work related topics, their performance or to plan their training and development needs. The area manager was aware of the shortfalls and told us this was being addressed. Staff also had an annual appraisal of their work performance and were invited to attend regular meetings. Meeting minutes showed staff had been able to discuss any issues relating to people's care and the operation of the home.

Staff told us handover meetings, handover records and a communication diary helped keep them up to date about people's changing needs and the support they needed. Records showed key information was shared between staff and staff spoken with had a good understanding of people's needs. Staff told us communication was good.

We looked at how people were protected from poor nutrition and supported with eating and drinking. People told us they enjoyed the meals. They told us, "The meals are very good and there is a choice", "I always get enough to eat and can have more if I want" and "They don't over face me; I have sufficient and they know what I like."

Prior to the inspection visit we received concerns that food stocks were low. We found the fridges, freezers and store cupboards were well stocked and saw records of regular food deliveries. The cook on duty told us there was plenty of food and petty cash was available in an emergency. The menus indicated people were

offered meal choices. However, the records of meals served were not organised and some were not recorded on the appropriate forms. The registered manager addressed this. The weekly or daily menus were not displayed on the first day of our inspection. People spoken with did not remember what was planned for lunch.

During our visit we observed breakfast and lunch being served. The dining tables were attractively set and condiments and drinks were made available. People told us they were able to dine in other areas of the home if they preferred and we saw people dining in their bedrooms or in the lounges. One person said, "I prefer to sit on my own; they don't have a problem with that." The meals looked appetising and hot and the portions were ample. The atmosphere was relaxed with friendly chatter throughout the meal. We saw people being sensitively supported and encouraged to eat their meals.

Care records included information about people's dietary preferences and any risks associated with their nutritional needs. This information had been shared with kitchen staff. Records had been made of people's dietary and fluid intake where necessary. People's weight was checked at regular intervals and appropriate professional advice and support had been sought when needed. We observed people being offered drinks and snacks throughout the day.

We looked at how people were supported to maintain good health. An advanced nurse practitioner visited the home at least once a week and district nursing staff visited as required. The service had access to a telemedicine system which provided staff with access to prompt professional advice and support at any time and avoided, where possible, unnecessary hospital admissions. In the event a person was transferred to or attended hospital, transfer forms had been developed to provide ambulance and healthcare staff with essential information.

Records showed people were referred to appropriate health professionals including GPs, district nurses, speech and language therapist and the chiropodist. Prior to the inspection we were told there had been some recent communication issues between the home and the district nursing team which could result in people's needs not being met. We were told the district nursing team and management and staff at the home were meeting regularly to address the issues. The registered manager was confident the relationship had improved.

We looked at people's care records in relation to positional changes, diet and fluid intake and room checks and found they had generally been completed properly although we found the records were not organised. We discussed this with the registered manager.

Is the service caring?

Our findings

People spoken with were happy with the care and support they received and told us the staff treated them with respect and kindness. They said, "I couldn't ask for anything better; they are kind and caring. They are excellent" and "It is lovely here; they look after me properly and I have made some nice friends. I see my family and the staff are my family too."

People were encouraged to maintain relationships with family and friends. People told us their visitors were made welcome in the home and confirmed there were no restrictions placed on visiting. We observed visitors were offered a cup of tea and were treated in a friendly and respectful way.

During our visit we observed staff responding to people in a good humoured, caring and considerate manner and we observed good relationships between people; we observed staff knew people and their visitors well. People who required support received this in a timely and unhurried way. We noted people were appropriately dressed in clothing of their choice. We were told a hairdresser regularly visited for people who were unable, or preferred not to visit the hairdressers or barbers independently. We observed staff knocking on people's doors before entering and closing doors when personal care was being delivered.

Staff spoke about people and to people in a respectful and friendly way. Information was available about people's personal preferences and choices which helped staff to treat people as individuals. We looked at various records and found staff wrote about people in a respectful manner. There were policies and procedures for staff about caring for people in a dignified way which helped staff to understand how they should respect people's privacy and dignity in a care setting. Staff were seen closing doors when care was being delivered.

Staff had received training on maintaining confidentiality of information and were bound by contractual arrangements to respect this. Prior to our inspection there had been some concerns about the lack of secure storage for people's records; we noted this had been addressed and people's records were kept safe and secure.

People told us they were able to make choices and decisions which were respected by staff. They said, "I can make my own mind up and do as I want as long as I let the staff know what I am doing", "I come and go as I please" and "They help me to do what I want; if I can do it for myself then I will but the staff will help if I need it." Staff were observed kindly encouraging people to do as much as possible for themselves to maintain their independence.

We observed staff taking time to ensure people's needs and requests were understood and listened to. We noted staff checked on people's welfare throughout the day to ensure they were comfortable, safe and had everything they needed.

We noted one person became unsettled and upset. We observed staff responding in a kind, caring and patient manner and offering reassurance when needed.

People were encouraged to express their views as part of daily conversations and during regular residents and relatives meetings. The residents' meetings helped keep people informed of proposed events and changes and gave them the opportunity to be consulted and make shared decisions. We saw minutes of the meetings during the inspection and noted a variety of topics were discussed including, meals and activities.

People were provided with an information leaflet and a service user guide on admission to the home. This provided an overview of the services and facilities available in the home and the philosophy of care. However, we noted the information leaflet was inaccurate and could give people the wrong impression about the facilities available. The area manager assured us this and the service user guide would be reviewed.

There was information about advocacy services displayed in the entrance hall. This service could be used when people wanted support and advice from someone other than staff, friends or family members. At the time of the inspection we were told one person was using this service.

Is the service responsive?

Our findings

People were complementary about the staff and their willingness to help them. People told us they knew who to speak to if they had any concerns or complaints and could raise any concerns with the staff or with the management team. People told us, "If I was not happy I would say so; I'm sure it would be sorted out" and "I'm happy here and don't have any concerns at present. I would tell them if I had."

Before a person moved into the home an experienced member of staff had carried out a detailed assessment of their needs. Records showed information had been gathered from various sources about all aspects of the person's needs. People were able to visit the home and meet with staff and other people who used the service before making any decision to move in. This allowed them to experience the service and make a choice about whether they wished to live in the home. One relative had written confirming the request for pre admission information and said, "Thank you for taking time to see me and for being so understanding."

We looked at the arrangements in place to plan and deliver people's care. Prior to the inspection visit we were told the care plans contained limited information, were disorganised and were not stored securely. During the inspection visit we looked at five people's care plans. We noted a revised care plan system had been introduced since our last inspection visit.

Each person had an individual care plan which was underpinned by a series of risk assessments. One person said, "It's a record about me." There was a detailed overview of the person's care which included useful information about their preferences and routines. However, we found insufficient detail to ensure the person received personalised care and support in a way they both wanted and needed and the records did not always reflect the care and support they were receiving. For example there was no guidance for staff regarding a person who was registered blind or for people who had restrictions in place for their safety. We were told two people were under the care of the mental health team but there was no guidance for staff in the care plans. The registered manager confirmed one person had diabetes which was diet controlled, however this was only referenced in the form sent to the kitchen and it was unclear what interventions were in place for two people who were assessed as a high risk of skin breakdown. We discussed this with the registered manager and the area manager who acknowledged the information in people's care plans lacked detail; we were told the care planning systems was under review. The provider had failed to have suitable arrangements in place for planning people's care and support, in a way that met their individual needs and preferences.

This was a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

From looking at records and from our discussions we noted people had not been formally involved in reviews of their care. Some people we spoke with felt they were involved in decisions and discussions about their care and others were not familiar with their care plan. This meant people had limited opportunities to have control and influence over their care. We noted people had been encouraged to become more

involved in care planning at the November 2016 resident and relative meeting. However, the registered manager accepted more needed to be done in this area.

We recommend the provider seeks advice and guidance from a reputable source to ensure people are enabled and supported to make or participate in making decisions relating to their care.

Daily records were maintained of how each person had spent their day. We noted the records varied in detail although people's needs were described in a respectful manner. There were systems in place to alert staff to people's changing needs which included a handover of information at the start of each shift and a brief handover sheet.

A person responsible for the planning and provision of activities had been employed since our last inspection visit and worked four days a week. People's opinions about activities varied. Comments included, "There isn't very much going on; I'm happy watching the TV and chatting to my friends", "There are things to do but I prefer not to join in", "[Activity coordinator] is very good" and "We made some lovely flower arrangements and I'm told we have something planned at Easter but I'm not sure what." A programme of activities was not available for us to look at. Staff told us the provision of activities had improved and people could participate in games, crafts and flower arranging. We were told one person visited the animal shelter each week and other people went into the local town either independently or with staff. We were also told the local dementia group visited the home to support people with flower arranging. Staff told us a mini bus was available and various excursions were planned for the warmer months including an Easter meal out; they told us a clothing party had been booked and there were plans to make Easter baskets. Some people told us they preferred not to take part in activities and this choice was respected by the staff. We noted records had not been maintained of activities provided in the home; this meant it was difficult to determine what had taken place and who had participated. The registered manager assured us this would be addressed.

We looked at how the service managed complaints. People told us they would feel confident talking to a member of staff or to the registered manager if they had a concern or wished to raise a complaint. Staff spoken with said they knew what action to take should someone in their care want to make a complaint and were sure the registered manager would deal with any given situation in an appropriate manner.

The complaints procedure was included in the service user guide and displayed on the back of some bedroom doors and in the entrance hall. This informed people how they could make a complaint and to whom they should address their concerns. The procedure also included the timescales for the process and an easy read format was displayed to ensure everyone could understand and use it. There was a complaints policy in place to ensure all complaints were handled fairly, consistently and wherever possible resolved to the complainant's satisfaction.

Records showed appropriate and timely action had been taken to respond to complaints and concerns. The information had been shared with the provider and discussed with staff to help improve the service. We saw compliments had also been received about the service.

Is the service well-led?

Our findings

People spoken with during the inspection were satisfied with the leadership and management of the home. They told us the home had improved. People said, "[Registered manager] is my favourite; I get on with her. All the staff are very good", "There have been some changes; the home looks nicer than it did" and "[Registered manager] is very good; I can talk to her." Staff told us, "The home has improved a lot over the past 12 months" and "It is a much better place." A healthcare professional confirmed the registered manager had made improvements.

The registered manager had been employed since June 2015 and registered with the Care Quality Commission in October 2015. The registered manager was able to describe her achievements to date. She was able to meet with managers from other homes in the organisation to share good practice and help keep up to date. She was described as 'approachable' 'helpful', 'a star' and 'experienced'. We observed the registered manager interacting professionally with people living in the home, with staff and with visitors. Throughout our discussions it was clear she had a good knowledge of people's needs and circumstances.

The registered manager was supported by an area manager and the providers who could be contacted at any time to discuss any concerns about the operation of the service. We were told they regularly visited the service and were available to talk to staff, people using the service and their visitors. We were told the area manager was 'supportive' and the providers were 'very good'. A member of staff said, "I have no problems speaking to the owners or [the area manager]. They listen and they sort things out." Records of the visits were made and these showed they had identified some areas for improvement, discussed work undertaken, discussed the audit findings and had agreed actions with the registered manager. In addition, the registered manager completed a weekly report for the directors which would help to monitor her practice.

At our last inspection we found the provider had not had an effective quality monitoring system in place and we were told a schedule of audits had only recently been introduced. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At that time we found shortfalls in a number of areas that had not been recognised or acted on by the provider. Following the inspection, the provider sent us an action plan which set out the action they intended to take to improve the service.

During this inspection we found the quality monitoring systems had helped the registered manager to make some improvements since our last inspection. However, we also found a number of shortfalls in areas such as care planning, risk assessment, record keeping, cleanliness and repairs and maintenance as noted throughout this report. This meant the current quality monitoring systems were not effective at identifying shortfalls. Where action was needed it was not always clear who would be responsible, within what timescales or whether the action had been followed up. For example the infection control audit tool had identified shortfalls but was not dated and an action plan and timescales for action were not recorded. One of the three recruitment files that we looked at had been audited and shortfalls had been identified but it was not clear when action had been completed. Accidents and incidents had not been audited. We found a number of shortfalls in people's care plans which had not been identified. We discussed this with the registered manager and area manager. The area manager told us shortfalls in the quality monitoring

systems had been recognised during the weekly visits and new systems were ready to be introduced. They included new policies and procedures, new auditing tools, a new care plan format and changes to the way staff accessed and participated in training and supervision. The provider had failed to operate effective quality assurance and auditing systems.

There was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were encouraged to share their views and opinions about the service they received. Regular resident and relative meetings had been held. The minutes of recent meetings showed a range of issues had been discussed, such as activities, DNAR information, involvement in care plans, meals and the forthcoming events. We noted a doorbell and replacement bedding had been provided following a request made at one meeting; this showed people were listened to. We were told customer satisfaction surveys had not yet been sent out. A suggestion box had been placed in the entrance; only the area manager and directors could access the box. This would help to monitor the quality of the service offered.

Prior to our inspection we were told records were not stored securely. During this inspection we found secure cabinets had been provided for people's care records. However we did find a number of handover sheets, kitchen records and care charts were not stored in an orderly way. We discussed this with the registered manager who assured us this would be resolved following discussions with staff.

Staff meetings were held regularly. Staff told us the minutes of the meetings were not always displayed but that information was shared between management and staff. Staff were provided with job descriptions, a staff handbook, contracts of employment and policies and procedures which would make sure they were aware of their role and responsibilities.

Staff were aware of who to contact in the event of any emergency or concerns. If the registered manager was not present, there was always a senior member of staff on duty with designated responsibilities. Staff told us they were able to voice their opinions and share their views and felt there was good communication with the management team and they were supported. Staff spoken with felt they could raise their concerns with the directors or with the registered manager and appropriate action would be taken. All staff spoken with felt communication had improved and that the care was good.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding and deprivation of liberty teams. Our records showed that the registered manager had submitted notifications to CQC about incidents that affected people who used services.

The organisation had achieved the Investors In People award. This is an external accreditation scheme that focuses on the provider's commitment to good business and excellence in people management. A review had taken place in 2016.

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 The provider had failed to have suitable arrangements in place for planning people's care and support, in a way that met their individual needs and preferences. Regulation 9 (3) (c)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to protect people against the risks to their health, safety and wellbeing. Regulation 12 (2) (b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider had failed to provide a safe and properly maintained environment for people to live in. Regulation 15 (1) (e)

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 17 HSCA RA Regulations 2014 Good governance The provider had failed to operate effective quality assurance and auditing systems. Regulation 17 (2) (a)

The enforcement action we took:

We issued a warning notice with timescales for improvement