Larchwood Care Homes (South) Limited

Cams Ridge

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 17 and 18 January 2017 and was unannounced.

Cams Ridge is registered to provided accommodation, support and nursing care for up to 51 people. The people living at the home have complex nursing needs and some live with dementia or other cognitive impairments. There were 27 people living in the home on the first day of our inspection and 26 people on the second day. The home is built on two levels and there is a lift between the floors. There are three communal areas where people can socialise and eat their meals if they wish.

Prior to this inspection we had received some information which caused us concern. The last inspection took place in July 2016 when we rated this service as inadequate and placed it into special measures. Following this inspection we served three warning notices for failing to ensure; safe care and treatment, suitable numbers of appropriately trained and supported staff and good governance systems. We also referred our concerns to the local authority responsible for safeguarding and the provider voluntarily agreed not to admit any other person to the home. In addition to these actions, requirement notices were issued for failure to ensure safeguarding of people, ensuring appropriate consent was sought and person centred care was developed and delivered. . Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

At this inspection a registered manager was not in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A manager had been appointed and was working in the home day to day. They had begun the process of applying to become the registered manager. Throughout this report we refer to this person as the manager.

Some aspects of medicines management had improved although further improvements were needed. The recording of the administration of homely remedies did not always promote safe medicine management. One observation did not reflect safe administration and stock records were not always accurate.

Staff knowledge of people's health conditions had improved and the assessment and management of risks associated with these had improved.

The manager was reporting safeguarding concerns appropriately and staff understood what constituted abuse and what to do should they suspect this was occurring. All appropriate recruitment checks were completed before staff commenced work and there were enough staff to meet people's needs.

The support provided to staff had improved. Individual supervisions sessions had improved and more training had been provided to ensure staff understood people's needs. The manager had a plan in place to develop the skills of staff further.

Improvements had been made to the gaining of consent and the assessment of people's capacity to make their own decisions. Staff understood the importance of this although the recording of best interests decisions could improve.

The management of people's nutrition and hydration needs had improved. Action was taken when concerns presented and clear plans were in place to support people. Where required external health support was accessed.

People were treated with dignity and respect. People told us staff were kind, caring and compassionate.

Care plans required more work to ensure these were personalised and reflected people's needs, wants and wishes. People and their relatives felt involved and listened to by staff who knew their likes and dislikes. Complaints were managed in line with the provider's policy and the managers' approach enabled people to raise concerns. We have recommended the registered person seek guidance and advice from a reputable source about meaningful activity provision in care homes.
Everyone described the manager as approachable, supportive, willing to listen and working hard to make improvements. The manager encouraged people and staff to make suggestions and raise concerns. They were open and transparent, sharing areas they had identified as needing improvement.

Multiple systems to monitor the service had been introduced and they had identified areas which required improvement. However, the systems needed embedding and clear actions plans produced to take forward.

We found two breaches of the regulations. 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.

Some aspects of medicines management had improved although further improvements were needed.

Staff knowledge of people's health conditions had improved and the assessment and management of risks associated with these had improved.

Safeguarding concerns were reported appropriately and staff understood what constituted abuse and what to do should they suspect this was occurring.

All appropriate recruitment checks were completed before staff commenced work and there were enough staff to meet people's needs.

Is the service effective?

Good

The service was effective.

Improvements had been made to the gaining of consent and the assessment of people's capacity to make their own decisions. Staff understood the importance of this although the recording of best interests decisions could improve.

Individual supervision sessions were taking place and more training had been provided to ensure staff understood people's needs.

The management of people's nutrition and hydration needs had improved. Action was taken when concerns presented and clear plans were in place to support people. Where required, external health support was accessed.

Is the service caring?

Good

The service was caring.

Staff treated people with dignity and respect. They provided choices and listened to people.

People's privacy was respected.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans required more work to ensure these were personalised and reflected people's needs, wants and wishes. People and their relatives felt involved and listened to by staff who knew their likes and dislikes. Activities were limited and we have made a recommendation about this.

Complaints were managed in line with the provider's policy and the managers' approach enabled people to raise concerns.

Is the service well-led?

Requires Improvement

The service was not always well led.

Improvements had been made to the quality systems used by the provider and manager. However the systems needed embedding and clear actions plans produced to take forward..

Everyone described the manager as approachable, supportive, willing to listen and working hard to make improvements. The manager encouraged people and staff to make suggestions and raise concerns. They were open and transparent, sharing areas they had identified as needing improvement.

Cams Ridge

Detailed findings

Background to this inspection

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

This inspection took place on 17 and 18 January 2017 and was unannounced.

The inspection team consisted of an inspector and a specialist nursing advisor.

Before the inspection we reviewed information we had about the service, including previous inspection reports and notifications the provider had sent to us. A notification is information about important events which the provider is required to tell us about by law. We also received feedback from the local authority.

During the inspection we spoke with two people who lived at home and one visitor. We observed the care and support people received in the shared areas of the home. We spoke with the manager, the manager's line manager and ten staff, including nurses, care staff and ancillary and activity staff. We also spoke to an external health care professional during the inspection and a further health professional following the inspection visit.

We looked at the care plans and associated records of eight people, medicines administration records, staff duty rotas, four staff recruitment records and seven staff supervision records. We looked at staff training records, records of complaints, accidents and incidents, policies and procedures, safeguarding and quality assurance records.

Requires Improvement

Is the service safe?

Our findings

Feedback from people and their relative was positive. One relative told us how they felt their loved one was safe living at the home and cared for by staff who understood their loved ones needs. People said they received their medicines on time and staff were always available if they needed them.

At our inspection in July 2016 we found the management of medicines was not always safe. This was a breach of Regulation 12 of the Health and Social Care Act 2014. We served a warning notice requiring the provider to become compliant with this regulation by 16 September 2016. At this inspection we found improvements had been made however a new electronic system of medicines had been implemented and further improvements were required.

On one occasion we found a person's table in the hallway outside their room. On this table was a pot containing two tablets. We clarified what these medicines were with a nurse who confirmed these had been due for administration at 12 noon and we found these at 13:42. The records showed they had been signed for by a nurse as being administered. This person had not been administered their medicines at the correct time and the tablets had been left in a hallway unsupervised. The nurse responsible told us they had given the medicines to a senior carer to give as they were delivering personal care. Another nurse told us this was not company policy. We reported this to the manager and the local authority safeguarding team. A senior carer told us they are asked by nurses to give people their medicines.

A new system for the management of medicines had been introduced. The aim of this electronic system was to streamline processes and prevent errors occurring. Medication Administration Records (MAR) sheets were now held electronically. the manager and nursing staff told us of problems they had faced since the new medicine system had been introduced, including medicines not being received in a timely manner, stock recording being inaccurate and on at least two occasions, a person not receiving their prescribed medicine, as this was not identified as needing to be administered on the electronic MAR chart.

We found that the recording of homely remedies did not require a time of administration or the actual dose administered to be recorded. For example, for one person we saw they were administered paracetamol on three occasions but the dose had not been recorded. On one occasion we saw the time this medicine had been administered had not been recorded. This lack of accurate recording of administration of homely remedies placed people at risk of having medicines administered outside of pharmacy guidelines.

We were unable to undertake a full stock check due to the recording issues with the system. We checked the stock of controlled medicines in the home and found an error for one person. We were unable to establish form the records if this was a simple recording error. We referred our concerns to the local authority and requested the manager investigate this matter. The manager undertook an investigation, reported the concerns to the pharmacy and determined this error was a technical fault. The manager told us they had requested further training for staff on the use of the new system and had arranged a meeting with the system providers to discuss concerns.

The failure to ensure safe administration and effective recording of medicines administration and stock was a breach of Regulation 12 of the Health and Social Care Act 2008.

At the last inspection temperature checks of medicines rooms and fridges were not consistently undertaken. This had improved although we noted a couple of days where this had not been carried out in January 2017.

At the last inspection, where medicines were prescribed on an 'as required' (PRN) basis, either no protocol was available or they contained insufficient guidance. At this inspection PRN protocols were in place which told staff the medicine and dose that was prescribed, what this was to be used for, possible side effects and at what point the GP should be contacted if this was not effective.

At our inspection in July 2016 we found risks associated with people's health needs had not always been identified, assessed and plans developed to reduce the risk to ensure people's safety and welfare. Staff knowledge of the risks associated with people's care varied greatly. This was a breach of Regulation 12 of the Health and Social Care Act 2014. We served a warning notice requiring the provider to become compliant with this regulation by 16 September 2016. At this inspection we found improvements had been made and this was no longer a breach of regulation although further improvements could be made to embed and sustain the improvements.

The regional manager said and staff confirmed that additional training for specific health conditions and risks associated with people needs had been implemented, although not all staff had completed all of these sessions. A specialist had provided some training regarding autonomic dysreflexia. A speech and language therapist had provided some case study training around dysphagia and aspiration. The provider's trainer had delivered some training in house about epilepsy. An external professional had delivered some training in nutrition and hydration.

Risk assessments and care plans were in place which guided staff to specific health conditions and the risks associated with these, for example diabetes, epilepsy, skin integrity and choking. We noted that further work could be undertaken on these care plans to ensure that records were person centred. For example, care plans regarding one person's seizures was generic in its description and not specific to the person. Staff spoken to were knowledgeable of these conditions and risks, how to identify any signs of complications arising and what action they should take.

At our last inspection 'Thick and Easy' (a substance used to thicken fluids) was not stored securely. A patient safety alert issued in February 2015 provided guidance about the safe storage of thickening powders due to risk of aspiration/choking, this had not been actioned. At this inspection changes had been made and staff assured us and we saw that this substance was always locked away when not in use.

At our last inspection a number of people were using bed rails, but the risks associated with using these had not been assessed. At this inspection all bed rails had been checked to ensure they were suitable and where needed extensions had been implemented. Risk assessments were in place and staff knew how to monitor the use of these. However, we noted that for one person a lap belt was used when they were seated in a chair. The use of this lap belt had not been risk assessed.

At our last inspection we were concerned that equipment used in the event of an emergency were not checked regularly. At this inspection, this equipment was no longer in use and no longer present in the home. The majority of registered nurses and senior care workers had received training in Basic life support and told us they would call for emergency services if needed.

Prior to our inspection we had received concerns about the care of PEG tubes (Percutaneous endoscopic gastrostomy tube). This is a tube which is passed into a person's stomach through the abdominal wall, to provide a means of feeding the person when their oral intake is not adequate.

Care plans were in place which guided staff to the care of PEG tubes and the actions nurses should take. However we were concerned that not all nurses followed these care plans correctly. For example, one person's plan provided by a specialist team clearly described the actions nurses should take. We asked a nurse in the presence of another what they did to care for these tubes and they described the opposite to the care plan. The second nurse nodded their agreement with this nurse's description. A third nurse very clearly described the actions in line with the care plan. An external professional confirmed the risks to people should the care plan not be followed correctly. We referred our concerns about the verbal description of the actions to take with the local authority safeguarding team.

At our inspection in July 2016 we found the registered person had not reported safeguarding concerns appropriately and this was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a requirement notice and received an action plan following which told us that the provider would be compliant with the regulation by 30 September 2016. We saw improvements had been made at this inspection and this was no longer a breach of regulation.

A central log was held of all concerns that had been reported as a potential safeguarding matter. The manager had records to show what actions had been taken as result of any potential safeguarding concerns and we could see that learning was taking place as a result. For example, a number of people had developed pressures sores while living at the home. The manager told us how an occupational therapist and community nurse had been involved and developed some training and advice to staff about pressure area management. The manager also advised how they would be introducing a more effective wound assessment tool and that registered nurses had been booked to complete a tissue viability training course.

Staff were aware of the types of abuse, what to look for and how to report them if they had any concerns. Staff said they were confident any concerns would be reported by the registered manager to the appropriate external authorities but were confident to do this themselves if needed.

At the last inspection, 19 of 44 direct care staff had either not received safeguarding training or this was out of date. At this inspection the manager and regional manager were booked to attend a management training course in safeguarding people. Staff had received training and for those whose training had expired, further training sessions were booked.

At this inspection the provider was using a dependency tool to analyse the number of staff they required on duty to meet the needs of people. The last completed analysis showed more staff being used than the dependency tool suggested was needed. The regional manager told us this was due to other considerations such as the layout of the building and peoples wishes to not access communal areas.

Staff told us the use of agency workers had reduced in the home and felt there was enough staff to meet people's needs. People told us staff supported them when they needed it, they said staff always came when they called them. Observations reflected that call alarms were responded to promptly. We were concerned that those people who chose to access the communal area's did not have a mechanism to call for support if this was needed and there were occasions throughout the two days that staff were not always present in these areas. Staffing levels decreased at night based on people's needs, but the manager told us how they had undertaken simulated fire evacuations to ensure that in the event of an emergency the number of staff on nights would be able to evacuate people safely and promptly.

Recruitment records showed that appropriate checks had been carried out before permanent staff began work. Candidates were required to complete an application form and were subject to an interview. Following a successful interview, recruitment checks were carried out to help ensure only suitable staff were employed, including reference requests and disclosure and barring service checks. These help employers make safer recruitment decisions to minimise the risk of unsuitable people from working with people who use care and support services. Registered nurses professional registration was checked. Staff confirmed they did not start work until all recruitment checks had taken place. People could be confident that they were being supported by staff who were safe to work with adults at risk.

Good

Is the service effective?

Our findings

People and their relatives spoke highly of the food and said they had plenty of choice. They felt staff were knowledgeable of people's needs and were confident they knew how to support them.

At our inspection in July 2016 we found the registered person had not ensured effective training and supervision of staff. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served a warning notice requiring the provider to become compliant with this regulation by 12 September 2016. At this inspection we found improvements had been made and this was no longer a breach of regulation.

Staff told us they were receiving one to one supervisions and found these helpful. Records showed all staff members had received at least one individual supervision where their views and opinions were sought and any areas for improvement were addressed. The manager confirmed that appraisals with staff had started and showed us a plan to undertake these throughout the first half of the year.

Staff told us they had received a lot of training since the last inspection although these were not always recorded on the training matrix held. Most staff were able to tell us how other professionals had been involved in providing training to enhance their knowledge and skills, although one told us they had only completed e-learning subjects. Nursing staff told us how they were being given link roles whereby they would research specific subject areas and cascade their knowledge to other staff members.

The manager described their plan to upskill senior care staff as well as nursing staff. The manager and regional manager explained how the company had reintroduced a regional trainer since the last inspection who would support the manager to ensure staff training was up to date and relevant. The manager had planned and booked additional face to face training for staff in subjects such as tissue viability, risk assessment, personality disorder and anaphylaxis.

The Care Quality Commission monitors the operation of Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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 were being met.

At our inspection in July 2016 we found the registered person had not ensured consent was appropriately

sought or the Mental Capacity Act 2005 was applied where needed. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a requirement notice and received an action plan following which told us that the provider would be compliant with the regulation by 30 September 2016. We saw improvements had been made at this inspection and this was no longer a breach of regulation. However, further work was required to embed this fully into the home.

At our last inspection consent forms for the use of bed rails, photos, access to records and family involvement had been signed by family members who did not hold the legal authority to provide this consent. At this inspection improvements had been seen. Where it was felt the person lacked capacity to make their own decisions, mental capacity assessments had been undertaken and documented. Best interests decisions had been made involving relevant people although this was not always clearly recorded.

For example, for one person who had been refusing a particular treatment a mental capacity assessment had been undertaken. A best interest meeting had been held and a decision agreed and recorded. A care plan had been implemented to guide staff and staff were aware of this.

For a second person, several capacity assessments had been undertaken relating to decisions about their care. These deemed the person lacked capacity to make complex decisions and their family had been involved in best interests discussions and decisions relating to their care plans.

For a third person a mental capacity assessment and best interest meeting had been held regarding a finance and property situation. Family members and other professionals had been involved and the decision clearly documented with a rationale. However, this person also had multiple capacity assessments which determined they lacked capacity to make certain decisions about their care. Whilst care plans were in place to guide staff about these particular needs, the best interest involvement or others important to the person was not recorded.

The manager understood their responsibilities in Deprivation of Liberty Safeguards (DoLS). Applications had been made to the supervisory body for some people and records of these were held in the back of people's care files. The manager kept a central list of those which had been applied for and those which had been approved. No conditions were attached to any approved DoLS. Staff knowledge of DoLS had improved.

At our inspection in July 2016 we were concerned that where people had lost weight this had not been identified by staff in the home and whilst people's weight was monitored, where this was reducing, the cause had not been explored and no action had been planned or taken. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, this had improved.

Monthly assessments of people's nutritional status were undertaken using the Malnutrition Universal Screening Tool (MUST). 'MUST' is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition, or obese. People had care plans in place regarding their nutritional needs.

One person's care plan detailed the health conditions that may impact on their oral intake and how this can be monitored and managed. It detailed how the person was not eating their recommended food or fluid intake as a result of these conditions and how staff could provide additional support. The plan included clear actions for staff which we saw being carried out. It also contained information about the person's preferences. Their weight was being monitored regularly, their food and fluid intake was being monitored and the kitchen was ensuring a fortified diet was being provided. A second person's weight loss was reflected in their care plan for healthy eating.

Some people were being supported with their nutrition and hydration via the use of PEG tubes. Plans were in place to ensure staff knew what regime of food and fluid should be provided to people. Care plans were in place which highlighted the risks of this type of intake being provided, the action staff should take to minimise the risks and how to monitor for potential complications. All staff told us that these people should be seated at an angle and if they required support to reposition, the feed was turned off by nurses to ensure they reduced any risks. Records of the food and fluid provided were maintained.

People spoke highly of the food and said they were given plenty of choice. They told us and we observed that if they didn't want what was on the menu they could have something different.

All food was freshly prepared and staff had guidance about how to ensure the consistency of food and drinks were correct to meet people's needs. The kitchen staff were provided with information regarding people's nutritional needs by the care or nursing staff on a daily basis. The kitchen held a list of people's preferences and needs. The kitchen staff were able to explain how they catered for specific diets.

Records showed health and social care professionals visited the service as and when required and that requests for their support was taking place much quicker than our previous inspection. Care records held feedback from GP's, speech and language therapists, social workers and occupational therapists. Staff identified people's needs and involved health and social care professionals appropriately. An external health care professional told us staff in the home had been proactive in seeking their support and following their advice.

Good

Is the service caring?

Our findings

People and their relatives spoke highly about the care provided by staff. Staff were described as kind and caring. Relatives confirmed they felt involved in their loved ones care, felt welcomed and informed.

Care staff were knowledgeable of people's life histories and preferences. They appeared to understand people's needs. When they had time they spent this chatting with people.

Staff explained what they were doing when they supported people and gave them time to decide if they wanted staff involvement or support. Staff spoke clearly but discreetly and repeated things so people understood what was being said to them. Staff showed they had a caring attitude towards people and recognised when they needed support and provided reassurance. For example, one person was anxious about their medicines. Staff responded positively and promptly, providing reassurance. People were offered choices and these were respected. For example, the majority of people chose to spend time in their rooms rather than use to communal areas. When people were in the communal areas and requested to return to their rooms, this support was provided.

Staff demonstrated a good understanding of the need to respect people's dignity and privacy. Staff gave examples of how they ensured people's dignity and privacy. Staff used people's preferred form of address, showing them kindness, patience and respect. When speaking to people staff got down to the same level as people and maintained eye contact. Staff knocked on people's doors and waited for a response before entering. Staff understood confidentiality and the need to maintain this.

The manager told us and staff confirmed that they visited people every day to ask how they were and if they had any concerns. We saw people had used this opportunity to raise concerns with the manager who had taken action to address these and ensure the person was satisfied.

Relatives meetings had taken place and these provided relatives with an opportunity to share any concerns or views they may have. Actions had been set following the latest meeting and the manager assured us these would be followed up at the next meeting.

Requires Improvement

Is the service responsive?

Our findings

People told us and relatives confirmed that they felt staff understood their needs and supported them well. An external health professional told us they felt the staff had been proactive in responding to people's needs and following their advice.

At our inspection in July 2016 there was a lack of personalised care planning and delivery to meet people's needs and ensure their preferences were met. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a requirement notice and received an action plan following this which told us that the provider would be compliant with the regulation by 30 September 2016. We saw improvements had been made at this inspection and staff knew people well and we could see care being delivered in line with people's preferences. This was no longer a breach of regulation 9. However, further work was required to ensure all care records reflected an accurate picture of people's needs.

At this inspection staff were knowledgeable of people's preferences, likes and dislikes. Their knowledge of people's preferences enabled them to provide care that people wanted and needed. However records varied in content, some of these were personalised whereas others contained generic information with no guidance about the support needed and were not accurate. Handovers took place at every shift. The regional manager told us that nurses and senior care staff attended handovers and senior care staff provided care staff with any information they needed to support people. However, one care worker told us how they did not always get the information they needed to support people but could not give us an example. Staff told us the use of agency staff had decreased since our last inspection and the agency staff being used were consistent people.

For some people their care plans were not always personalised and gave very little information which would help staff know the individual. For example, for one person who was living with dementia, a communication care plan had not been updated since 2014. This described that the person can communicate some needs but because of their dementia they can become confused and will need staff to anticipate their needs. No information about how their confusion presented or how staff could minimise this and provide support was included. At times this person's care plan was not always relevant to them. For example, their moving and Handling Positioning Plan had not been updated since 2014, and stated "Catheter fitted – monitor position of tube….". However this catheter had been removed in March 2016. This care plan had been reviewed ten times since this change in need but the reviews had not identified the plan was not accurate.

This person and another had care plans in place regarding a diagnosis of depression. Whilst they provided information about the symptoms of depression, they provided no information about how depression affected these two people, how it presented and the support that should be provided. Both people's care plans contained the same detail.

For a third person we saw they were prescribed PRN (as needed) medication for pain relief and PRN medication for anxiety. The care plan contained information about what these medicines were but provided

no guidance to staff about when they might need to administer the medicines. This person had no verbal communication and whilst the care plan told staff to monitor for non-verbal signs of pain or agitation, it provided no detail about what these non-verbal signs might be.

Whilst there was a decreased use of agency staff, the permanent staff's knowledge of people and handovers, lowered the risk of people not receiving personalised care that they needed. However, the inaccurate and impersonalised care plans for some people meant this risk could arise at any time. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

However, two people's care plans had been completely rewritten since our last inspection. These were detailed and comprehensive. They provided clear guidance to staff and reflected people's preferences. For example, for one person their communication care plan provided staff with information about how they communicated and what it meant if that changed. Their mental health care plans reflected what was important when providing support and staff were very aware of this.

At the last inspection people didn't know they had a care plan and those spoken to at this inspection did not recall these. However, a relative told us how they had been fully involved in their loved one's care plans to ensure these met their needs and reflected their preferences. They said they felt the care plans gave staff good guidance about their loved one.

At our last inspection there were minimal meaningful activities. At this inspection this had not improved. The provider employed an activities co-ordinator and the manager told us they had recently recruited a further person for this role. No activity plan was available for people to see what would be taking place. Activities which took place were minimal and for those people who remained in their rooms often involved turning on the TV or music. People did not raise any concerns about a lack of activities.

We recommend the registered person seek guidance and advice from a reputable source about meaningful activity provision in care homes.

A complaints procedure was in place and people and their relatives knew how to use this. People and their relatives were confident to speak to the manager and staff to raise concerns and records confirmed they did so when they felt necessary. A complaints folder was maintained which held and logged any supporting documentation about the nature of any complaints, how these were investigated and the outcome of these.

Requires Improvement

Is the service well-led?

Our findings

Following our last inspection the provider voluntarily agreed that they would not admit anyone new to the home. At this inspection the manager told us the provider had confirmed to them that they would be taking new admissions. The manager confirmed there had not been any new admissions since the last inspection. Whilst the agreement was voluntary we were concerned that the provider had not discussed this with us first and shared with us their plans to start admitting people.

At our inspection in July 2016 there was a lack of effective systems in place to monitor the service and drive improvement where needed. This was a breach of Regulation 17 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014. We served a warning notice requiring the provider to become compliant with this regulation by 12 September 2016. At this inspection a number of new systems had been implemented as a result of our last inspection. There had been improvements but these needed to be embedded into practice to ensure they identified all areas for improvements and ensured actions were completed in a timely manner.

The provider had initially introduced a daily and weekly reporting system. Daily reports were no longer taking place at the time of this inspection, however the manager was required to report weekly to the regional manager on key area's in the home, including any staff and recruitment issues, any complaints, safeguarding issues and training. The regional manager was then required to report any key issues to the provider.

An audit schedule was in place which guided the manager and staff to carry out audits in a systematic way. The manager told us how they were planning to look at the audits tools to ensure they supported the staff to effectively gather the information they needed to make improvements.

Multiple audits were taking place at the time of our inspection including audits of complaints, pressure ulcers and wound infections and weight. The manager told us they used these to inform discussions with nurses during monthly ward rounds or meetings.

Each person's care plan and risk assessments had been audited at least once since our last inspection and were held in people's files. We noted that whilst actions had been identified, dates for completion had not always been identified and they had not been signed off as completed. Most actions identified had been completed to ensure care plan and risk assessments were in place. For example, for one person we saw the need for a bed rails assessment to be completed. This had been done and was in their care folder. A second person's audit identified the need for a "choking screen". We found a risk assessment had been completed, reviewed regularly and the risk of choking for this person was cross referenced into care plans. However, we found the individualised care plan audits did not always identify the need for care plans to be personalised or identify that they contained inaccurate information. For example, two people's care plan's regarding their depression was not personalised and provided no instruction to staff about how to manage and support this. For a third person their care records contained inaccurate information about their continence needs but the audit had not identified this.

A recent audit from the provider's quality team in January 2017 had identified the need to personalise the care plans and also identified the need to ensure daily records linked to care plans and evaluated the effectiveness of care provided. We noted that the visit in November 2016 had also identified the need to personalise care plans.

The regional manager undertook visits three times a week and provided the manager with written feedback of these visits. The visits included a review of care plans and any other relevant issues within the home. Whilst these reports identified actions, we did not see that these actions informed a central action plan for the service, no timescales were set and the actions were not always carried out promptly. The regional manager audits completed in December 2016 identified some issues that required action for people's care plans. For one of these people the report documented that these had been identified in November 2016 and required urgent action. However, we found the same issues during our inspection visit. They also recorded how another person's care plan could be personalised. No timescale for completion had been set and we found this care plan had not been personalised at the time of our inspection.

The manager and regional manager told us how they had identified that the actions from audits were not always carried out in a timely way and as a result they had ensured that each registered nurse was responsible for ensuring that they completed the actions for named people and a completion date had been set. The manager had ensured nurses had time away from providing direct care to complete this work. The manager told us they would be checking the actions had been completed at the next audit. The regional manager also advised that a new daily recording system would be introduced following our inspection to ensure these provided clear detail.

A registered manager was not in place at the time of our inspection. The previous registered manager left the home shortly after our last inspection and the provider had appointed a new manager who was working in the home day to day. They had commenced their role at the end of October 2016 and had begun the process of applying to become the registered manager with CQC.

Everyone we spoke with described the manager in a positive manner. Staff and people said they found the manager to be approachable, supportive, willing to listen and working hard to make improvements. The manager visited each person living in the home on a daily basis to check how they were and had introduced monthly ward rounds with nurses whereby any issues for the person were discussed and action plans to address these were produced. Regular staff meetings had commenced and we saw these enabled staff to discuss any concerns or ideas they may have. The manager was supported by a regional manager who at the time of our inspection was visiting the service a minimum of three times a week. The manager had yet to receive a formal supervision but described the staff team as very supportive of them. They felt the core staff team worked very well and were engaged and motivated to make improvements in the home. They were open and transparent with us, sharing the areas they had identified as needing improvement, including care plans and further staff training.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person had not ensured the safe management of medicines.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The registered manager had not ensured accurate records.