

Hill Care Limited

The Laurels and The Limes Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

This was an unannounced inspection which meant the staff and provider did not know we would be inspecting the service. A scheduled inspection took place on 13 July 2015.

The service was last inspected on 19 January and 2 February 2015. At the last inspection we found the service was not meeting the requirements of the following regulations: care and welfare of people who use services, supporting staff, the management of medicines and assessing and monitoring the quality of service provision.

As a response to the last inspection the provider sent a report to the Care Quality Commission of the action they would take to become compliant with the regulations. The provider told us they would complete the action for care and welfare of people who use services and the management of medicines by 30 November 2015. The provider told us they would complete the action for supporting staff and assessing and monitoring the quality of service provision by the 30 December 2014.

Summary of findings

The Laurel and Limes is a nursing home that provides care for up to 88 people. The service operates from two separate buildings on the same site in the south of Sheffield. The Limes building is purpose built. The majority of bedrooms are single and some have ensuite facilities. There are well maintained gardens and car parking is available. At the time of the inspection there were 43 people living at the service. The Laurels building is a residential unit primarily used for people living with dementia. At the time of the inspection there were 16 people living in the Laurels building. The Limes building has three floors and a lower ground floor where the service's kitchen, laundry and staff rooms are based. At the time of the inspection there were 27 people living in the Limes building.

There was not a registered manager for this service in post at the time of the inspection. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. One of the registered provider's senior managers was managing the service.

During our inspection we check that improvements had been made in the safe handling of medicines. We saw that improvements had been made. However the provider still needed to make more improvements to ensure that people were protected against the risks associated with the unsafe management of medicines.

The service had policies and procedures in relation to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). We saw examples where people had been appropriately supported to make decisions in accordance with the MCA. However, we found the provider had not ensured DoLS authorisations had been obtained for some people living at the service.

In people's records we saw a care plan for identified risks had been completed. We saw evidence of monthly reviews. However, the monthly reviews did not evidence what information had been used to inform the review or how the person and their relatives were involved in the

process. We also found gaps in people's records. For example, two people had gaps in their repositioning records. Both people were able to tell us that staff supported them to be repositioned when they were in bed. It is important that people's records are accurate, complete and contemporaneous, including a record of the care and treatment provided to the person.

People told us they felt safe and were treated with dignity and respect. People were satisfied with the quality of care they had received and made positive comments about the staff. One person suggested that staff had further training in supporting people with a sensory impairment. We shared this information with the senior home's manager.

Relatives spoken with felt their family member was in a safe place.

Our observations during the inspection told us people's needs were being met in a timely manner by staff. We observed staff giving care and assistance to people throughout the inspection. They were respectful and treated people in a caring and supportive way.

People's preferences and dietary needs were being met. Most people made positive comments about the food.

Relatives told us they were involved in their family members care planning. In people's record we saw evidence of involvement from other professionals such as doctors, opticians, tissue viability nurses and speech and language practitioners.

Our discussions with staff told us they were fully aware of how to raise any safeguarding issues and were confident the senior staff in the service would listen.

Robust recruitment procedures were in place and appropriate checks were undertaken before staff started work. This meant people were cared for by suitably qualified staff who had been assessed as safe to work with people.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we told the provider to take at the back of the full version of this report.

Summary of findings

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. At the last inspection we found the service did not have appropriate arrangements in place to manage medicines to ensure people were protected from the risks associated with them. At this inspection we found sufficient improvements had not been made, so that people's medicines were managed safely.

We found the systems in place to ensure staffing levels were maintained when there was an unexpected staff absence had been improved and these systems were robust.

People told us they felt "safe". Relatives told us they felt their family member was in a safe place. Staff were aware of how to raise any safeguarding issues if they were concerned.

Requires Improvement



Is the service effective?

The service was not always effective.

The service had policies and procedures in relation to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). However, we found some people had not been appropriately supported to make decisions in accordance with the MCA.

At the last inspection we found there was not a robust system in place to ensure staff completed all the refresher training relevant to their role and they received regular supervision. At this inspection, we found sufficient action had been taken to ensure staff received training and support for them to deliver care and treatment safely to an appropriate standard.

Requires Improvement



Is the service caring?

The service was caring.

People and relatives made positive comments about the staff and told us they were treated with dignity and respect. The staff were described as being friendly and approachable.

During the inspection we observed staff giving care and assistance to people. They were respectful and treated people in a caring and supportive way.

Staff enjoyed working at the service. They knew people well and were able to describe people's individual likes and dislikes and their personal care needs.

Good



Is the service responsive?

The service was not always responsive.

We found staff had ensured that people living in the Limes building had a call bell in reach when they needed to call for assistance from staff. In the Laurels

Requires Improvement



Summary of findings

building we saw the arrangements in place to ensure people had a call bell in reach where they were able to use one required improvement. In both buildings we saw people could access fluids easily to maintain their hydration levels.

At our last inspection we found the provider had not ensured that all the people living at the service had appropriate care and support to meet their needs. At this inspection we found sufficient improvements had not been made.

We found the service had responded to people's and/or their representative's concerns and taken action to address any issues raised.

Is the service well-led?

The service was not always well-led. There was not a registered manager for this service in post at the time of the inspection. One of the registered provider's senior managers was managing the service.

At the last inspection we found the checks completed by the registered provider to assess and improve the quality of the service were not effective to ensure people were protected against the risk of inappropriate or unsafe care. At this inspection we found evidence that improvements had been made. However, our findings showed that further improvement was required in the monitoring of medicines and people's records.

Peoples and their representative's views were actively sought by the provider so they could share their views.

Requires Improvement



The Laurels and The Limes Care Home

Detailed findings

Background to this inspection

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

A scheduled inspection took place on 13 July 2015. This was an unannounced inspection which meant the staff and the provider did not know we would be visiting. The inspection team consisted of one adult social care inspector, two specialist advisors, a pharmacist inspector and two experts by experience. Both specialist advisors were registered nurses who were experienced in the care of older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experiences had experience of older people's care services.

Before our inspection we reviewed the information we held about the service and the provider. For example, notifications of deaths and incidents. We also gathered

information from the local authority, Commissioners and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also contacted an external healthcare professional and a social worker.

We used a number of different methods to help us understand the experiences of people who lived in the service. We spent time observing the daily life in the service including the care and support being delivered. We spoke with 20 people living at the service, seven relatives, one visitor, one visiting healthcare professional, the managing director, operations director, a senior home's manager, two regional managers, one deputy manager, two nurses, two senior care assistants, three care assistants, two domestic workers, an administrative manager, an activities co-ordinator and the cook. We looked round different areas of the service; the communal areas, the kitchen, bathroom, toilets and where people were able to give us permission, some people's rooms. We reviewed a range of records including the following: seven people's care records, 14 people's medication administration records, six staff files and records relating to the management of the service.

Is the service safe?

Our findings

All the people spoken with told us they felt 'safe' and had no worries or concerns. All the relatives spoken with felt their family member was in a safe place. One relative commented: "[family member] has been here for 18 months and I've no concerns about their safety".

People spoken with did not express any concerns regarding the staffing levels within the service. Most of the relatives spoken with did not express any concerns regarding staffing levels. Two relatives told us they thought the staffing levels had increased in the Limes building. One relative told us they felt the Laurel's building required an additional member of staff to ensure a staff member was available if there was a difficult situation. They commented: "if someone is having a 'moment', they [staff] need to be there".

At the last inspection we found the procedures in place to ensure staff were obtained to cover for unexpected staff absence could be more robust. At this inspection staff told us that if an absence should occur, this would be covered by their own staff or by agency staff. Two care staff members described how a staff member from the previous shift would remain on duty if a staff member had failed to turn up for work and allow time for staff cover to be obtained. We reviewed a sample of staff rotas for both buildings and saw the arrangements to obtain staff to cover for unexpected staff absence had been improved. Care staff told us that if there was an unexpected staff absence that this was covered by the service's own staff or via an agency. Their comments included: "we get cover either through our own staff or agency, you are never left really short staffed" and "yes, it works quite well, we get agency people in quickly".

On the day of the inspection we saw there were sufficient staff to meet the needs of people living in the Laurels building. We observed call bells being answered in a timely manner and we did not observe any people having to wait for assistance. Care staff working in the Laurels building told us they were meeting people's needs but felt an additional staff member would allow them time to speak with people and provide more activities.

In the Limes building we saw there were sufficient staff to meet the needs of people living in the Limes building. However, we observed one example where a person was

not supported in a timely manner in their room and their dignity was not maintained. Staff had been unable to locate a piece of equipment on the floor the room was based on. Without this piece of equipment the person could not be appropriately supported. We spoke with the senior home's manager; they told us they would speak to staff regarding the location of equipment.

People had individual risk assessments in place so that staff could identify and manage any risks appropriately. For example, a falls risk assessment and nutritional risk assessment. The purpose of a risk assessment is to identify any potential risks and then put measures in place to reduce and manage the risks to the person. In people's records we saw a care plan for the identified risks had been completed. We saw evidence of monthly reviews. However, the monthly reviews did not demonstrate what information had been used to inform the review or how the person and their relatives were involved in the process.

People told us they received their medication when they needed it. One person commented: "I'm on medication every four hours and that just happens". One relative spoken with told us that they could be kept better informed with regards changes to their family member's medication. They commented: "they [staff] deal with it but don't ever tell me of any changes, I feel as next of kin I should be told".

We found that since our last inspection visit in January 2015 improvements had been made in the way medicines were handled at the service. At this visit we looked at 14 people's medication care plans, medication records and the actual medicines for those people. We found there were concerns about people's medicines or the records relating to medicines for all those people. This showed that further improvements were still required.

We saw that the systems for obtaining regularly prescribed medicines had improved and that no-one had run out of their medication in the last monthly cycle and there was an adequate supply of medication for the current monthly cycle. However at the end of June two people had been prescribed antibiotics and they had not been obtained in a timely manner and the two people had to wait several days before they could begin their treatment.

We saw there had been improvements in the safe storage of medicines. However we found that prescribed creams were still being stored in bedrooms and bathrooms. This meant there was a risk of them being inappropriately used.

Is the service safe?

We saw there were improvements in the records about medicines. The records about the use of thickeners had improved and the records about the application of creams had also improved but further improvements needed to be made to ensure creams were applied safely. We also found that there was a failure to record the quantities of some medicines when they were received into the home. This meant it was not possible to fully track these medicines or show that they had been given as prescribed. We found that occasionally staff signed for more medicines than were available or failed to sign for medicines which had been given.

We saw that the records showed that medicines which needed to be given before food were signed as given at meal times; however the nurse assured us that these medicines were given at the correct times and the records were inaccurate. We saw that one person did not have a record of the medicines they were allergic to; this was immediately rectified during the inspection.

Improvements had been made regarding the recorded information available to guide staff to administer medicines prescribed to be taken “as required” safely. However some people did not have any information recorded for some of their medicines prescribed in this way. We saw in some instances that the information recorded was inadequate. This meant that it was difficult to give these medicines safely and consistently. Where there was a choice of dose we saw that the actual dose given was recorded. However not all medicines prescribed in this way had guidance available to help staff select the most appropriate dose to give. We saw that even when the guidance was available staff did not record the reason for not giving the chosen dose.

Staff did not record the time medicines such as Paracetamol were given. This meant there was a risk people could be given doses closer together than was safe.

We saw improvements had been made in the safe administration of medicines. However we saw that one person was given a medicine, for a week, which their records stated they were allergic to. The failure to take adequate care when administering medication could have placed this person's health at significant risk. We saw one person was prescribed a complicated regime of pain relief. However we saw that they were not taking all their pain relief available to them because they had not had sufficient

involvement or explanations about the choice of pain relief available to them. As a result they were experiencing pain. During the inspection arrangements were made for specialist pain relief advice to be provided to this person.

We found that further action was required to ensure people were protected from the risks associated with medicines and to ensure there were appropriate arrangements in place to manage medicines.

These findings evidenced a breach of Regulation 12 Health and Social Care Act (Regulated Activities) Regulations 2014 (Part 3)

The service had a process in place to respond to and record safeguarding vulnerable adults concerns. It was clear from discussions with staff that they were aware of how to raise any safeguarding issues. We saw examples in records that steps had been taken by the service to notify the local safeguarding authority, the Care Quality Commission and the next of kin.

The service had a system in place to manage people's spending accounts to safeguard people from financial abuse. We spoke with the senior home's manager; they told us that most people living at the service chose to have a spending account. If people chose to keep monies in their room, a risk assessment was completed and appropriate measures were put in place.

People's records included a personal emergency evacuation plan. Each plan described the person's moving and handling needs and took into account any sensory impairment. We saw evidence that regular fire risk assessments had been completed at the service.

We reviewed three staff recruitment records. The records contained a range of information including the following: application form, interview records and references including one from the applicant's most recent employer. The provider had completed a Disclosure and Barring Service Adult First check for each staff member. This check confirms whether the applicant can start work as long as appropriate supervision for the staff member is in place until the results of the full enhanced check is returned. The Disclosure and Barring Service (DBS) provides criminal records checking and barring functions to help employers make safer recruitment decisions. We also saw evidence where applicable that the nurse's Nursing and Midwifery Council (NMC) registration had been checked.

Is the service safe?

At the last inspection we noticed that there were malodours in the communal areas on the ground floor in the Limes building. At this inspection we found the cleanliness within the Limes building had been improved. People living in the Limes building did not express any concerns about cleanliness. One relative who regularly visited the Limes building told us the cleanliness of the building had improved. This had resulted in the atmosphere in the service being improved.

People living in the Laurels building did not express any concerns about the cleanliness of the building. Their comments included: “I think it is very clean”, “you can see it’s (their room) clean” and “they [staff] clean the room while we’re having breakfast”. A relative spoken with told us that they did not have concerns about the cleanliness of

the Laurels. They commented: “I think the cleaners are pretty good”. During the inspection we noted that one person’s room within the Laurels building had malodours; although the room and ensuite looked clean there was an unpleasant odour coming from the carpet. We shared this information with the senior home’s manager who told us that this would be addressed.

During the inspection we observed staff using appropriate personal protective equipment whilst providing personal care. For example, gloves and aprons. Domestic staff spoken with told us that there were adequate numbers of staff to keep the service clean. One domestic worker told us that new cleaning equipment had been provided including the purchase of a new carpet cleaner since the last inspection.

Is the service effective?

Our findings

People spoken with were satisfied with the care they had received. People's comments included: "[name] is good, he is one of the nurses", "I am looked after well" and "no complaints at all, you can't grumble at all". One person told us staff were gentle when they supported them to move in bed and be repositioned.

Relatives and representatives spoken with were satisfied with the care their family member or friend had received. One relative described how their family member was being weighed regularly, had put on weight and started interacting more with people and staff since coming to live at the home. Another relative described how their relative was in a much better state of health since coming to live at the service and now sees it as their home. They also felt the service was improving and going in the right direction. Relatives told us they were involved in their family member's care planning. One relative commented: "if anything happens they [staff] phone me straight away, they do keep in contact. His foot was swollen a few weeks ago and they got a doctor and told me about it". Another relative described how staff tell you about the good things as well as the concerns.

We spoke with the cook, who was aware of people who had allergies or required a specialist diet and/or soft foods. The cook showed us details of people's menu choices for the day. Most people spoken with were satisfied with the quality of the food. Their comments included: "very good, good wholesome food", "the food is very nice", "they have a good pastry cook, some things are not so good, the veg is overcooked".

During the inspection we observed the arrangements at mealtimes in both buildings. In the Limes building people where able were supported to the dining area for breakfast and offered various choices. We saw staff speaking with people where they saw their food was untouched or unfinished. We heard staff enquiring whether the food was not required or if the person would prefer something else to eat. The atmosphere in the dining room was calm and conducive to eating. The lunchtime menu for the day was presented on menu cards. We saw there was a choice of food to eat. One person told us "I know what I'm having; cheese and potato pie is one of my favourites". Later in the

day we observed the arrangements in place to support people at lunch. We saw there was a sufficient amount of staff to support people and people were provided with choice.

We observed lunch being provided in the two dining areas in the Laurels building. We saw there was a sufficient amount of staff to support people at meals. However we saw the arrangements in the ground floor dining room could be improved to provide continuity of care as some staff changed shift whilst some people were still eating. In the dining area on the first floor we noted the television had been left on which could distract people from eating. We noticed that one person was very sleepy and did not wish to eat at this time. Staff told us that they would keep a meal on a trolley so it was available for the person to eat at a later time. We saw people were offered choice in both dining rooms in the Laurels and were provided with drinks. For example, in the dining room on the ground floor staff physically presented a choice of two hot main meals to enable people to choose. Staff explained the choices available. One person started to eat their meal and decided it wasn't to their liking and staff provided them with a different choice of meal.

There were jugs of fruit juice and water in the communal lounge and dining areas of the two buildings. We observed that drinks were served throughout the day and people were supported or prompted to drink appropriately. For example, one person in one of Lime's lounge areas had left their drink untouched and a member of staff enquired if they required assistance. With the person's agreement they provided the person with a fresh cup of tea which they drank independently.

During the inspection we observed staff obtaining consent from people. For example, we observed a person being asked if they would like to go to the table for dinner now. The person declined and was provided with a small table to eat their meal from.

The Mental Capacity Act (MCA) 2005 is an act which protects and promotes the rights of people who are unable to make all or some decisions about their lives for themselves. It promotes and safeguards decision-making within a legal framework.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty

Is the service effective?

Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

The service had policies and procedures in relation to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). We saw examples where people had been appropriately supported to make decisions in accordance with the MCA. However, we found the provider had not ensured DoLS authorisations had been obtained for some people living at the service, where there were restrictions in place for people. For example, one person had been living at the service since 2013. We reviewed their records and saw they had been asking to leave the Laurels building. The main door of the Laurels building is locked at all times and a code is required to exit the building. A mental capacity assessment had been completed stating the person was unable to leave the building unsupervised. We found no evidence that a DoLS application had been sought to authorise this restriction. We spoke to the senior home's manager; they assured us they would take action to address the omissions.

These findings evidenced a breach of regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014 (Part 3)

We found evidence of involvement from other health professionals in people's records. For example, a speech and language practitioner had been consulted when one person had lost weight. We saw their advice had been followed by staff. We noted that when visiting professionals had been to see someone this was not always cross referenced in the daily notes in people's care records.

We saw evidence that people's wound and/or skin care records were up to date. Their records contained current photographs to enable an accurate evaluation to be completed; assessing the effectiveness of interventions or respond in a proactive way to deterioration. For example, staff had identified that one person had discolouration on a skin area. The area had been photographed, dated and the GP informed. The GP had subsequently visited the person.

However, we found concerns regarding the completion of some people's records because some people's records were not accurate. For example, in the Limes building one

person did not have any entries on their repositioning records on the 9 July 2015 between 9am and 8pm. The person was able to tell us that staff regularly repositioned them.

At our last inspection we found the provider had not ensured that staff were appropriately trained and supported to enable them to deliver care to people safely and to an appropriate standard. The provider submitted an action plan following our inspection, which detailed the actions they intended to take in order to achieve compliance. At this inspection we found the provider had made sufficient improvements.

We reviewed the services staff training spreadsheet and we saw there was a robust process in place to ensure staff received refresher training. We reviewed the service's training planner for July 2015. We saw that a range of training was being provided to staff to reflect their role at the service. This including: pressure area care and nutrition, safeguarding, health and safety, food hygiene and infection control, first aid and manual handling. Staff spoken with told us about the training they had attended. One staff member commented: "I have learnt so much since [senior home's manager] came to work here". A mentor for new staff was identified in staff rota. We also saw that staff mentors and training had been discussed in the staff meeting on the 27 April 2015. Staff mentoring provides support to new staff and enables experienced members of staff to share knowledge and provide guidance.

One person suggested that staff receive additional training in supporting people with a sensory impairment to enable them to meet people's needs better. We shared this suggestion with the senior home's manager.

At the last inspection we received mixed messages from staff about the support they received from senior staff. We found that some staff had not received regular supervision sessions. Supervision is the name for the regular, planned and recorded sessions between a staff member and their manager. It is an opportunity for staff to discuss their performance, training, wellbeing and raise any concerns they may have. At this inspection staff told us they felt supported by senior staff working at the service. Staff comments included: "[senior home's manager] is fantastic, whatever the problem she gives you the best advice" and "[senior home's manager] is different, she's "hands on", she comes in the lounge if we need a hand".

Is the service effective?

Two relatives spoken with told us they felt the décor of the Laurels building and the equipment could be improved. One relative suggested the provider buy some new beds and some new equipment to make life easier for the staff.

In the Laurels we found the interior of the building could be improved to make it more dementia friendly. For example, there was no dementia friendly signage. There was no clock or calendar in the first floor lounge to aid in orientation. The dining tables were in a section of the

lounge but there was nothing else to signify this was an eating area – such as pictures on walls. The floor covering in the reception area would not aid a person with a vision-related cognitive problem because it was intricately patterned. The senior home's manager told us that improvements regarding the decoration within the building had been commenced. For example, some of the corridors, doors and handrails had been painted. The provider was looking at further improvements to be made.

Is the service caring?

Our findings

At the last inspection people spoken with gave mixed views about how they were treated by staff. At this inspection people spoken with made positive comments about the staff. People's comments included: "all the staff are lovely here", "really kind, very lovely", "I find them very pleasant people here, they [staff] know their job" and "they are very nice I get on with them".

People could choose where they wished to spend their time. Some people chose to stay in their rooms or sit in the communal areas. One person told us they like to stay in bed to have their breakfast and then have their lunch in the dining room. Another person told us they could get up and go to bed when they wanted to.

We received mixed views at the last inspection from relatives. At this inspection all the relatives spoken with made positive comments about the staff and the care their family member received. Their comments included: "I'm alright with them [staff], it's a nice atmosphere", "staff on a personal level are very good, we chat, I'm always welcomed", "nothing is too much trouble", "they [staff] make me very welcome, I can come when I like. I could have lunch here if I wanted to", "there is a particular wonderful member of staff, she has the right approach when [family member] refuses care" and "staff support [family member] to be independent and respect his wishes". Two relatives spoken with told us that staff working in the Limes building supported people appropriately particularly when they had behaviour that may challenge others. Two relatives told us that the new deputy manager working at the Laurels building was very calm and patient.

During the inspection staff were observed to knock on doors prior to entering. Staff were mindful of people's privacy if they were being supported with personal care. We observed and heard staff being discreet when people needed assistance. In one of the communal lounges we observed staff providing reassurance to people who were anxious and distressed. We saw that staff remained calm and acted sensitively.

We observed staff communicating with people effectively. The staff used different ways of enhancing communication by touch, ensuring they were at eye level with people who were seated and altering the tone of their voice

appropriately. We saw that staff were kind, caring and treated people in a patient manner. For example, we observed a staff member supporting a person to walk to the lounge from their room. The staff member provided reassurance and encouragement in a non-patronising manner. The staff member was there to support the person if necessary but allowed the person to make their own way in their own time.

Staff spoken with were able to describe people they supported and their individual preferences. Staff told us they enjoyed working at the service. We spoke with the senior home's manager. They told us that the local hospice had been providing palliative and end of life advanced care planning to staff. They told us that further training in end of life care was being planned.

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We observed staff communicating with people effectively. The staff used different ways of enhancing communication by touch, ensuring they were at eye level with people who were seated and altering the tone of their voice appropriately. We saw that staff were kind, caring and treated people in a patient manner. For example, we

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Is the service responsive?

Our findings

At our last inspection we found the provider had not ensured that all the people living at the service had safe and appropriate care and support to meet their needs. The provider submitted an action plan following our inspection which detailed the actions they intended to take in order to

achieve compliance. At this inspection we found the provider had made improvements. However, we found that people's records, particularly their daily records were not maintained to ensure they were accurate, complete and contemporaneous. It is important that an accurate record of the care and treatment provided to a person is kept. We also saw that these records were not routinely used to inform the evaluation/reviews of care interventions.

One of the concerns raised at the last inspection was that staff had not ensured people had a call bell in reach to call for assistance from staff. People spoken with told us staff responded to their calls for assistance when they used their calls bells. However, the length of time people waited for a response was dependant on staff availability. One person living in the Limes building told us the response to their call bell during the day was quite quick but at night they would often wait five minutes or so, which they felt was a long time to wait.

We visited four people in their rooms in the Limes building and found that staff had ensured the person had a call bell in reach and access to fluids. However, in the Laurels building we visited four people in their rooms and found that staff had not ensured a call bell was in reach to enable people to call for staff assistance. Two people visited did know how to use a call bell. The explanation given by senior staff was that some people may not understand how to use one. It is important that people are actively encouraged to use a call bell where they are able and it does not present a risk to them. We spoke with the senior home's manager they assured us they would speak with staff.

We reviewed four people's care records in the Limes building. Three of the records were task orientated and not person centred in contrast to the fourth record. For example, the fourth record described in detail how the person liked to dress and their preferred colours. The person's choices and preferences relating to their activities of daily living were embedded throughout the care plan.

The records did contain life histories "this is me" but the records did not evidence that this information was used to inform the plan around activities/recreation. The activities section of the record was titled "working and playing" in two of the records, and "social needs" in the other two. The entries in the notes lacked detail and consisted of numerous pages of "had a chat with M today". The senior home manager explained that the care support plans were being reviewed and updated to be more person centred by actively using the resident's life histories and that this was a work in progress.

We reviewed three people care records in the Laurels building. People's care plans had been personalised to each individual. We saw a "my life story" had been completed for each person and were awaiting a photograph to be supplied by a relative. The senior home's manager told us that the activities worker was going to use the information gathered in people's life stories for planning activities.

One person told us about the activity coordinator. They commented: "he comes in here sometimes and tries to persuade me to become interested in doing something – I do sometimes". Another person told us about the weekly exercise class they enjoyed.

Relatives spoken with gave mixed views regarding the level of activities within the service. For example, one relative said they thought it was adequate and another relative told us that there was a lack of activities and stimulus for people living at the service.

We observed that people in the Laurels were provided with little stimulation. This led to some people becoming disengaged with their surroundings, particularly in the downstairs lounge area in the morning. We noted that there were no rummage boxes or other items of stimulation available for people. A rummage box can be used as an activity, as a distraction technique and therapeutically as a reminiscence tool. In the first floor lounge/diner there was a bookcase but this was behind a lounge chair and so it was not easy to see or reach. During the inspection we observed a care worker engaging a person with a doll and saw the person enjoyed the conversation and became really engaged with the doll. In the afternoon the activity coordinator provided a game of skittles in the first floor lounge.

Is the service responsive?

The service had two activity coordinators. One of the coordinators told us that each coordinator worked on different days except for Fridays; both coordinators worked on this day. If there was a trip planned outside the home this would be provided on a Friday. The coordinator told us there was a trip planned to the botanical gardens on Friday for some of the people living at the service. They also told us they provided a variety of activities, trips out and entertainment for people. The activities included: ball games, arts and crafts and baking with some of the people. The activity coordinator told us that they did cater for people who spent most of their time in their room by

spending some time chatting with them in their room, asking them how they were or going through a photo album. The service's activity schedule was included in the Laurels and Limes Gazette – July edition.

The complaints process was on display in both buildings. We saw evidence that there was a robust process in place to ensure complaints were responded to and addressed. The regional manager reviewed the service's complaints activity as part of their auditing processes. People told us that they knew who to talk to if they had any concerns. Relatives spoken with told us that if they had any concerns they would speak with a senior member of staff. One relative gave an example of complaining about a lost item and that the issue had been resolved.

Is the service well-led?

Our findings

At our last inspection we found the provider had not ensured there was an effective system in place to regularly assess and monitor the quality of the service provided. The provider submitted an action plan following our inspection which detailed the actions they intended to take in order to achieve compliance. At this inspection we found the provider had made some improvements. For example, monitoring staff training and support. However, we found that sufficient improvements had not been made in assessing and monitoring the management of medicines and record keeping.

The service did not have a registered manager in post at the time of the inspection. The registered manager had cancelled their registration in January 2015. One of the provider's senior home's managers was managing the service in the interim period. The provider was aware of their responsibility to inform the CQC about notifiable incidents and circumstances in line with the Health and Social Care Act 2008. The provider was actively recruiting for a new manager for the service.

We saw evidence that medication checks had been completed at the service since the last inspection. However, our findings during the inspection showed that the system for monitoring the management of medicines required further improvement. It is essential to have robust monitoring in place in order to identify concerns, to make improvements and changes needed to ensure medicines are managed safely.

During the inspection we reviewed people's records. It is important that people's records are accurate, complete and contemporaneous, including a record of the care and treatment provided to the person. We found concerns regarding the completion of people's records. For example, in one person's records there was no repositioning record on the 9 July 2015 between 9am and 8pm. There were also omissions in the hourly wellbeing checks on seven out of thirteen days. In one person's records the malnutrition score was incorrect and there was some discrepancy

between the weekly weight record and the Malnutrition Universal Screening Tool. This showed the system in place to check people's records were accurate, complete and contemporaneous required improvement.

Relatives spoken with told us that they could see improvements had been made at the service. One relative commented about the improvements in the Laurels building "it's improving, they have new furniture, it's cleaner, they seem to be trying to make it more homely" and "they got new people and it is making a difference, an improvement". Another relative told us "I think the care has got better, there seems to be more stability but I'm never happy when they have agency staff in".

Relatives spoken with told us that regular meetings were held at the service; a meeting was due the day after the inspection. One relative told us that the minutes of the last meeting had been emailed to them. The senior home's manager had told them that if they were unable to attend the next meeting to come and see them; their door was always open.

A range of staff meetings had been held since the last inspection which included a senior care assistant meeting in April 2015, a domestic assistant meeting in April 2015 and a whole staff meeting in April 2015. The minutes of the whole staff meeting showed that a range of topics had been discussed including the outcome of the last CQC inspection, duty rosters, training and attendance, team working, care plans, care charts, meal orders and personal care.

Although we saw evidence that monthly checks had been carried out to assess the quality of the service by the regional manager since the last inspection, our findings during the inspection showed there were still areas where they were ineffective in practice. This meant the system to regularly assess and monitor the quality of the service provided required further improvement.

These findings evidenced a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3).

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care
Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

How the regulation was not being met:

The provider had not made sure they had robust procedures to ensure they act in accordance of the 2005 Act.

Regulated activity

Accommodation for persons who require nursing or personal care
Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

How the regulation was not being met:

Service users were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

Regulated activity

Accommodation for persons who require nursing or personal care
Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

Service users were not protected against the risks of inappropriate or unsafe care or treatment because the provider did not have effective systems to monitor the quality of the service provision. The provider had not ensured that an accurate, complete and contemporaneous record in respect of each service user was maintained.