

Mrs Bimla Purmah

Angel Court Residential Home

Inspection report

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Date of inspection visit:
30 November 2017
04 December 2017

Date of publication:
12 February 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

The inspection took place on 30 November and 04 December 2017 and was unannounced. The last inspection took place in August 2017 and the provider was rated as 'Inadequate' in each of the five key questions. There were breaches in Regulation 9, 10, 11, 12, 13, 14, 15, 16, 17, 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and a further breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. At this inspection, we found that whilst some breaches had been met, others remained outstanding and the provider was not yet meeting all of the regulations.

The overall rating for this service is 'Requires improvement'. However, we are placing the service in 'special measures'. We do this when services have been rated as 'Inadequate' in any key question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures.

Angel Court Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Angel Court Residential Care Home accommodates up to 30 people in one adapted building. At the time of the inspection, there were 21 people living at the home.

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

Potential safeguarding concerns were not always acted upon by the registered manager. Risks to people were not always accurately recorded or acted upon to keep people safe. Staff were recruited safely and action had been taken to ensure sufficient staffing levels to support people. Improvements had been made to the cleanliness of the home and people were supported with their medications in a safe way.

People were supported by staff who had received training and supervision in order for them to support people effectively. Assessments completed did not consistently consider people's protected characteristics under the Equality Act. People were supported by staff who understood how to seek consent but staff knowledge of people who required Deprivation of Liberty Safeguards varied. Records held in relation to the Mental Capacity Act were not always accurate or complete. People had their dietary needs met but improvements were required to people's dining experience. People had access to healthcare services where required. We have made recommendations about ensuring a Dementia friendly environment.

People felt that although staff were kind, they did not always make time to spend with people. There were instances where people's dignity was not respected and people were not always involved in their care or

given choices. People had been supported to access advocacy services where required.

People were involved in the planning of their care but had not been involved in reviews. Staff knowledge of people's preferences with regards to their care varied and care records did not always hold personalised information about people's wishes; particularly in relation to end of life care. People had been informed on how to complain but some continued to be concerned about repercussions of raising complaints. Complaints procedures were not available in an accessible format for people.

People did not feel the home was well led. Audits were being completed but these were not robust and did not show where actions had been taken to make improvements. Feedback had not been sought from people in relation to their experience of care. Records had not been consistently maintained to ensure the information held was up to date and accurate. Staff reported they felt supported by the registered manager and notifications about incidents that occurred at the service had been sent as required. However the registered manager has no systems in place to keep them updated about good practice and innovations in care, resulting in the service been reactive to feedback from other agencies .

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?

The service was not always safe.

Potential safeguarding concerns were not always investigated and risks to people had not always been managed in line with the care records.

There were sufficient numbers of appropriately recruited staff to support people.

Medications were given in a safe way. Improvements had been made to the cleanliness of the home.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff had received training and supervision in order to support people.

Staff knowledge on MCA and DoLS varied and records did not always show that the provider had followed the principles of the MCA.

People had their dietary requirements met but mealtimes were not a sociable experience for people.

People had access to healthcare services where required.

Requires Improvement ●

Is the service caring?

The service was not always caring.

People felt staff were caring but did not always spend time with them when possible.

There were instances where people's dignity was not maintained and people were not always involved in choices made about their care.

People had access to advocacy services where required.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

People were not always involved in the review of their care. Staff knowledge and records in relation to people's preferences with regards to their care required improvement.

There was a lack of activities available for people.

Complaints procedures were available for people. However, these had not been made available in an accessible format for people where needed.

Requires Improvement 

Is the service well-led?

The service was not always well led.

Audits completed were not robust and had not identified the issues we found at this inspection.

Feedback was not gathered from people to get their views on their experience of the service.

Staff felt supported by the registered manager and knew how to whistleblow if required.

Inadequate 

Angel Court Residential Home

Detailed findings

Background to this inspection

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

This inspection took place on 30 November and 04 December 2017 and was unannounced. The inspection team included two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed information we held about the service, this included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted the local authority who commission services and the local fire officer to gather their feedback. Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We spoke with five people living at the home and one relative. As some people were unable to tell us about their experiences, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with two members of care staff, the cook, the team leader, the two deputy managers and the registered manager, who is also the provider.

We looked at care records for four people, as well as two staff recruitment records and records relating to the accidents and incidents, complaints and audits completed to monitor the quality of the service.

Is the service safe?

Our findings

At our last inspection in August 2017, we found significant shortfalls in the provider's systems to safeguard people from abuse, ensure risks to people were managed to keep them safe and provide appropriate staffing levels. This resulted in breaches of Regulation 12, 13, 15 and 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014. We checked to see if improvements had been made and found that while progress had been made, not all breaches had been met and further work was needed to ensure people received consistently safe care and support.

People told us that they felt safer at the home but remained unhappy. One person told us, "I'm quite alright but happy? I have to be don't I?" Another person said, "I'm ok. I still think about going home but I suppose they look after me here". Staff we spoke with confirmed that they have received training in how to safeguard people from abuse and could describe how they would raise a concern if needed. One member of staff told us, "I would report concerns to my line manager and document it. If no action was taken, I would go over their head and straight to the safeguarding team [at the local authority]".

At the last inspection, people had felt unsafe due to others wandering into their bedrooms and causing them harm. We spoke with people about this and only one person spoken with had said that people had wandered into their bedroom since our last inspection visit. We raised this with the registered manager who informed us they had no knowledge of this as the person had not spoken to them about this. This meant that the provider didn't have effective systems in place to monitor people using the service and they were unable to confirm what happened and assure us they had responded to this appropriately to ensure the person's safety.

We saw from one person's care records that they had two unexplained bruises. We could not see from the records whether the registered manager had identified this, referred it as a safeguarding concern or investigated how the bruising occurred. We spoke to the registered manager about this who was not aware of the bruising. The deputy manager later informed us that they believed they were marks from a recent hospital visit and that no further action was taken at the time of noticing the marks. However, as there were no records to show that the bruising had been investigated, we cannot be sure that the registered manager had taken the appropriate action to safeguard the person. Following the inspection, the provider submitted documents to show that the bruising had occurred during a recent hospital stay, however when asked for this evidence during the inspection visit, staff were unaware of this document.

This meant that while some improvements had been made to staff training and knowledge of safeguarding, systems to ensure that potential safeguarding concerns were investigated and referred to the local authority safeguarding team had not been effective.

This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection concerns were found around unsafe moving and handling practices as there were a

number of people that required assistance. At this inspection, we found that some improvements had been made. Most of the people living at the home were now mobile with the support of walking aids. This meant that staff were now required to support people with encouragement and supervision only. We saw staff providing people with this support when mobile and this was done in a safe way. Staff informed us that they had received training in moving people safely so that if people required further support in future, they had been trained to do this in the correct way.

We found that other risks; particularly in relation to pressure area care had not been managed. For example, we saw that one person was at risk of developing sore skin and as a result required support to reposition every two hours. However, when we checked records, we found that the person had not consistently been provided with two hourly pressure relief. We found a number of occasions where the person had not been supported for between three to four hours and others where no records had been kept throughout the night. This meant the person had not been provided with the appropriate pressure relief to reduce the risk of pressure areas occurring.

We also found that risk assessments completed were not consistently accurate. For example, records in relation to a person's pressure care held conflicting information about the person's current pressure area grading. We spoke with staff who also expressed varied knowledge on this; with each staff member giving us different descriptions of the person's pressure area risk. Without the risk assessments providing accurate information on the risks to the person, it cannot be ensured that people are being supported safely. We spoke with the deputy manager about this who informed us they had spoken with the district nurse to gain clarification on the severity of the person's pressure area and would ensure that the risk assessments were updated to reflect their current needs.

This meant that although improvements had been made in how people were supported with their mobility, further concerns had been identified about how risks were being managed to keep people safe and how these risks had been communicated to staff to ensure people received safe care and treatment.

At the last inspection, we found significant shortfalls in the maintenance of the premises and equipment. At this inspection, we found that these shortfalls had been addressed and the breach had been met. The building work that had been ongoing at the home had been completed. The provider had sought support to fire risk assess the home and each resident now had a Personal Emergency Evacuation Plan in place informing staff of how they should be supported from the building in case of fire. Staff we spoke with were aware of the procedure to follow to keep people safe in a fire. We saw that equipment in use such as hoists had been serviced to ensure these were safe to use and the electrical safety checks had since been completed. This meant that the provider had made the required improvements to the environment to ensure the safety of people living at the home.

At the last inspection, concerns were raised about the availability of staff to support people. At this inspection we found that these concerns had been addressed and improvements had been made to ensure that the breach in Regulation 18 had been met.

People's feedback on the availability of staff varied. One person told us, "I think there is enough staff but I stay in here so don't know about downstairs". A relative we spoke with said, "I think there is enough staff. It seems ok when I am here". Other people did not feel there was enough staff and one person told us, "No, there isn't enough staff. Sometimes it is very short staffed". All of the people spoken with told us that staff did respond to them in a timely way when they required support. We spoke with staff who also gave mixed opinions on if there were enough staff. One member of staff told us, "Generally if everything is ok, then we do have enough staff". While another staff member said, "I don't feel there is enough staff. There is a lot to do

and not enough of us to do it". Our observations showed there were enough staff to meet people's care needs. Where people required support, this was provided in a timely way.

The registered manager had recently implemented a dependency tool to assess the number of staff required. The number of staff available reflected what had been assessed in the dependency tool. On both visits to the home, we observed the number of staff on duty increased throughout the day. We queried this with the registered manager who advised this was due to people becoming unwell during the day and needing extra support. This showed that the registered manager had been responsive to increasing their staffing levels to reflect people's changing needs.

People told us they were happy with the support they received with their medication. One person told us, "They give it [medication] to me on time unless there is an emergency". Another person said, "Yes, they [staff] give it [medication] to me".

We looked to see if staff were supporting people with their medication safely. We saw that where people required medication on an 'as and when required' basis, there were protocols in place advising staff of when these should be given. Medication Administration Records (MARS) were completed with no gaps, indicating that people had been given their medication consistently and as prescribed. However, we found that where people required support with the application of creams, records did not contain information about where these should be applied. This meant that there was a risk that people would not receive their creams as prescribed as information about its application was not available. However, we spoke with staff who displayed a good understanding of where people required cream to be applied. We saw that the registered manager had recently implemented checks of staff competency when supporting with medication to ensure that staff continued to do this safely.

We found that improvements had been made to the cleanliness of the home. The registered manager had recruited another member of cleaning staff to support with domestic tasks and all staff had recently undertaken training in infection prevention and control. We saw on the second day of inspection that a number of residents had come down with a bout of sickness and Diarrhoea. The registered manager and staff acted promptly to address this by contacting external agencies such as Public Health to gain advice and trying to contain the sickness bug by allocating separate staff to support those with illness and using protective personal equipment (PPE) effectively.

We observed the home to be clean and areas that had previously been in a poor state of repair; such as the toilet seats, had been replaced. We found that the registered manager and senior staff team monitored the cleanliness of the home by completing daily checks. However, further work was required to ensure that the home remained clean when cleaning staff were unavailable. On the second day of inspection, we arrived at the home prior to cleaning staff and saw areas that needed attention. For example, one bathroom toilet had faeces on the seat. We raised this with the registered manager who gave assurances that this would be addressed with the staff team to ensure levels of cleanliness were maintained at all times.

Is the service effective?

Our findings

At our last inspection in August 2017, we found significant shortfalls in the provider's systems to seek people's consent and meet their nutrition and hydration needs. This resulted in breaches of Regulation 11 and 14 of the Health and Social Care Act (Regulated Activities) Regulations 2014 and the provider was rated as 'Inadequate' for the key question 'Is the service effective?' We checked to see if improvements had been made and found that while progress had been made, further work was needed to ensure people received consistently effective care and support.

People had their needs assessed and these assessments informed the care plans that were in place. The assessments looked at people's care and support needs as well as their medical history. Records showed that for some people, their needs had been assessed in relation to any protected characteristics under the Equality Act, such as religion but for others, there was no evidence that these discussions had taken place. We found through our discussions with people that some had a preference with regards to the gender of the care staff supporting them. One person told us that they would not like a male providing their care. We were aware that male staff worked at the home and so checked to see if this was recorded on people's care records. We could not see from people's records that they had been asked about their preferences with regards to care staff and so there was a risk that people's preferences would not be respected as this had not been assessed. People we spoke with told us that their wishes had been respected despite this assessment not being recorded.

People told us they felt that staff had the basic knowledge and skills required to support them. One person told us, "I suppose [staff are well trained], they know what they need to know". Another person said, "Yes, they [staff] are very good". Other people felt that staff skills varied and one person said, "Some of them [staff] are well trained, not all. They [staff] don't do what they could, it needs a good shake up".

Staff we spoke with told us they had received an induction prior to starting work that included completing training and shadowing a more experienced member of staff. One staff member told us, "I did two week shadowing with the deputy managers and there was a fair bit of training to do". One newly recruited staff member spoken with had not received training as part of their induction. However, they went on to explain that they were not allowed to complete certain tasks until their training had been completed. For example, they had been made aware that they could not support people with moving and handling until this training had been completed. New staff had been enrolled on the Care Certificate. The Care Certificate is an identified set of standards that care workers must adhere too. One staff told us that the induction process was not always effective in providing them with the skills needed to support people. One member of staff said, "I am not sure if the training would have been enough for me if I was new to care". This meant that although induction training was provided, the feedback given suggests that this could be further improved to ensure that staff have the knowledge required to support people.

At the last inspection, we found that staff had not always received training in relation to their role. Where training had been provided, this was out of date and staff had not received any training in relation to people's specific needs including Dementia and Pressure Care. At this inspection we found that the

registered manager had addressed this and enrolled all staff on a variety of training courses. We found that training had taken place over a three month period and included training relevant to people's needs such as Dementia, Pressure Care and Catheter care. Staff spoke positively about the training they had been provided with. Staff told us they were provided with supervisions to discuss their development needs. One member of staff told us, "The training was good and I think I could ask for extra if I wanted it". Another member of staff told us they had requested some further training and that the registered manager was arranging this for them. The staff member added, "She [the registered manager] is very open to suggestions".

Staff told us that they felt that communication systems were effective and that they were given the information they required to support people. One member of staff told us, "The communication is much better now". We saw that a communication book was in place to give staff a snapshot of the changes required to people's care when they arrive on shift. We observed staff sharing information effectively when they arrived at work and providing staff with the information required to support people.

At the last inspection, concerns were identified around the monitoring of weight loss and referrals to Dieticians where needed. At this inspection, we found that improvements had been made and the provider was now meeting the requirements of Regulation 14. People's experience of mealtimes and the food they were provided with varied. One person told us, "It's not too bad". Another person said, "It's ok, it is cooked well and you can have seconds".

We looked at the care records of people who were identified of being at risk of malnutrition. We found that people's weights were being monitored and where weight loss had occurred, GP advice had been sought. We saw for others who were at risk, Dietician referrals had been made. We found risk assessments in place advising staff where people required fortified diets or support to eat and our observations were that this support was given where needed. Staff spoken with were aware of the people who were at risk of malnutrition and the support they required. People told us that their specific dietary requirements were being met. One person told us, "I am diabetic and that is catered for". We also saw that people's dietary requirements in relation to their religion were respected. One person was provided with a Halal diet and staff we spoke with were aware of this need.

We found that improvements were required to the mealtime experience for people. Each dining area was quiet during mealtimes and did not offer a sociable experience for people. We saw people eating alone or where sat with others, eating in silence. Staff supporting people did not actively encourage socialising during this time and only spoke briefly to the person they were supporting. We saw that choices were not always given at mealtimes. We observed people being poured drinks of juice without being asked if this is what they would like. We raised this with the registered manager who advised that this was due to staff knowing what people like and so a choice was not given. We discussed with the registered manager the importance of ensuring people were given choices and she agreed to address this with the staff team. People told us they had access to healthcare services when required. One person told us, "They call the doctor if I need him". Another person told us they had seen both the optician and the dentist. We saw people being visited by district nurses throughout the day to support with health care needs and that the information provided by the professionals was shared amongst staff. Records we looked at showed that referrals had been made as required to specialists including Dieticians, Falls Prevention Teams and Physiotherapy. Other records showed people were now being seen by Dentists and Opticians.

At the last inspection, we found significant shortfalls in the design and decoration of the home. This was due to ongoing building work happening within the home. At this inspection, we found that the building work had been completed and this had significantly improved the environment for people who now had extra living space within the communal areas. Some work had taken place to ensure that the decoration was suited to people with needs such as Dementia. For example, toilet seats had been fitted that were in a

contrasting colour to the toilet so that this can be more easily seen. However, further work was required to ensure that all areas of the home were easily accessible for people with conditions such as Dementia, including clear signage and orientation aids. It was not always clear what each room was intended for due to a lack of signage and the clocks in communal areas had also stopped working which meant it wasn't clear to people in these areas what time of day it was. We recommend that the provider seeks advice and guidance on providing a dementia friendly environment for the people living at the home.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

At the last inspection, we found that decisions were being made not in line with the MCA and that staff knowledge of MCA and DoLS was poor. At this inspection, found that some improvements had been made but further work was required to ensure people were supported in line with the MCA.

People told us that staff sought their consent prior to supporting them. One person told us, "I think so [that staff ask permission] they do when they help me wash". Another person said, "Yes, they [staff] do ask". We observed staff seeking people's consent before providing their support. The staff we spoke with confirmed they had completed training in MCA and could explain how they ensured they got consent. One member of staff told us, "I get consent by sitting with the person, giving them all of the information, discuss the pro's and con's and then the choice is theirs. If the person doesn't have capacity, then we should go to other professionals and hold a best interest meeting".

We looked at records and found that the provider had begun to assess people's capacity and complete best interests meetings where required. However, we saw that these were not always completed accurately to show that the provider had understood and followed the principles of the MCA. For example, we found that a best interests meeting form had been completed for one person but there was no evidence that anyone else; such as family or other professionals, had been consulted as part of the decision making process. The final best interest's decision had also not been recorded so it was unclear what the outcome of the process was. This meant that while improvements were being made in relation to meeting the requirements of the MCA, these had not always been effective.

We saw that a number of applications had been submitted for DoLS authorisations since the last inspection. However, staff we spoke with were not always aware of who had DoLS authorisations in place already and what these were for. We saw that the registered manager had included this information in the staff communication book but this had been ineffective in ensuring staff were aware of this. Without the knowledge of who was subject to a DoLS authorisation, the registered manager is unable to ensure that staff are acting in line with this and any associated conditions of the authorisation. However, we did not observe any staff supporting people in a way that was not in line with any DoLS authorisations in place.

Is the service caring?

Our findings

At our last inspection in August 2017, we found significant shortfalls in the provider's systems to ensure people were treated with dignity and respect. This resulted in breaches of Regulation 10 and 14 of the Health and Social Care Act (Regulated Activities) Regulations 2014 and the provider was rated as 'Inadequate' for the key question 'Is the service caring?' We checked to see if improvements had been made and found that while progress had been made, not all breaches had been met and further work was needed to ensure people received consistently caring support.

People told us that they felt involved in their care. However, we saw that people were not always given choices and involved about decisions about their daily support. For example, we heard a discussion between staff about what breakfast one person would like. The staff discussed that the person shouldn't have the food that they had requested and decided on a meal for the person themselves. There was no discussion with the person to see if they would like the meal that the staff were suggesting and this meal was prepared for the person without giving them a choice of whether they would like this. The staff went on to prepare the person a drink without providing them with a choice. However, the registered manager intervened and reminded the staff that they should give the person a choice of drink. Other people told us how they would like the heating on as it can get cold in communal areas, but that when they requested this, they were informed they could not put the heating on. We queried this with staff who ensured that the heating was put on in the communal areas, however the people spoken with informed us that this does not usually happen and they were not able to put the heating on themselves. This meant that although people felt they were given choices, these were not consistently respected and some decisions were being made without discussing these with people.

Some people living at the home had the support of an advocate. An advocate can be used when people may have difficulty making decisions and require this support to voice their views and wishes. We spoke with the registered manager who was aware of how to make referrals for advocacy support for people where required.

At the last inspection, concerns were raised around people's dignity not being respected. At this inspection we found that although improvements had been made, there continued to be instances where people's dignity was not maintained. People told us they felt treated with dignity. One person told us, "They [staff] make sure the door and windows are closed when I wash". Another person said, "They [staff] do knock before coming in". However, we saw instances where people were not treated in a dignified way. For example, we saw one person inform staff that their drink was cold and requested a fresh drink. The staff informed them that they would do this. However, the staff member left the room and did not return. We later saw another staff member come and remove the cold drink from the person without replacing it. This meant the person had not been listened too by staff or had their requests for support respected or acted upon. We did not see the person provided with their hot drink until later on that day. We saw one other person wearing clothes that were ripped at the arm. This was not picked up by staff and the clothes remained on the person throughout the day.

This is a breach of Regulation 10 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

People we spoke with gave varied feedback when asked about the kindness of staff. One person told us, "Not all of them [are kind]. They [staff] can talk nice to you but they don't have time to sit and talk". Another person said, "The staff aren't very chatty". Our observations reflected this. We saw there were periods where staff did sit and speak with people and that this was enjoyable for people but on other occasions, we found people sat alone for long periods with little interaction, where staff were sat together elsewhere in the home. This meant that staff could have been with people, making conversation while they worked, but had not done so. Other people felt staff were kind and could give examples of this. One person told us about a time when they were unwell and embarrassed by their illness but said, "I was so embarrassed but they [staff] were so kind".

We saw that action had been taken to ensure people's communication needs were met. One person living at the home did not have English as their primary spoken language. We spoke with staff who could explain how they ensured they communicated effectively with the person. One member of staff told us, "There is always a Punjabi speaking member of staff on shift to support. We use body language and eye contact to communicate but if I cannot understand, I will go and get a Punjabi speaker to prevent [person's name] becoming frustrated". We observed staff communicating with the person and saw that they used hand gestures and simple language to support the person with communicating. The person's care records clearly explained their communication needs and how these should be met. This meant the provider had taken action to ensure people's communication needs were met.

People told us they were supported to maintain their independence and we saw that this was the case. One person told us, "Yes, [I am independent], I go out when I want and do everything for myself". Another person said, "Yes, they encourage me to get up". We saw people were encouraged to be independent and facilities were available for people to make their own drinks if able. We also saw that those who were able to encouraged to access the community independently if they wished.

Is the service responsive?

Our findings

At our last inspection in August 2017, we found significant shortfalls in the provider's systems to act on complaints received and ensure people received person centred care. This resulted in breaches of Regulation 16 and 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014 and the provider was rated as 'Inadequate' for the key question 'Is the service Responsive?' We checked to see if improvements had been made and found that while progress had been made, not all breaches had been met and further work was needed to ensure people received consistently responsive care and support.

People told us that they were involved in planning for their care. One person told us, "I am involved, I was with my social worker yesterday". Another person said, "Yes I was involved." While people were involved in their care some people were unhappy living at the home. People were not sure if they had been included in reviews of their care. One person told us, "Not really [involved in reviews], they [staff] may ask if something is alright". Another person said, "Reviews? Not that I know too". We looked at records and found that people's care records were updated as and when people's needs had changed. There was no evidence from these that people had been involved in reviewing their care and deciding how their changing needs can be met. This meant that although improvements had been made to ensure people were involved in the planning for their care, further improvements were required to ensure that people were able to participate in their care reviews and feel listened to.

People gave varied feedback when asked if staff knew them well. One person told us, "Yes, [staff] know me inside and out". A relative we spoke with said, "Yes I'd say by now they know her". Other people were not sure how well staff knew them. One person said, "I am not sure really" and another person added, "I think so". Staff spoken with displayed varied knowledge on people. Some staff we spoke with demonstrated detailed knowledge on people and their needs, whilst some staff did not. For example, we asked one member of staff about a person living at the home and the staff member responded, "I haven't had chance to read the care plan". This meant that not all staff had taken time to get to know people and their needs. We looked at records and saw that action was being taken to learn more about people's history and preferences with regards to their care. We saw forms had been completed in which people were asked about their preferences for a bath or a shower. We checked records and saw that a high number of people were receiving full body washes instead of a bath or shower. Their care records reflected that this was their preference but there were no records to show that a bath or shower had been offered and declined. We discussed this with the registered manager who advised that staff would begin noting where baths/showers were declined. The forms also asked people for their preferences with regards to the time they liked to get up and go to bed and what drinks they would like.

We saw that some people had sensory impairments that meant they would require information to be provided to them in an accessible format. We discussed with the registered manager how they met this need. The registered manager confirmed that they did not have any systems in place to provide information in accessible formats for the person. When asked how they would ensure the person had the information they required, the registered manager responded, "It is just read to them". This meant that the registered manager had not taken action to ensure that people's individual sensory needs were met and information

was provided to people in an accessible format.

Some people living at the home were receiving end of life care. We saw that for these people, an end of life care record was kept detailing the support staff should provide. This included how they should be supported to eat and how they should be repositioned in their bed. However, the end of life care did not evidence that people had been consulted about their individual wishes and records failed to provide information about the person's preferences with regards to their care such as where they wish to pass away or any spiritual and cultural needs. This meant that although the person's physical care needs were met, consideration has not been given to the person's wishes at the end of their life and how these wishes could be met. This meant that although the provider had begun to ask people about their preferences with regards to their care, there were still instances where this had not been considered and that staff were not always aware of people's preferences with regards to their care.

People continued to feedback that there was a lack of activities or social stimulation available and people did not experience meaningful lives and feel stimulated. One person told us, "What activities? I get to see the trees in the garden". Another person said, "I watch a bit of TV". A third person told us, "There aren't any activities really, maybe dominoes or cards. I watch the TV". Our observations found a lack of activities available for people. We saw people spend long periods of time in communal areas with no staff interaction or any kind of stimulation such as the television or radio. Communal areas were generally quiet without any activities left out for people to take part in. We found pockets of time where staff had attempted to do an activity with people including singing or arts and crafts but these were not sustained and ended relatively quickly due to staff going elsewhere to support with care. We raised our concerns about the lack of activities with the registered manager and was advised that outside entertainers had been organised and visited the home, however, as these were paid entertainers they were not available for people on a daily basis. We discussed with the provider about ensuring that meaningful activities based on people's individual interests were available for people on a daily basis and they informed us that this would be addressed.

This is a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At the last inspection, it was found that people did not feel able to make complaints and when they did, these were not acted upon. At this inspection, we found that some improvements had been made. Some people continued to not know how to make a complaint and others still felt unable to. One person told us, "You have to fill in a form but I wouldn't. I am frightened of the backlash". Another person said, "I don't know [how to complain]". Other people knew how to complain and felt able too. One person said, "I would go straight to the top". We looked at records held around complaints and found that none had been made since the last inspection. The registered manager had implemented a new complaints procedure and this was available in the hallway of the home. We saw forms were accessible for people to complete should they wish to provide feedback. Three forms had been completed with compliments from relatives. However, we found that details of how to make complaints was not made available in alternative formats such as easy read or braille for those people who had sensory impairments. We discussed with the registered manager about how they make this information available to the people who were registered blind and found that this had not been considered. The registered manager told us, "[person's name] will just tell us if she has a problem". This meant that although action had been taken to support people to make complaints, further work was needed to ensure that everyone knew the procedure and that this information was available in accessible formats.

Is the service well-led?

Our findings

At our last inspection in August 2017, we found significant shortfalls in the provider's governance systems. This resulted in breaches of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014 and Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. As a result, the provider was rated as 'Inadequate' for the key question 'Is the service Well Led?' We checked to see if improvements had been made and found that while progress had been made, not all breaches had been met and further work was needed to ensure people received consistently responsive care and support.

People we spoke with were aware of who the registered manager was but didn't feel the home was well led and told us they were unhappy at the home. One person told us, "If they let me out of here, I wouldn't ever come back". Another person said, "I don't really see her [the registered manager]". A third person told us, "The best thing about being here? There isn't one". The provider was not aware of people's unhappiness at the home and this caused concern about their oversight of the service and people's experiences of care.

The registered manager had begun to implement systems to monitor the quality of the service. This had included daily audits of the cleanliness of toilets, bathrooms and bedrooms and had been completed daily by senior staff. However, these audits were not robust and only contained tick boxes. We could not see from the audits where improvement was required and where action had been taken. The provider sent copies of action taken following these checks after the inspection.

The audits completed also did not cover areas of care where we had identified concerns. For example, there were no audits on daily records to ensure that pressure relief was being provided as required and there were no audits of accident and incidents to show that these were being monitored for patterns or trends. This meant that the providers systems to monitor the quality of the service was ineffective as it did not fully cover all areas of care provision.

There also remained a number of areas where the provider wasn't meeting legal requirements which placed people at risk of harm. For example, the provider had failed to identify a number of incidents that should have been considered under their safeguarding procedures. As these had not been identified by the provider, it meant that there remained a risk that people would be at risk of harm as the provider had failed to implement systems to identify, investigate and act on potential safeguarding concerns.

We found that care records were not always maintained or accurate. We saw that there was incorrect information given in people's care plans in relation to their pressure area care needs, incomplete information where best interests decisions were being made and for one person, we found that records kept in relation to their finances were unclear. This meant there was a risk that people would not receive care and support appropriate to their needs as the information provided in care records was not consistently maintained. Records held did not hold personalised information about people to ensure that the care they received met their individual needs, wishes and preferences. This meant that the provider had failed to ensure that people received consistently personalised care as people's thoughts regarding this had not been sought.

The provider had also failed to ensure that people's feedback on the service had been sought. People we spoke with told us they had not been asked to provide feedback on the service. One person told us, "No, there's nothing". We saw that feedback forms had been given out in relation to a food tasting session where new meals were trialled and that the provider had acted on the feedback given. However there had been no attempt to gather other feedback; particularly in relation to people's experience of the care they were provided with. Due to these systems not being in place, the provider was unaware of people's anxieties around making complaints and their dissatisfaction around the lack of activities and as a result, action had not been taken to make the required improvements to people's experience at the home.

We were informed following the last inspection that the provider had employed the services of a Care Consultant whose role was to advise and support the provider to make and sustain improvements at the home. However, we were made aware at this inspection that this consultant was no longer employed by the provider. We have concerns about the provider's ability to sustain the improvements they have made so far. Whilst some improvements have been made since the last inspection, there continues to be areas where regulations are not being met. We have concerns that the registered manager has only made improvements in response to the concerns raised at the last inspection and had not been proactive in identifying and acting on these issues as is required of them.

This is a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Staff told us they felt supported by the registered manager. One member of staff told us, "I do actually feel supported. I can see such a change in the staff. We just needed a system to work too and now it's so much better". Another member of staff told us, "I do feel supported. I could raise a concern and it would be acted upon". However in practice we saw that where there were incidents or unexplained bruising action had not been taken to make people safe as the RM was unaware of these incidents. Staff told us they received support from the registered manager through supervisions and staff meetings. One member of staff told us, "We have team meetings often". Staff had been provided with feedback forms to provide their feedback on the service and the support they are provided with. We spoke with the registered manager who advised that they had so far only received a few responses but were hoping to receive more so that these can be analysed and action taken. However feedback people gave to us at the home was that some people remained unhappy with how the service was run and didn't feel listened to.

Staff were aware of how to whistleblow and were confident in doing this if needed. We found that since the last inspection, the provider had begun to notify us of events that happened at the service and therefore had met the breach of Regulation 18. However the provider doesn't appear to have effective systems in place so that they are aware of incidents within the home learnt lessons.

It is a requirement that providers ensure that their most recent rating is displayed within the home and on any websites ran by the provider in relation to this home. We saw that the provider had displayed their rating on both their website and in the reception area of the home and so had met this requirement.