

A. Welcome House Limited

Kathryn's House

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?

Inadequate ●

Summary of findings

Overall summary

Kathryn's House provides accommodation and personal care for up to 29 older people, some of who may be living with dementia. At the time of our inspection there were 26 people living at Kathryn's House. The home is set over three floors with access to the upper floors via a small lift. At the time of our inspection there were 26 people living at Kathryn's House.

The inspection took place on 19 August 2016 and was unannounced.

At our inspection in April 2016, breaches of legal requirements were found and we took enforcement action against the provider. We issued warning notices in relation to safe care and treatment, person centred care and good governance. As a result of our concerns Kathryn's House was placed into special measures. The provider wrote to us to say what they would do to meet legal requirements.

We undertook this inspection to check that they had followed their plan and to confirm that the service was meeting legal requirements. We found the provider had made some improvements however sufficient improvements had not been made to meet the requirements of the Health and Social Care Act 2008 (Regulated Activities) 2014. There were continued breaches during this inspection because the provider had failed to take proper action. As a result of this Kathryn's House remains in special measures.

Risks to people's safety were not always identified and adequately controlled. Staff were not aware of risks to people's safety and well-being and records were not completed to provide guidance. Care plans were not seen by staff and some people did not have care plans in place to guide staff in providing safe care. Staff were not able to demonstrate their responsibilities regarding safeguarding people from abuse. Risk assessments relating to people's nutritional needs were not completed and referrals were not always made when concerns were identified. People's needs were not always assessed prior to them moving into the service and staff were not given guidance regarding their needs. Care was not always provided in accordance with people's individual needs. After the inspection the provider informed us that full risk assessments and care plans were now in place for people and that staff had now received training to ensure that people were kept safe.

People medicines were not managed safely and records were not accurately maintained. We found gaps in the recording of people's medicines and safe procedures were not followed.

Information relating to the evacuation of the building in an emergency had been completed but staff had not been made aware of how to access this information.

There were sufficient staff available to meet people's needs although staff were not always deployed appropriately. Staff were not provided with guidance on the staffing levels needed within the communal areas of the home which placed people at risk. However since the inspection the provider has assured us they have changed how staff are deployed to assist everyone that needs help with their meals so people are

not waiting. New staff were subject to recruitment checks to ensure that they were suitable to work in the service.

People's rights were not protected as the Mental Capacity Act 2005 (MCA) was not always followed. This meant that people may be subject to restrictions which had not been legally authorised. The registered manager and staff were unable to demonstrate their understanding of their responsibilities in this area. Assessments of people's ability to make day to day choices had been completed but not shared with the staff supporting them.

Activities were not planned in accordance with people's preferences and were not observed to engage people.

There was a lack of effective leadership of the service and systems were not in place to ensure that the service would operate smoothly in the absence of the registered manager. Although there were some improvements in the way the quality of the service was assessed and monitored continued work in this area was required. The registered manager did not receive the support they required to identify shortfalls in the management of the service. However, since the inspection the provider has assured us that they have increased their work with the registered manager and auditing of the service to identify and address concerns and shortfalls.

Improvements had been made to the way people received their care at night. People's continence care was managed well which meant people were now sleeping better and people were supported to get up in the morning at a time of their choosing.

Infection control procedures had been implemented and regularly checked to ensure they were effectively managed. Regular health and safety checks were completed to ensure that people lived in a safe environment. Call bell audits were completed to monitor the time people needed to wait for a response. Since the last inspection all staff had received mandatory training and we observed that this had positively impacted on some areas of their work including moving and handling, infection control and health and safety. However, training provided with regard to the MCA and safeguarding had not provided staff with the relevant knowledge and skills they required.

People told us that they enjoyed the food provided and were offered a choice. Health care records showed that people received support from relevant healthcare professionals and relatives told us that any concerns were communicated to them in a timely manner.

Staff supported people in a kind and gentle manner and people responded positively. However, one staff member's responses to people did not demonstrate compassionate care. We have made a recommendation regarding this. Relatives and visiting professionals told us they thought staff were kind and attentive to people's needs. The provider had procedures in place to ensure that any concerns regarding the service would be investigated and relatives told us they were confident that concerns would be addressed promptly. Relatives were complimentary about the registered manager. One relative told us, "She's brilliant, always has time for people and looks out for everybody."

The overall rating for this service is 'Requires Improvement' and the service remains in 'Special measures'.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant

improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not safe.

Risks to people's safety were not adequately assessed and managed.

Staff were not provided with guidance to support people whose behaviour challenged others.

Care plans were not completed to ensure staff had up to date guidance when providing people's care.

Not all staff were aware of their responsibilities in protecting people from abuse.

Staff were not always deployed effectively to ensure people's safety.

People were protected from the risk of infection.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People's rights were not always protected.

Staff had received mandatory training to support them in their role and supervision systems were in the process of being implemented.

People told us they enjoyed the meals provided.

People had access to healthcare when required.

Is the service caring?

Requires Improvement ●

The service was caring.

Improvements had been made to the way people were supported with their continence needs. The domain remains requires improvement to ensure that systems are embedded into

practice.

People were able to choose when they received support to get up and go to bed.

Staff generally treated people with kindness and respected people's privacy and dignity.

Is the service responsive?

The service was not always responsive.

People did not always receive personalised care in line with their individual needs and preferences.

Improvements had been made in the way activities were provided although further work was required to ensure activities were personalised and engaging.

There was a complaints policy in place and people were aware of their right to express concerns.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Systems were not in place to ensure that the service would run smoothly in the absence of the registered manager. There was a lack of effective leadership across the service. Due to the continued history of non-compliance we do not have confidence at this stage that the provider is able to embed and sustain the improvements.

Quality assurance systems were not robust and did not cover all areas of the service provided.

The provider had not ensured the registered manager received effective, on-going support.

Records were not accurately maintained.

Improvements had been made to the way health and safety and infection control risks were managed and monitored.

People and relatives spoke highly of the registered manager and staff said they felt supported.

Inadequate ●

Kathryn's House

Detailed findings

Background to this inspection

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

This inspection took place on 19 August 2016 and was unannounced. The inspection was carried out by two inspectors. The inspection started at 0630 as at our last inspection in April 2016 we found concerns regarding the time people were being woken in the morning.

Prior to this inspection we reviewed all the information we held about the service, including safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

We talked to five people who lived at Kathryn's House and observed the care and support provided. We spoke to three relatives, the registered manager, the provider, the quality assurance manager and four staff members during the inspection.

We looked at a range of records about people's care and how the home was managed. For example, we looked at eight care plans, medicines administration records, risk assessments, accident and incident records and complaints records. We viewed three staff files, training and supervision records.

We had not asked the provider to complete a Provider Information Return (PIR) on this occasion. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

The last inspection of the service took place in April 2016 when we found the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service safe?

Our findings

At our last inspection in April 2016 we found concerns regarding the safety of people's care. These included risks not being adequately assessed, the use of inappropriate moving and handling practices, unsafe infection control practices, staff awareness regarding their responsibility to report safeguarding concerns and unsafe medicines controls. At this inspection we found improvements had been made in some areas although due to the lack of risk management systems and medicines management, people were still at risk of receiving unsafe care.

People and relatives told us they felt the service was safe. One person said, "There are staff around if I need anything, I've no reason to feel unsafe. A relative told us, "I've no concerns at all. I can't tell you how much worry they've taken from me. The staff are so kind so I know he's safe." Another relative said, "The security is good, no one can wander in and out and all the fire exits are marked."

Despite these comments people were at risk of harm as risks to their safety were not fully assessed or shared with staff. Risk assessments had not been completed or updated and did not include detail of all the risks to people. Staff told us that one person required supervision when mobilising and we observed the person received this support when staff were present. However, there were no staff in the lounge area for 30 minutes during the morning which meant when the person was mobilising staff were not available to help them to stay safe. The person appeared nervous and unsteady when walking. There was no written guidance provided to staff to inform them that the person should not be left without supervision due to the risk of falls. We raised this with the provider who confirmed after the inspection that staff had been reminded about how best to support the person and that the person would not be left on their own whilst moving around the home.

Staff were not always made aware of risks to people which meant they may be unaware of what action to take to provide safe care. There were no risk assessments in place for people who had moved into the service since April 2016. One person had recently been assessed by the Speech and Language Therapy Team whilst in hospital as requiring a soft diet and thickened drinks due to the risk of choking. During the morning we observed a staff member give the person a hard biscuit and no thickener was placed in the person's drink. Staff told us the person did not have any special dietary requirements. The registered manager told us that the person did not like thickener in hot drinks and they were awaiting further guidance from the person's family regarding the foods they could eat. The registered manager had not assessed the risk of the person having drinks which were not thickened and had not taken professional guidance into account regarding the risks of the person choking. Efforts were made at lunchtime to provide the person with a meal appropriate to their needs although this did not meet the standard guidance for a soft diet. Their meal was not soft enough to be mashed with a fork and no sauce was provided to make the food easier to swallow. Following the inspection we made the local authority safeguarding team aware of our concerns. The provider confirmed after the inspection that the person had moved into the service the day before the inspection and that staff had not been made aware of their needs. They stated that staff had now been provided with guidance about their needs and the appropriate risk assessments were now in place.

Staff were not provided with guidance regarding supporting people with their anxiety or behaviours which challenged others and staff did not demonstrate skills in supporting people in these areas. There were no risk assessments in place to advise staff how to approach people to reassure and calm them during periods of anxiety. One person became distressed regularly during the day and was verbally abusive to others. Staff rarely intervened to offer support to the person or offer reassurance and their behaviour towards others was frequently ignored. Another person was also observed to shout at staff and other people. We asked a staff member about the person's needs, they told us, "(Name) shouts a lot and sometimes hits people." We observed the person became distressed and started banging the arm of the chair next to them as they felt the person sitting there was too close. The staff member told them the person had a right to sit there and walked away, despite knowing the person may hit others. The provider confirmed after the inspection that additional training on behaviours that challenge had been arranged for staff.

Risk assessments regarding people nutritional needs were not completed and action was not always taken when risks were identified. One person's records showed that they had experienced significant weight loss in recent months. We asked the registered manager if referrals had been made to the GP or the dietician regarding this. They told us this had not been done and that they would ensure everyone was weighed again to check the records were correct. They said, "Staff wheel the weighing chair around the lounge and don't check its level, so I have found that at times weights are not accurate." This meant that people were at risk of nutritional needs not being met and that any underlying health concerns were not identified. The provider has confirmed that since the inspection nutritional assessments have been put in place and where appropriate health care professional advice has been sought.

People were at risk of receiving unsafe care as staff were not provided with information about people's needs and how their care should be provided. Care plans were still not in place, since the last inspection, for a number of people. Where plans were in place these had not been reviewed in line with the providers own procedures. The staff members we spoke to told us that they had not seen or read people's care plans and they got to know people's need through talking to them or asking colleagues. We asked one staff member about the information held within care plans. They told us, "I've never looked at them; we don't have anything to do with them." The registered manager told us that they were aware that care plans still needed to be completed but had not done so due to time constraints. The lack of up to date care plans and risk assessments posed a risk because staff were relying on verbal information and they were failing to always provide the most appropriate and safe care. This is relevant in the example above where staff did not know how to respond to someone who challenged others because they had not been provided with relevant information. We raised this with the provider who has advised us that full care plans were now in place for people.

Personal Emergency Evacuation Plans (PEEPS) had been completed which gave guidance to staff and emergency service regarding the support people would need should they need to evacuate the premises. However, people remained at risk as staff we spoke to were not aware of the content of the plans or how to access them. The registered manager told us they intended to implement a coding system on people's bedroom doors to advise emergency services of the support people would require to leave the building but had not had time to complete this. After the inspection the provider confirmed that staff have now received full training around how to evacuate people safely.

People's medicines were not managed safely. Medication Administration Records (MAR) for nineteen people did not contain photographs to enable staff to ensure medicines were being administered to the right people. The name of the GP was not recorded for sixteen people and there was no information regarding allergies on nine people's records. The registered manager told us they were in the process of updating records. MAR charts for six people contained gaps in recording. The registered manager told us that three of

the people concerned had refused their medicines although this was not recorded. Daily records for one person contained evidence that the GP had been contacted as they were refusing their medicines. The registered manager was unable to explain the gaps in the remaining three peoples MAR charts. MAR charts were printed by the pharmacy who dispensed the medicines to the service. However, where changes to people's medicines had been made by the GP these were handwritten and not signed by two staff members to verify that the information had been correctly recorded. There was no guidance for staff regarding how or when PRN (as and when) medicines should be administered to ensure people received medicines when they required them and in a consistent way.

The failure to identify and assess risk and take action to mitigate known risks and the failure to manage medicines safely is a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were aspects of medicines that were managed well. Since our last inspection in April 2016 the registered manager had implemented a stock check system to track medicines coming into the home and those returned to the pharmacy. Medicines were stored securely and the medicines trolley was locked at all times when unattended. We observed the registered manager spent time speaking to people when administering their medicines and informed them what their medicines were for.

People were not protected against the risks of potential abuse as staff were unable to demonstrate their knowledge of safeguarding procedures. Since our last inspection in April 2016 all staff had completed safeguarding training. However, not all staff we spoke to were able to describe the different categories of potential abuse or the reporting procedures to follow should they identify concerns. The provider told us they had received guidance from the training provider in how to test staff members knowledge following training and were currently looking at how to implement this process. Whilst the provider considered how to ensure staff had this knowledge people continued to be at potential risk of staff failing to identify and report abuse.

The failure to ensure systems and processes were in place to protect people from potential abuse was a continued breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were not always appropriately deployed to ensure people's needs were met. The registered manager told us that there should be a minimum of four care staff on each shift and rota's confirmed that these levels were consistently met. The majority of people spent their time in the communal areas however, there was no guidance given to staff as to the level of support people required. This meant that one staff member was routinely left to support everyone in the communal lounge. We observed two occasions when staff had to leave the person they were supporting to go and attend to someone who was attempting to stand up as there were no other staff present. One staff member told us, "It's really difficult at times when there's only two (staff) in the lounge. If one (staff) goes off to the toilet with someone then we're left trying to keep an eye on others (names).

We recommend that staff are deployed appropriately to ensure that people are safe and their needs met.

Procedures were in place to protect people from the risk of infection. Improvements had been made to the way infection control process were managed and all staff had received training in this area. The laundry room had clearly defined areas to ensure that soiled and clean laundry were separated. Information was displayed for staff regarding washing temperatures of soiled clothing and we observed staff followed this guidance. Red soluble bags were used for soiled items and disposable gloves and aprons were available for

staff use. Regular checks were recorded to ensure that processes were correctly followed and that staff had access to the equipment and information they required.

Safe recruitment processes were followed to ensure only staff suitable to work in the service were employed. Staff files showed that references were obtained for staff and a Disclosure and Barring System (DBS) check was carried out. DBS checks identify if a prospective staff have a criminal record or are barred from working with people who use care and support services. There was photographic identification on each staff member's file and their right to work in the UK had been checked. Each staff member had completed an application form and undergone a face to face interview prior to starting their employment.

Is the service effective?

Our findings

At our inspection in April 2016 we found that people were at risk of their human rights not being protected as the principles of the Mental Capacity Act 2005 (MCA) were not being followed and staff were not aware of their responsibilities in this area. At this inspection we found that although some improvements had been made there were still areas of concern.

People's rights were not always protected because the staff did not always act in accordance with MCA. 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.

Generic capacity assessments had been completed regarding decisions affecting people's daily living needs. The assessment offered guidance to staff regarding the person's ability to make choices regarding what to eat and drink, what clothes to wear and what time they would like to go to bed. However, the form also included decisions which require specific capacity assessments such as leaving the home unaccompanied and seeking healthcare support. The quality assurance manager told us they had taken advice regarding the style of form used and were concerned that this did not meet the criteria set out within the MCA guidance. They told us they would investigate this further and take steps to ensure that appropriate capacity assessments for specific decisions were completed. Decision forms had been completed for people who required the use of continence aids during the night. There were no capacity assessments in place to evidence people did not have the capacity to make this decision and the best interests forms did not show that relatives or healthcare professionals had been involved.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). All external exits to the home were locked and the majority of people were unable to leave the service without staff support. There was no evidence available within care files to show that this decision had been taken in people's best interests and no DoLS applications had been submitted to the local authority for people subject to this restriction.

Training records showed that all staff had recently completed MCA and DoLS training. However, the registered manager and staff we spoke to were not able to explain the principles of the MCA or demonstrate their learning by ensuring that process were implemented to protect people's legal rights. The registered manager told us they did not feel confident in assessing one person's decision regarding their diet and were unable to explain the process they would need to follow. One staff member who had completed the training told us they did not remember having attended the course.

People's human rights could be affected because the requirements of the MCA were not always followed. This is a continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All staff had received supervision since the last inspection and within the last three months to support their professional development. Staff confirmed they had received supervision and told they had found this useful. One staff member told us, "We talked about the last inspection and what we can do to make things better." There was no plan in place to evidence that on-going supervision was planned; or how the supervision led to the registered manager ensuring staff were competent and skilled.

We recommend that plans are implemented to ensure that staff are supervised appropriately and regularly and their competence is checked as part of the supervision.

At our previous inspection in April 2016 we found people were not receiving safe, appropriate care as staff had not received mandatory training to enable them to meet people's needs. At this inspection we found that this had improved and all staff had undergone mandatory training in areas including infection control, moving and handling, health and safety and food hygiene. Our observations throughout the inspection showed that staff had been able to apply their learning in these areas to their job role. Where people required the assistance of a hoist to stand or transfer between seats this was available. Staff were confident in using moving and handling equipment and offered people reassurance throughout the process.

People were supported to make choices regarding food and drinks and the atmosphere at lunchtime was calm and relaxed. A new menu board was in place which showed photos of the choices available to people and we observed that people received their preferred choice. The food looked and smelt appetising and people told us they had enjoyed their meal. A relative who visits regularly around mealtimes told us, "The food always smells good and I'm invited to join Mum for a meal sometimes." Where people required support to eat staff sat with people and supported them at their own pace. People were offered a choice of drinks and snacks throughout the day.

People were supported to maintain and improve their health as they had access to relevant health and social care professionals when required. Relatives told us that they were always kept informed about any health concerns and felt involved. One relative told us, "When Dad needed to go for treatment they came with us so we had support." Records confirmed that health professionals were involved in people's care including doctors, district nurses, dentists, chiropodists and opticians. We spoke to two healthcare professionals who told us they felt the service responded well to people's healthcare needs. Comments included, "(Registered Manager) is an extremely skilled lady. She has the ability to give one to one attention for that settling in period, in a practical way." And, "The staff are really good, they always come to people's rooms with us and stay with them. The referrals we receive are always appropriate and any advice we give is followed."

Is the service caring?

Our findings

At our inspection in April 2016 we found that people were not always cared for in a respectful and dignified manner as people were routinely being woken at an unreasonably early time, people were not appropriately supported with their continence needs and staff did not always speak to people in a respectful way. At this inspection we found improvements had been made and people had greater control and choice. However, further improvements were needed to ensure people are consistently treated and referred to in a dignified way.

We arrived at the service at 0630 to see if people were still being helped to get up too early and not at the time of their choosing. People were now able to make choices regarding the time they got up in the morning. We found that three people were sitting in the lounge area and another person was being supported to get dressed. Records showed that one of the people sitting in the lounge had been up for some time as they were unable to sleep. Other people told us they chose to get up early. One person said, "I like to get up early and be ready for the day." Another person told us, "I like to have a whole day not half a day." Another person who chose to get up at a later time told us, "I get up when I want to, I'm not dragged up by anybody." The registered manager told us that the rota had been adapted to provide an additional staff member for an hour in the morning which meant staff no longer felt as rushed. The atmosphere was calm people appeared relaxed.

People's continence needs were supported in a dignified manner. Records showed that staff had been instructed that continence aids should be provided to people that required them during the night. The registered manager and staff told us that this had resulted in people sleeping better as they were no longer woken at regular intervals to enable staff to change their beds. The registered manager said, "It's so much better for people and we've noticed some people are more alert during the day." Notes were not always written in a respectful way. Comments included, 'refused personal care and was quite smelly', 'remains usual self, tidying up and touching things (they) shouldn't' and, 'remains usual self, grumpy first thing then cheers up'.

People and their relatives told us they were happy with the care provided and that staff treated people with kindness. Comments included, "I think the staff care, I've nothing to moan about there." and, "The staff are all very caring, I've never seen anything to make me concerned. Even when they're busy they always stop to check with people that they're okay." And, "The staff are always caring, people living there have a great experience and so do visitors." And, "All the staff are good to Mum and she's never sad when I leave which is a good sign."

Staff generally spoke to people in a gentle and encouraging manner although on some occasions were heard staff speak to people in a disrespectful way. We saw that a member of staff appeared dismissive of people when they tried to start a conversation with them. They did not appear interested and moved away. The staff member showed a lack of compassion in the way they talked about people. When we asked them about difficulties when supporting people in the lounge they told us, "Others start shouting and it all kicks off." We raised this with the registered manager and they assured us they would address this issue with the

staff.

We recommend that the provider continues to work with staff to ensure that staff always show compassion when talking with, responding to, or referring to people.

Apart from these concerns staff took time to chat to people whilst kneeling or sitting beside them. They waited patiently whilst people had time to respond to questions. Reassurance was offered to people when they appeared confused by gently rubbing their hand or back whilst speaking to them.

People did have their privacy respected. Staff were observed to knock on people's doors before entering and ensured doors were closed when supporting people with their personal care. When asking people if they required support staff did this discreetly and paid attention to people's appearance by helping them straighten their clothes. One staff member told us, "I carry out personal care with the doors closed and offer people choices. These people are still humans – they have a right to choice."

Relatives told us they were made to feel welcome when visiting their family members. One relative said, "I'm always made to feel welcome and offered a cup of tea. I've got to know many of the staff and the residents. It's a very happy atmosphere." Another relative told us, "They always make time for relatives and check we're happy with everything. (Registered manager) has spent so much time with me over the years when I've been upset about Dad."

Is the service responsive?

Our findings

At our last inspection we found that people were not always provided with suitable activities and that assessments and care plans did not provide detailed guidance to staff regarding people's needs and preferences. At this inspection we found that although some improvements had been made in the way activities were offered more work was required to ensure people were engaged in activities in line with their individual needs. We found that no improvements had been made in the way people's needs were assessed and people's care was not always provided in a responsive way.

People and relatives told us that they were asked for information regarding their needs and preferences prior to moving into the service although were not involved in developing and reviewing care plans. One relative told us, "We were asked questions at the beginning but I haven't been involved since. They're the experts though not us." Another relative told us, "I'm sure there is a care plan but I haven't seen it. I think it's in the process of being re-done." They went on to say that they had not been involved in care plan reviews but were reassured as they visited often and information was passed on.

People's needs were not always fully assessed and information was not shared with staff. One person who had recently moved into the service did not have an assessment of their needs completed. We heard the registered manager reassure them that their relatives had passed on information regarding a particular drink they liked in the morning. The person appeared pleased and reassured. However, this information was not passed to staff and the person did not receive their preferred drink. Another person's assessment was only partially completed and stated they required a gluten free diet. Records showed that they had received this the previous day and kitchen staff were aware of their requirements. However, the staff we spoke to during the morning of the inspection were unaware of this information.

People's care was not always planned or provided to meet their individual needs. The age range and needs of people living at the service varied considerably although the care provided did not always reflect this. One person became tearful when speaking to us. They told us, "The staff are very good to me but I want to do things for myself more. I'd like to do my washing and some cooking but I can't. No one thinks I will be able to live on my own again. I get very frustrated." The person did not have a care plan in place and the registered manager told us this was because they had refused to have one. No alternative format for planning the person's care or meeting their needs had been considered. Another person told us, "There aren't people of my age here, it's isolating and I don't get to see my people very much." Although we observed staff offered to go out for a walk with them the person returned shortly after leaving. The person had no care plan in place to guide staff on how to encourage and support them or details of places they liked to visit. We observed that although care plans were not updated staff were aware of other people's needs and offered support in line with their needs. One person's file stated they were able to mobilise independently and use the stairs. From speaking to staff and our observations it was clear that the person's needs had changed and although they were still able to mobilise they needed increased support from staff and were no longer able to use the stairs. Staff were aware of this and offered support appropriate to the person's needs.

Relatives told us that people were provided with activities and had seen improvements made in this area.

One relative told us, "I saw them doing some gardening a few months ago and they play bingo. There's usually something going on now." Another relative said, "Mum loves the dog coming in and the sing along. She enjoys it when the local church minister comes in. It's nice that they have an outside area which is secure."

Although we observed that some improvements had been made in this area people were still not provided with stimulating activities in line with their needs and preferences. The provider told us that a staff member had been given responsibility for the activity programme. Records showed that they had gained information from people regarding activities they would like. These included gardening, cooking, cards and baking. They showed us photographs of people taking part in decorating biscuits and gardening. However, records did not reflect that the activities people had said they preferred happened on a regular basis and showed that the activities provided were repetitive.

The activity board showed exercises were scheduled four mornings during the week. We observed this activity and found people were not engaged. An exercise DVD was played on the television designed for people to exercise in their chairs. The staff member sat on a table with their back to the television which meant they had to repeatedly turn around to follow the exercises being shown. Individual encouragement was not offered to people and there was little explanation given as to what to do. Three people joined in occasionally whilst the remaining people were asleep or looking elsewhere. After 20 minutes the activity worker decided to stop the session as people were not responding. They said, "No one's interested, let's turn it off and I'll do a quiz in a bit." No quiz was provided in the morning. This was also suggested during the afternoon but again did not take place and no alternative was provided. A regular visiting professional told us that they thought more activities could be provided. They said, "There's nothing much on for them. The TV is always on but I rarely see them do anything else."

The failure to complete assessments of people's needs and design care that met their needs and preferences is a continued breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a complaints procedure displayed which gave guidance on how to make a complaint. Relatives told us that they would feel confident in raising any concerns and felt they would be addressed promptly. One relative told us, "I'd have no fear about talking to the manager or the owners if I had any concerns. I'm sure they'd listen and do something." Another relative told us, "I was given information at the beginning. I wouldn't worry about saying something, it's better to say if something's wrong and I know they'd do what they could." Records showed there had not been any complaints since our last inspection.

Is the service well-led?

Our findings

At our last inspection in April 2016 we found concerns regarding the management oversight of the service. These included a lack of quality auditing systems, care records not being accurately maintained and the registered manager not receiving effective support from the provider.

As there is a history of non-compliance with the regulations we do not have full confidence at this stage that the provider and the registered manager are able to sustain and embed the improvements. In April 2016 the service was found to be inadequate and breaches were identified in a number of areas. On this inspection although there had been some improvements the provider and the registered manager had not ensured that the breaches around safety, safeguarding, MCA assessments and person centred care had been met despite them telling us that this had been addressed prior to the inspection.

People and relatives were very complimentary about the registered manager. One person said, "She's very good and always takes time to speak to me." A relative told us, "(Registered manager) is a star, she's the reason we went there. They're very lucky to have her." Another relative said, "She's amazing, she puts her heart and soul into looking after people. The way she has cared for Dad and the support she has given us has been phenomenal."

Despite these comments there was a lack of effective leadership in the service which meant that the improvements required to ensure people received safe and responsive care had not been fully met. The registered manager and provider were clearly passionate, from the way they described the service and people, about the service provided. However, they had worked in isolation to complete tasks rather than working together to decide what actions to take and to check that improvements had been made. The provider did not provide effective support to the registered manager and had not ensured that systems were in place to ensure people would continue to receive safe care if the registered manager were not available. Since the inspection however, we have received an action plan which states that the manager and provider have started to work more closely to make improvements and to support the registered manager in her role.

The registered manager worked long hours and told us they found it difficult to delegate to other staff. they said, "I need to ensure that it's done properly." However, this led to the registered manager not having time to finish management tasks and mistakes were being made due to interruptions. For example, the registered manager completed all of the three daytime medicines rounds. During this time they were interrupted to respond to questions from people, staff and visitors and to answer the phone. The registered manager told us they were aware of what needed to be done but had not had the time to do so. One staff member on duty had completed medication training. They told us, "I've done the training and I'm ready to go, but I can't because I'm waiting for (registered manager) to sign me off and she keeps telling me she's too busy." The registered manager confirmed they hadn't had time to complete this. Since the inspection the provider has assured us that additional training had been arranged for the registered manager to enable them to learn how to delegate tasks to others and how to improve her leadership skills. They told us that in addition they would be recruiting a deputy manager.

Staff told us that although the registered manager was supportive they sometimes found it difficult to approach them. One staff member said, "We are put off asking things because she's always so busy. Other staff ask me to go and ask her for things at times as they don't want to go to her."

Although the registered manager spent time getting to know people and their families this information was not always recorded. This meant that people did not always receive care in line with their needs and preferences. The registered manager told us that they did not want to pass on the responsibility of writing and updating care plans to staff until they had ensured they were all up to date so staff had a starting point to refer to. The provider told us they had received support from the local authority to arrange care plan training for staff. The registered manager told us that they preferred to write daily notes regarding the care people had received during the day as they wanted to ensure this was completed correctly. This meant that records were not completed by the staff who had directly delivered care. We found that daily notes were very general and did not always contain detail regarding the care people had received.

The quality assurance systems in place did not cover all aspects of service delivery and action plans were not completed accurately. Audits of medicines management, care plans, records and accidents and incidents were not completed. The concerns we found had not been identified or addressed by the service. Following our last inspection the service had received support from the local authority quality assurance team to develop an action plan. Although a number of areas had been addressed the action plan was not updated accurately with regard to the development of care plans. A copy of the action plan was shared with the CQC and the local authority safeguarding team which stated that, 'All service users have a care plan in place', dated July 2016. We found that this was not the case and as reported care plans had not been developed or updated. A quality assurance manager had been appointed since the last inspection which had led to improvements in the monitoring of infection control, staff training and the use of call bells. Since the inspection we have had an action plan where the provider assures us many of these improvements have been made or are continuing to be worked on. We will assess the impact of these at our next inspection.

Records were not organised and did not provide staff with the information they required to care for people safely. We found that no improvements had been made to the way records relating to people's care were maintained. The registered manager had previously told us that reviews of care plans should be completed on a monthly basis. The files we viewed had not been updated since the last inspection and four of the eight files we viewed did not contain care plans. Although capacity assessments regarding people's daily care and ability to make choices had been completed these were not held within people's care files. They had not been seen by staff to give guidance in how to support people in making choices.

The registered manager and provider had been working closely with the local authority to look at improvements within the service. The local authority told us that they had been fully engaged with the process and had accepted all the support offered to them. They told us there was a willingness to put this right and this was also observed during meetings with the CQC. As reported this had led to significant improvements in the way in which people's personal care was provided, respecting people's choices and supporting people with moving and handling. Robust systems had been implemented to monitor infection control and health and safety of the premises. Regular checks were in place and staff members had been delegated responsibility for checking these systems were maintained.

The provider had given us assurances after the inspection that senior carers had undertaken care planning training with the view that they would support the registered manager with the care planning.

All of the changes that the provider had notified us will be followed up at the next inspection.

The lack of effective quality assurance systems and the failure to maintain accurate and up to date records was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. We found that improvements had been made in this area and the registered manager had notified the CQC of all significant events that had occurred in the service in a timely way. This meant we were able to check that appropriate action had been taken when necessary.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had not ensured that care had been provided with person centred care that met their specific needs.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had not ensured that people's rights were protected in relation to the MCA 2005.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured that people received care in a safe way that met their needs.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had not ensured that people were protected from abuse.
Regulated activity	Regulation
Accommodation for persons who require nursing or	Regulation 17 HSCA RA Regulations 2014 Good

personal care

governance

The provider had not ensured that systems or processes were in place to improve the quality of the service.