Hawksyard Priory Nursing Home Limited

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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?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 16 and 17 August 2018 and was unannounced. At the last inspection completed on 20 April 2017 we rated the service Requires Improvement.

At this inspection we found improvements had been made but more were needed and the provider was not meeting the regulations for governance arrangements. You can see what action we asked the provider to take at the end of this report.

Hawksyard Priory Nursing 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.

Hawksyard Priory Nursing Home accommodates up to 106 people in one adapted building. At the time of the inspection there were 79 people using the service.

There was a registered manager in post at the time of our 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We have made recommendations about staff training on the subject of dementia and about the environment being adapted to support people living with dementia.

Governance systems were not always effective in identifying concerns and driving improvements. Risks to people were not always clearly documented and medicines were not always stored safely.

People were not consistently supported by sufficient staff to meet their needs at their preferred time. People were not always protected from the risk of cross infection.
Staff had received training, however further work was required to ensure staff competency was checked effectively. Staff felt supported in their role. Improvements were needed to ensure the environment was suitable for people living with dementia. People did not always receive consistent care.

People were not always supported to have maximum choice and control of their lives and staff were not always aware of how to support them in the least restrictive way possible; the policies and systems in the service were not always supportive of this practice.

People received support from staff that were caring however improvements were needed to make sure that this was consistent. People's communication needs were not always planned for. People were respected, however sometimes care was received that was not always dignified.

People's preferences were understood by staff however improvements were needed to ensure care records reflected people's preferences. Peoples end of life wishes were not always clearly documented.

Staff were safely recruited. People were safeguarded from potential abuse. People were supported to meet their dietary needs. People were supported to take their prescribed medicines. People were supported to maintain their health and well-being.

People understood how to make a complaint and these were responded to. Notifications were submitted as required and the registered manager understood their responsibilities. We found improvements were needed to how people and their relatives were engaged in the service.

The location has previously been rated as Requires Improvement. At this inspection the provider had not made all the required improvements. We may consider enforcement action if there is a continued lack of improvement at our next inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Peoples risks were understood by staff but these were not always documented.

People's medicines were not always stored safely.

People were not consistently protected from the spread of infection.

People did not always receive support from sufficient staff.

People received support from safely recruited staff.

People were safeguarded from potential abuse.

The systems in place to learn when things went wrong were not always effective.

Is the service effective?

Requires Improvement

The service was not always effective.

People's needs were not a consistently documented as assessed and planned for.

People were not always supported by staff that had their competencies checked.

The environment required further improvement to meet the needs of people living with dementia.

People's rights were not always protected by staff, as staff lacked knowledge on the principles of the MCA.

People's nutrition and hydration needs were met.

People received support to monitor their health and seek advice from health professionals.

Is the service caring?

Requires Improvement

The service was not consistently caring.

People were supported by caring staff, but staff sometimes missed opportunities to engage with people.

People were not consistently involved in choices about their care and communication needs were not always met.

People's privacy was maintained, however people sometimes experienced care that did not take account of their dignity.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People were not always able to follow their interests or spend time doing activities they enjoyed.

People's needs and preferences were not consistently documented in their care plans.

People received a response to their complaints.

People were not always supported to identify their preferences for support with end of life care.

Is the service well-led?

Requires Improvement

The service was not always well led.

The systems in place to monitor care delivery were not effective in driving improvement.

People did not always understand how they could comment on the quality of the service.

Staff felt supported by the management team.

The provider notified us of incidents.

Hawksyard Priory Nursing 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 unannounced inspection took place on 16 August 2018, with an announced follow up visit on the 17 August 2018. The inspection team consisted of two inspectors, A nurse advisor and two experts 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.

As part of the inspection, we reviewed the information we held about the service, including notifications. A notification is information about events that by law the registered persons should tell us about. We asked for feedback from the commissioners of people's care to find out their views on the quality of the service. We used information the provider sent us in the 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.

During the inspection, we spoke with 11 people who used the service and 10 visitors. We also spoke with the registered manager, the deputy manager, a director, five care staff and three nurses.

We observed the delivery of care and support provided to people living at the location and their interactions with staff. 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 reviewed the care records of 11 people and three staff files, which included pre-employment checks and training records. We also looked at other records relating to the management of the service including rotas, complaint logs, accident reports, monthly audits, and medicine administration records.

Requires Improvement

Is the service safe?

Our findings

At our last inspection on 20 April 2017, we rated safe as Requires Improvement, this was because systems and processes to investigate allegations of abuse were not in place and established and the provider was not meeting the regulations. At this inspection we found the provider had made the required improvements and was meeting the regulations. At the last inspection we also found the provider was not meeting the regulations for sufficient numbers of staff to meet the support needs of people who used the service. At this inspection we found the provider had made some improvements and was meeting the regulations, however further improvements were needed.

Risks to people were not always assessed and documented in people's care plans. A new system had been introduced to assess people and provide a care plan to meet their needs and manage risks. The system was an electronic system which used an initial assessment to identify risks and allow for plans to be put in place. However, when the system was introduced the initial assessment part of the system had not been completed for people already residing in the home. This meant some aspects of their care had not been considered and transferred to the new system. Original care plans were still available for staff and people were found to be receiving the right care. For example, one person had a percutaneous endoscopic gastrostomy (PEG) in place. A PEG is a medical procedure which involves a tube being passed into a person's stomach to provide a means of feeding when oral intake is not adequate or possible. There was no plan in place in the electronic system for staff to follow to manage the PEG safely. Plans were in place in the previous care plan which staff could access. Plans should be in place to show how to safely position the person and the monitoring of the PEG site to detect early signs of infection or other problems. There was no evidence that the PEG was being monitored and actions taken in the electronic system. This meant the person was left at risk of not having the correct care in place. We spoke to the nurse about this and they confirmed the person had been receiving the care they needed however the documentation was not in place. The registered manager provided evidence following the inspection that the documentation was now in place for this person. In another example, one person was presenting behaviours that may challenge. There was no documented plan in place for staff to show them how to support the person and manage risks to their and others safety. We spoke to staff about this and they were able to explain how they used techniques to distract the person when they became upset. There was no documented monitoring of incidents to allow for evaluation of what may trigger the person's behaviour. There had been incidents which had been recorded and reported to relevant bodies; and actions had been taken to safeguard the person and others. However, as many staff were new and the location used agency staff on occasions, the lack of documented risk assessments and plans left people at risk of not having their needs met.

Medicines were not consistently stored safely. We found a number of storage areas were not having the room temperature checked despite medicines being stored. For example, food supplements and drink thickening powder were stored in another separate room. The temperature of this room was also not monitored. Thickening powder was also being stored in people's bedrooms and a kitchen which was not locked away and people could have potentially accessed this medicine. This meant there was a risk people could access the powder and cause themselves harm. NHS England issued a safety alert in February 2015 of the need for proper storage and management of thickening powders; this was in response to an incident

where someone in a care home came to harm.

Medicines were not consistently stored at the correct temperature. One medicines storage area had no natural ventilation and the temperatures recorded had exceeded the recommended 25 degrees over a number of weeks beginning in May 2018 on multiple occasions. For example, in August records showed the temperature was exceeded on five occasions, at one point reaching 30 degrees. Records showed this had been reported to maintenance for action but not until two months after the initial high reading. On the day of the inspection we found an air conditioning unit was being fitted. The registered manager told us there had been a delay as they were unable to purchase a unit as they were out of stock due to the high temperatures during the summer. The registered manager confirmed after the inspection they had contacted the pharmacist for advice about people's medicines and that the pharmacist had confirmed there were no risks to people from the issues with increased temperatures.

Medicines stock was not monitored. Individual supplements were stored in crates labelled for each individual person. We found some of these were out of date. We spoke to the nurse and senior carer about this and they told us they had removed a lot of stock only about a week ago and would take action to remove these items. There was no stock rotation system in place. The registered manager told us in an action plan, following the inspection site visit they were going to introduce a more robust stock management system.

These issues constitute a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives had mixed views about whether there were enough staff on duty at all times. One person told us, "If I press the buzzer, they (staff) are quick to come." Whilst another person told us, "I don't think they always have enough staff, as they seem to borrow them for other floors. Sometimes you do have to wait a while, which I understand." A relative said, "I'm really impressed. If my relative reaches for the buzzer when they are anxious about something, staff respond quickly. When I'm sitting in their room I've seen the staff rushing past the door to respond to calls." Staff told us there had been a change in staffing recently, with many staff leaving and new staff starting which had impacted on them. They felt things were improving. We observed where people needed constant supervision this was in place, however staff were often busy and focussed on completing tasks which meant there was little interaction with people throughout the day. We observed some people had to wait at mealtimes for the support they needed. Nursing staff felt there were not always sufficient nurses available during the day and this put pressure on the nurses. We found the nurses were not always able to fully complete tasks. For example, nurses had not fully completed new care plans and updated risk assessments following the introduction of the electronic system as there had not been enough time available. In another example, we found nurses were unable to carry out some of the checks on care delivery and recording which were required. We spoke with the registered manager about the concerns we had about staffing. They told us they had recently introduced a new tool to help them assess individual dependency of people that live at the home to inform how many staff and nurses they needed to have on shift. The tool did not fully take into account the size and layout of the building, the registered manager confirmed this would be addressed. We will check this at our next inspection. The registered manager also told us they would review nursing tasks and consider additional roles to support the nurses. This showed further improvements were needed to ensure sufficient staff and nurses were available to support people at the times of their choosing.

People were not consistently protected from the risk of cross infection. A "Barrier Nursing station" was in place to prevent the risk of cross infection outside one person's bedroom. During the inspection on two occasions staff were observed not using the gloves that were provided when giving the person in the room

care. Aprons gloves and yellow bags had been provided on a trolley outside the room. We spoke to the registered manager about this and they told us the requirement for the barrier nursing had ceased, however the barrier nursing station had not been removed but staff were aware of this change. We found the environment in some parts of the home had not been maintained to aid the minimisation of cross infection. The laundry area had chipped paint on porous walls and floors in the area where clean clothing was drying. The corridor floor and walls leading to the laundry were also in this state. This meant there was a risk of cross infection when people's clothes were being transported to and from the laundry. After the inspection we were sent evidence that showed the corridors had been painted and sealed. The registered manager confirmed they had a plan in place to improve infection control. Hand washing posters had been put in place, foot operated bins had been provided and work was on-going to introduce cleaning schedules and audits to ensure the home and equipment (including commodes and mattresses) were clean. This showed improvements were needed to ensure the risk of cross infection was minimised.

The health and safety of people was not consistently considered in relation to the environment. We found window restrictors were not fitted to one room where people had access. Where window restrictors were in place these were not adjusted so the recommended gap was in place. We spoke to the registered manager about this and immediate action was taken to address the concerns. Window restrictors were fitted and others adjusted to ensure peoples safety. There were stair gates in place to prevent people from accessing concrete stair cases we could not be sure the gates met with the current health and safety standards. The registered manager confirmed checks had been carried out and the gates were in line with health and safety recommendations, however further work had been undertaken to increase the height and security of the gates following the inspection. They also confirmed that non slip paint had been purchased for the concrete stair cases.

People and their relatives told us medicines were administered safely. One person said, "I get it at set times. It's always spot on. Times are the thing that's important to me as I need it on time and I've never missed any." A relative told us, "[Person's name] needs medicine for pain relief and unlike the hospital there is no hesitation here. If they are in pain a trained nurse will be here within two minutes." The home had introduced an electronic system for monitoring and recording medicine administration. Nurses told us they had received training but did not feel that the training was effective relating to the ordering process. This had been raised with the deputy manager and further training has been arranged. Medicines were safely administered. Nurses checked the medicine and gave explanations to the person about what the medicine was for, when all medicines were taken this was recorded in the system and the whole process was unhurried.

People and relatives told us they felt safe living at the service. One person said, "I like having people around me and that makes me feel safe". Another told us, "I do feel safe here because the staff help me to get about and look after me". One relative said, "I have never had any concerns about [person's name] safety here". Another relative told us, "We have been here a few years so I do feel confident now when I go home that [person's name] is being cared for and is safe". Staff understood how to observe and report any concerns regarding people, they could describe the signs to look for if someone was experiencing any form of abuse. Staff told us they would escalate any concerns straight away. We saw where an incident had occurred where someone had an unexplained injury; whilst this was investigated there was a few days delay before this was reported to the local safeguarding team. We spoke to the registered manager about this and they agreed this should have been reported immediately and would in future ensure this was done straight away. We saw other incidents had been reported promptly. The registered manager shared with us their plans to ensure this was done which included printing copies of the local safeguarding procedures for staff and a discussion about safeguarding with staff at the next month's staff meeting as a reminder. This showed there were systems in place to investigate and report any signs of potential abuse but improvements were needed

to ensure staff followed the procedures promptly.

Fire safety procedures were in place and checks were carried out. We found everyone had a personal evacuation plan in place and there was regular checks on fire safety equipment. Actions had been taken as recommended by the fire service.

The systems in place to learn when things went wrong were not consistently used to drive improvements. For example, accidents and incidents were entered into an electronic system which allowed analysis to be done and look for trends. However we did not see any evidence of any actions being taken to use this information to drive improvements. Complaints were also documented however there was no evidence of how lessons learned would be applied to the service to reduce the risk of reoccurrence. The registered manager shared their plans with us after the inspection to provide more formal analysis through the electronic system which would see managers review all accidents and complete quarterly analysis with regular feedback to heads of department on a weekly basis. The plan said this was going to commence straight away.

People received support from safely recruited staff. We saw the provider ensured checks had been carried out before new staff started work, which included checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable staff from working with in a care setting.

Requires Improvement

Is the service effective?

Our findings

At our last inspection on 20 April 2017 we rated effective as Requires Improvement as improvements were needed to how people's capacity was assessed. At this inspection we found the service had made some improvements but more were needed to ensure the service was consistently effective and we rated effective as Requires Improvement.

The service had recently moved to an electronic assessment and care plan system. The system allowed for person centred assessments to be undertaken which then developed individualised care plans. The system considered risks and put plans in place to mitigate risks and allowed for care delivery to be recorded. However, when the system was introduced the initial assessment which enables the process had not been used. This meant some aspects of peoples assessed needs had not been transferred to the new care planning system. Nurses and staff confirmed they were aware of people's needs and these were being met. We saw there were paper copy care plans still in place to guide staff. We looked at peoples care plans and assessments in the new system and found there was information missing. For example, wound plans were not in place for some people that needed them. We were able to determine people's wounds were receiving the care they needed and nurses acknowledged they had not fully updated the new system. We were sent copies of updated plans for these people following the inspection.

We found where assessments and care plans had been done these sometimes lacked the detail staff needed to support people effectively. For example, the assessment allowed for the identification of individual needs and preferences relating to people's culture, religion and sexuality. However we found these had not been completed with the required detail to allow staff to understand people's needs. Following the first day of inspection the registered manager confirmed a plan had been put in place to ensure the assessments and care plans were in place and accurate within the system by October 2018. We will check this has been done and reviews of care plans have been undertaken on a regular basis at our next inspection.

People were not always provided with consistent care. One person told us, "The standard of care changes when there are new staff or agency staff". Another person told us, "Sometimes I do need to keep reminding staff about the same things every day. Some are new and others agency but it's not very effective communication." People also told us they sometimes received support from staff based on other floors when the home was short staffed, and this changed how their support was given. There were systems in place to ensure people's needs were understood and their care delivery was recorded in a system which staff could then review. However the system sometimes lacked detail. Where people's needs had changed records were not always updated. This meant people were at risk of not receiving the care they needed. Following our inspection the registered manager told us they had a plan in place to meet with all nursing staff and remind them of the importance of this by September 2018.

People and their relatives said they felt staff were skilled and well trained. One relative told us, "They are very professional. If they don't know they will ask someone else." Another relative told us, "I'm really impressed by them. Staff are able to tell when [person's name] is getting anxious and are learning to judge when they are in pain." Staff told us they received an induction, which included shadowing another staff member and

they had access to ongoing training. One staff member said, "The training here is brilliant, we have lots, although I think the dementia training for new staff could be better." We found people had inductions and had updates to their training. We were unable to confirm if the induction followed the Care Certificate. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life based on 15 standards to ensure staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe, high quality care and support. We saw staff had been trained in moving and handling and we observed staff using the skills to move and transfer people safely. However, in other aspects of care staff needed more training. For example, some staff were using language which was not promoting peoples dignity and were observed not engaging with people whilst supporting them. We spoke to the registered manager about this and they told us they would arrange for dignity training and reminders for staff. The registered manager confirmed with us training had been arranged for care staff in September and October 2018 and further sessions would be planned for auxiliary staff. In another example, some staff were not fully able to describe the principles of the Mental Capacity Act (MCA). Following the inspection the manager told us they had made further training available to all staff about the MCA and would be sending out a competency questionnaire to check staff understanding. Some staff appeared to have limited knowledge and skills for supporting people living with dementia. We recommend that the service finds out more about training for staff, based on current best practice, in relation to the specialist needs of people living with dementia. We will check progress and the impact of the training at our next inspection.
Supervisions were being planned for all staff groups and there was a schedule in place to ensure all staff had the opportunity to discuss their role and any training needs. Staff told us they felt things had improved and they were able to seek support from the management team.
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 had their consent sought prior to receiving care and support. We saw staff seeking consent from people. Most staff were able to describe how consent should be sought and could tell us how people that lacked capacity to consent to their placement and care were supported. However this was not consistent and some staff were unaware of how the principles of the MCA should be followed when seeking consent. The registered manager told us they would take action to ensure staff received updated information and had updates to training. People had not consistently been asked to give written consent. The registered manager told us this was known and work was underway to update the consent records for individuals.

Where people were unable to give consent or make decisions for themselves, staff were making decisions in peoples best interests. We found assessments of capacity had been undertaken and records of decisions taken in people's best interests had been recorded which were decision specific. However we found the best interests discussion and decision was not consistently used in all care plans. We spoke to the registered manager about this and were able to confirm MCA assessments and best interest decisions should have been recorded in the electronic care plans at the point when the transfer to the new system took place. However, this had not consistently been completed. This meant guidance was not always in place to show how people should be supported with decisions in their best interests. The registered manager sent us a plan following the inspection which showed nurses were being asked to undertake MCA assessments where required as part of individual care plan reviews and undertake and record best interest discussions and this would be complete by October 2018.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are

called the Deprivation of Liberty Safeguards (DoLS). Where people were having their liberty restricted an application had been made to the authorising body. However we found staff were not aware of what this meant for individuals which meant staff were not consistently knowledgeable in how to support someone in line with their approved DoLS. Some DoLS applications did not include all restrictions people were subjected to. For example, on one floor in the home key pad codes were required to access bedrooms. The coded doors were used to prevent other people from entering people's rooms; however it also meant the person had restricted access to their rooms. It was not clear from the DoLS applications if these had been included for consideration as a restriction. The registered manager told us they would review all DoLS applications to ensure this was included and ensure peoples MCA assessments were included in the care plans. These showed improvements were needed in how records detailed the application of the principles of the MCA.

We found there were adaptations in place to support people with meeting their physical needs for example, toilets and bathrooms were adapted and there were grab rails in corridors. However we found some improvements were needed to how people living with dementia were supported. The signage available in the home to help people orientate themselves was not consistently effective. There were people at the home living with dementia and people were not consistently being supported in an environment that met their needs. For example, one woman told us she really loved to look outside but was unable to access rooms with a window from which to view the outdoors. This meant people living with dementia may find accessing some areas in the home difficult and their needs were not consistently met. We recommend that the service finds out more about how to create an environment for people living with dementia based on current best practice.

People and their relatives told us people could access health advice when they needed it. One person said, "They are good at getting the doctor in. If I say I'm in pain they don't even question me and will get the doctor in." A relative told us, "They are very good at getting the doctor out. The chiropodist was here the last time I came." Staff confirmed they were able to contact health professionals swiftly if there were concerns about people. For example, one staff member told us, "We have made a referral to the doctor for a review for one person, so we can get them the help they need to be calmer." We saw people had referrals to health professionals and the advice was documented in peoples care plans which staff followed. This showed people had support to meet their health needs and see health professionals for advice where needed.

People and relatives told us they were happy with the choice of meals and the quality of the food. One person told us, "If I tell them the day before what I want a specific meal, they will have it for me the next day. There is plenty of food as well as choice. In the evening there is a choice of six different puddings." People's needs for nutrition and hydration had been assessed and plans had been put in place. For example, one person had a speech and language therapy (SALT) assessed nutrition and fluid intake care plan in place. The plan gave detailed instructions to staff about what the person could eat and how they should be supported to maintain their safety and minimise risks, which staff followed during the inspection. We saw where people needed their drinks with a thickening agent this was used by staff, where people had a soft diet or needed their meals pureed this was in plans. Where people needed their fluid or food intake monitored, records were not always accurately completed which meant the provider could not be assured people had received their fluid and food intake. We spoke to nurses about this and they confirmed people were having their needs met, this was a staff recording issue. The registered manger told us in an action plan following the inspection staff would be reminded of the importance of recording daily food and fluid intake. Individual needs were observed when serving meals for example, portion sizes were controlled depending on people's preferences and where help was needed to cut up food this was given by staff. However, not everyone had a pleasant meal experience. One person was observed with their meal served on a tray table in their room, despite them being asleep. Another person was eating their meal in the lounge, they were given an over bed

table as there were not sufficient side tables to eat their meal. Their drink spilt and the person was left with the spillage as staff made no attempt to clear this up. This showed people were not consistently having a pleasant mealtime experience.

Requires Improvement

Is the service caring?

Our findings

At our last inspection on 20 April 2017 we rated caring as good. At this inspection we found improvements were required to how people received their care and the approach from staff.

People and their relatives told us they felt staff were kind and caring. One person told us, "I have been here years and I love it. The staff are laid back and friendly. I am happy with how they look after me." Another person told us, "Staff are kind and friendly and I can have a laugh with them." Whilst another commented, "The staff have been very kind to me. I think they are caring." Relatives also told us staff were caring. One relative said, "The staff who are here are brilliant, I can't fault them. I am here every day and they always do a good job." Whilst another added, "The staff are always very pleasant and friendly. [Person's name] always looks well cared for, they are doing a very good job." Interactions between staff and people were warm and respectful and people appeared to have good relationships with staff. For example, one staff member was observed visiting another floor on their break to speak with a person they usually supported. They greeted each other warmly and had a chat for a few minutes, with plenty of smiles. In another example, a staff member saw one person becoming distressed in the corridor. They put their arm around them and listened to them, gave reassurance and some choices of what they could do, like having a walk around the building, watching TV or going to see the hairdresser which appeared to calm the person down. However, we also saw some staff missed opportunities to engage positively with people. For example at meal times where people needed support, staff were not engaging people in conversation and appeared focussed on the support task rather than the person. In another example during the morning on the first day of the inspection, we observed people in the lounge area with a radio on. Staff came in to check people were ok but there was no conversation or engagement with people. This shows improvements were needed to ensure staff were consistently caring and engaging with people.

People were not consistently supported to make choices. One person told us, "I am not keen on the food, everything they give me is mashed up but I prefer proper food. They don't ask me what I would like either." We observed on the day of the inspection, people were served from a heated trolley and were offered a choice of meals, however where people needed a purred or soft diet this was prepared in the kitchen and there appeared to be no choice on offer. We saw one person ask for a warm drink at lunchtime and staff declined stating only cold drinks were served with lunch. This shows improvements were needed to ensure people had consistent choices about their care and support.

People had their communication needs assessed and plans were in place to meet them. For example, one person was assessed as having difficulty with their hearing. There was a plan in place which identified for staff how to communicate with this person. Staff understood people had different needs for communication and could describe how people were supported to understand information. Tools had been put in place to support people with communication; however, we found staff were not always using the tools available to support people. For example, a picture menu was in place to help people make choices about their meals, but staff were not observed using this when supporting people to choose their meals.

People had their privacy and dignity maintained. Staff were observed supporting people in a dignified

manner, for example they were observed and heard to be discreet when people needed assistance. Staff reassured people who were anxious and distressed and responded promptly, calmly and sensitively. However, this was not consistent; some staff were noted to be talking to each other when supporting people instead of engaging the person in conversation. Some language used by staff was not dignified. For example, some staff referred to the people requiring support with their meals as 'Feeders'. We spoke to the registered manager about this and they told us they would seek training for staff, they confirmed in an action plan this had been put in place for all staff by October 2018. This shows staff were not consistently supporting people in a respectful way.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection on 20 April 2017 we rated responsive as Requires Improvement this was because people were not always engaged in activities that interested them. At this inspection we found further improvements were needed and Responsive remains rated Requires Improvement.

People told us they had been involved in their initial assessments and care plans, however most people told us they had not been involved in any reviews of their care plan. We found evaluations were completed of care plans; however these did not show how the evaluation had taken place and what information had been considered or if people were involved in these reviews, with many just stating 'remains unchanged'. This means improvements are needed to involve people in their care plan reviews and ensure these are fully documented.

Staff understood people's preferences and could describe for us how people liked to have their care and support planned. One staff member said, "Some people can't tell you what is wrong but you can tell by little changes in their behaviours that something is not right." Staff spoke about people in a person centred way demonstrating their knowledge of individual routines likes and dislikes on dressing and food preferences for example. However, care plans were not consistently detailed for example with people's life histories and preferences this meant people may not have their preferences met.

Assessments identified needs in relation to peoples protected characteristics, this included assessing needs in relation to people's culture, religion and sexuality. However the plans which had been put in place did not consistently identify what support people needed. For example, one person had been identified as having some needs in relation to their culture; the assessment identified the person required staff to speak slowly and explain things to them when communicating however there was no further detail for staff about how the person's cultural needs may impact on their care and preferences. This meant people's diverse needs were not consistently planned for.

People and their relatives told us there were some opportunities for activities at the home. One person said, "Someone comes in for activities every Monday for bingo. There's something organised at Easter and Christmas. We have a sing-a-long sometimes, but there is a lull at the moment. It would be nice to have a bit of entertainment." We observed people mostly spent their day listening to music, watching television or reading to pass their time. On one occasion we saw one person had been given a picture to colour, a staff member was sat next to the person but was completing a task with their hand held records device, without looking up or gaining eye contact with the person they were heard to say, 'come on carry on with your picture'. The person was holding the pen and staring at the paper but was not making any attempt to participate. For long periods during the day people were sat in a corridor area near to a nurse's station. The people were sat in positions where they were unable to engage in conversation with each other. At one point we saw a staff member playing a board game with one person, however the person did not seem interested in the game and there was no engagement with the person and the member of staff in conversation. We saw there were details of activities on offer, but we found peoples individual interests and hobbies had not been identified. This meant improvement was needed to understand individual

preferences for activities and offer people opportunities to participate in things that interested them. The registered manager provided an action plan following the inspection which described how additional staff would be in place to lead the activity staff team, people would be asked about their preferences for activities and a meeting would be arranged for September 2018 to progress improvements.

We found people had not had their wishes discussed and documented for care for how they wished to be supported at this stage of their life. People were described by staff as requiring palliative care and whilst staff could share detail about how they supported people to be comfortable and pain free, this was not clearly documented in an end of life care plan and there were no records which showed end of life care had been discussed with people or their relatives on admission. We spoke to the deputy manager about this and they told us they had plans in place to introduce an end of life system which would incorporate best practice called 'the swan system'. The registered manager confirmed in an action plan following the inspection that nurses would be asked to ensure up to date end of life care plans were in place by the end August 2018 and this would be monitored through the care plan audit. This shows improvements were needed to how peoples care needs at the end of their life were assessed and documented.

People and their relatives understood how to make a complaint. "I would ask one of the staff if I am not happy." Whilst another person said, "I speak to the registered manager if I am not happy and wait for them to sort it out." One relative told us, "I know who to complain to if I need to, and am not afraid to ask." Another relative told us, "Anything I ask about they always try to resolve, I am very happy." We saw details of complaints which had been received and the date these had been resolved. However the records did not show what learning had taken place from the complaint and copies of responses to the concerns were not detailed. The registered manager told us and confirmed in an action plan following the inspection, that the details of all complaints and responses would be uploaded to the electronic system by the end of September 2018. The action plan also said a comments and complaints box would be made more prominent by the beginning of September in the main reception to encourage people to share their views. This shows improvements were needed to how complaints and feedback were documented and used to improve the service.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection on 20 April 2017, we rated well led as Requires Improvement, this was because the systems in place to drive improvements were not effective and there was a breach of regulations. At this inspection, we found the provider had not made sufficient improvements and there was a continued breach of regulations.

There was no system in place to audit assessments, risk assessments and care plans to ensure they were accurate. The registered manager had already identified this and began to develop a care file audit tool. However this had not yet been used and the issues we found with incomplete assessments, risk assessments and care plans had not been identified or addressed at the time of the inspection. We found where care plans and assessments had not been completed in full in the transition to the new system this had not been identified. The registered manager told us in an action plan submitted following the inspection that the assessment and care plans will be updated by nursing staff and then audits would begin from October 2018, with care plans subject to regular checks by nursing staff alongside the audit process.

There was a medicines audit in place however this had not identified the concerns we found with over stocking medicines and medicines being out of date. There was a system in place to check the temperature of medicines rooms however when the temperature exceeded the recommended level no action was taken to escalate for two months and the audit process had not found identified this This meant people were left at risk of having medicines which were not effective. The registered manager told us they would ensure excess and out of date stock was removed and the medicines rooms would be reviewed. A portable air-conditioning unit was also put in place on the day of the inspection. An action plan submitted by the registered manager told us audits were being introduced to ensure this does not happen again with immediate effect.

A dependency tool was in use. Whilst this looked at peoples individual needs and the support they required to determine how many staff were required, this had not taken account of the size of the building and how this would impact on staff time. This meant on occasions staff were task focussed and were not engaging with people whilst supporting them and people sometimes had to wait. The tool had also not identified all of the additional non nursing tasks which were required of nurses, which meant nurses sometimes did not have the time to complete some of the management tasks and this impacted on the governance of the home. The registered manager confirmed they would look at the dependency tool and make adjustments to allow for these areas to be considered when staffing levels were determined.

There were no cleaning schedules in place to monitor the environment or equipment and ensure this was clean and limit cross infection. There were checks on some aspects of the environment, however these had not been effective identifying the concerns we found with the laundry walls and floors being porous and having chipped paint. The registered manager took immediate action to address these concerns and sent evidence of laundry walls and floor having been painted following the inspection. There was also an action plan submitted which told us cleaning schedules were to be in place by October 2018 and an audit would be completed to ensure all areas of the home were clean and infection control procedures were being

followed.

These issues constitute a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Accidents and incidents were monitored and analysis was completed. All accidents and incidents were entered into an electronic system. The system allowed for reports to be made of the number and type of incidents. The registered manager told us this allowed analysis to be done and look for trends. However, there was no evidence in the system of any formal review or actions being taken to use the learning from the system to drive improvements and prevent reoccurrence.

The provider had a system in place to monitor staff training. The system enabled the provider to identify when staff needed refresher training and this was arranged. However, there did not appear to be a system in place to check staff competency following training. For example, there were inconsistencies in staff understanding of dignity, the principles of the MCA and how to support people living with dementia. The registered manager told us they would arrange training and check staff competency. An action plan was submitted to inform us that training had been arranged for some staff in September 2018.

People and their relatives had mixed views about how involved they were with the service. One person said, "We don't have any questionnaires to complete." Whilst another person told us, I have never been asked to fill out a questionnaire or go to a residents' meeting." Relatives also had mixed views with one relative telling us, "Whenever I ask I always get comprehensive feedback from the nurse." Whilst another said, "There are residents' meetings and I used to go, but don't bother any more, it's just general stuff." Whilst another relative told us, "I have never been asked to complete a questionnaire. I would find that more helpful." There was evidence that regular resident and relative meetings took place and there was feedback on display to show what had changed following these meetings. We also saw there were surveys which people could complete to describe what they thought about their care and support. However, people and relatives appeared not to understand these were available. This demonstrated improvements were needed to ensure people understood how to express their views about the service.

Staff told us they felt supported by the leadership team. One staff member said, "I really feel listened to by other staff and the managers." Other staff commented that the deputy manager had improved communication, senior staff were bought together to discuss things and that the deputy had a very caring approach. The deputy told us there were lots of other opportunities for staff to receive support such as team meetings which had in the past been used for group supervisions. A round of departmental staff meetings had just been completed. Staff supported this and said they felt things were improving.

The provider told us they had identified some concerns about the quality of the service and had appointed a new deputy in recent months to make improvements. The deputy had carried out an audit of the quality of the home and developed an action plan to make improvements. There had also been a quality monitoring visit from the local authority and although the report had not been received the provider was able to demonstrate some improvements had been achieved following the production of the action plan in response to the internal and external audits. This demonstrated the organisation was using feedback to drive improvements.

The provider had submitted notifications to CQC in an appropriate and timely manner in line with the law. Services that provide health and social care to people are required to tell us about important events that happen in the service, we use this information to monitor the service and make sure the service is keeping people safe. A PIR was submitted to CQC which outlined the changes the provider had made since the last

inspection. We found the PIR was accurate; however the changes had not been fully embedded at the time of the inspection and so further improvements were identified.

At our last inspection the service was rated as Requires Improvement. At this inspection the provider had not made all the required improvements. Providers should be aiming to achieve and sustain a rating of 'Good' or 'Outstanding'. We recommend you consider support and guidance available to achieve and sustain an overall rating of 'Good'. Where a location fails to achieve and sustain a minimum overall rating of 'Good', we may consider enforcement action if there is a continued lack of improvement.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks were not always documented and plans were not in place. Medicines were not stored safely.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Systems in place were not always driving improvements and keeping people safe.