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Malmesbury House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

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

The inspection took place on 15 February 2017.

Malmesbury House provides accommodation and personal care for up to 20 older people, some of whom are living with dementia. There were 12 people living at the service at the time of our inspection.

The registered manager had been granted an extended period of absence at the time of our inspection. The provider had appointed an acting manager to cover the registered manager's absence. 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 and associated Regulations about how the service is run.

At our last inspection on 20 September 2016, we found the provider was breaching legal requirements. People were not adequately protected from the risk of fire or from avoidable risks. There was no evidence of learning from accidents and incidents. People were not adequately protected against the risk of infection because standards of infection prevention and control were poor. People were not protected by the provider's recruitment procedures. People were not protected against the risk of abuse because staff had not been made aware of their responsibilities to report concerns. Medicines were not managed safely. Staff had not received the training required for their role and this had an effect on the care people received. People's care was not always provided in line with the Mental Capacity Act 2005. People were not cared for in a clean and properly maintained environment and were not always supported to maintain their dignity. People's needs were not always accurately assessed before they moved in to the service. People did not have access to meaningful activities. The service was not well led. None of the registered providers were involved in monitoring the service. People were not given opportunities to have their say about the service. The overall rating for the service was 'Inadequate' and the service was therefore placed in 'Special measures'.

Following the inspection, the provider submitted an action plan telling us how they would make improvements in order to meet the relevant legal requirements.

At this inspection we found some improvements had been made but these were not sufficient to ensure that people received consistently safe and effective care. Staff were not following relevant guidance on the safe handling of dirty laundry, which meant people were not adequately protected from the risk of infection. The en suite bathrooms in people's bedrooms and a communal bathroom on the ground floor did not contain soap or disposable paper towels, which meant staff were unable to maintain appropriate hand hygiene after providing people's care and support. Staff were not following relevant guidance on the Control of Substances Hazardous to Health (COSHH) or the provider's policy on the use of COSHH products.

Staff had attended medicines training but there was no evidence that their competency had been assessed following this training and records showed that medicines errors occurred regularly. We found medicines

errors on the day of our inspection that had not been identified by staff. A pharmacist had made recommendations to improve medicines practice following a medicines audit but these recommendations had not been implemented.

Adaptations and equipment had not been serviced regularly, which resulted in poor care for one person and unsafe practice being used by staff. The service had a hoist to enable staff to transfer people safely and an adapted bath but the safety certificates for these items had expired in December 2016. Staff were unable to use the hoist to transfer people, which meant they had to use a manual lifting technique when supporting one person during our inspection. There was evidence that people had been supported to use the bath since the expiry of the safety certificate.

Some people were not receiving the care they needed to keep them free of pain and discomfort. Staff told us five people needed their feet elevated when sitting because they suffered from swollen feet and ankles. We saw that, in two cases, this measure had been recommended by a healthcare professional. Staff told us they did not encourage people to elevate their feet when seated, for example with footstools, as people had refused this care in the past. Staff said it would not be possible to implement this measure for all five people who needed it as there was only one footstool available in the service.

The care planning system used in the service required staff to record people's preferences regarding end of life care but this information had not been recorded in the care plans we checked, which meant the provider could not be sure staff were providing end of life care in accordance with people's wishes.

The activities available to people had increased since our last inspection but we observed that people remained without interaction or engagement for long periods outside the time of the planned activity. Staff were occupied with the provision of care to people who needed it, which meant people sitting in the lounge did not have opportunities to engage in conversation with them. As a result, people spent the majority of their time unoccupied and without stimulation.

Quality monitoring procedures remained ineffective in identifying risks to people and shortfalls in the care people received. Infection control audits had not identified that the practice used by staff was not effective in protecting people from the risk of infection. Quality monitoring procedures had also failed to identify that staff were not following guidance on the Control of Substances Hazardous to Health (COSHH) or the provider's policy on the use of COSHH products. Quality checks had not identified that the servicing of equipment used for the delivery of care was overdue, which resulted in poor care for one person and unsafe practice being used by staff. Medicines audits had not been effective in addressing shortfalls in medicines management and ensuring that people received their medicines safely.

Some aspects of the service had improved since our last inspection. The provider had taken action to protect people from the risk of fire and avoidable risks in the service. The recording of accidents and incidents had improved and people were protected by the provider's recruitment procedures. People were better protected against the risk of abuse because staff had attended safeguarding training and were aware of their responsibilities if they suspected abuse was taking place. There were sufficient staff deployed to meet people's care needs in a timely way.

Supervision had been introduced for staff and training had been provided in key areas such as safeguarding, dementia and falls prevention. Staff had also attended training in the Mental Capacity Act 2005 and understood how the principles of the Act applied in their work. Applications for DoLS authorisations had been submitted to the local authority where people were subject to restrictions to keep them safe.

People enjoyed the food provided and were supported to maintain adequate nutrition and hydration. People's healthcare needs were monitored and they were supported to access advice and treatment when they needed it. The environment in which people lived had greatly improved. New carpets and flooring had been installed and the property had been redecorated throughout. New beds, bedding, mattresses and furniture had been purchased and the smell of urine had been eradicated. The environment in which people lived was lighter, brighter and more welcoming as a result.

People were supported by kind and caring staff. Staff were friendly towards people and spoke to them in a respectful way. Staff spoke with enthusiasm about the people they cared for and knew their preferences about their care. Staff encouraged people to do things for themselves where possible and provided their care in a manner that maintained their privacy and dignity. There were appropriate procedures for managing complaints.

The provider had engaged a care consultant to provide advice on improvement and a trainer to ensure staff had access to appropriate training. A deputy manager had been appointed, who was due to begin work shortly after our inspection. Staff said the registered manager was approachable and spent more time outside the office than they had previously. Team meetings had been introduced, which provided an opportunity for staff to discuss the needs of the people they cared for.

Residents meetings had been introduced, which gave people opportunities to have their say about how the service was run and there was evidence that people's suggestions had been acted upon. Surveys had been distributed to relatives since our last inspection and the feedback received from the relatives who had returned surveys was positive.

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

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.

Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

People were not adequately protected from the risk of infection.

Staff did not following relevant guidance on the use of potentially hazardous substances.

Adaptations and equipment had not been serviced regularly.

People's medicines were not managed safely.

People were protected by the provider's recruitment procedures.

Staff understood safeguarding procedures and knew how to report any concerns they had about abuse.

There were enough staff to keep people safe and to provide the care they needed.

There were plans in place to ensure that people's care would not be interrupted in the event of an emergency.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Some people were not receiving the care they needed to keep them free of pain and discomfort.

Training had been provided for staff in key areas.

Supervision had been introduced for staff.

Staff implemented the principles of the Mental Capacity Act 2005 in their day-to-day work.

Applications for DoLS authorisations had been submitted where people were subject to restrictions to keep them safe.

People enjoyed the food provided and were supported to maintain adequate nutrition and hydration.

People were supported to maintain adequate nutrition.

People were supported to obtain medical treatment when they needed it.

Is the service caring?

The service was not consistently caring.

Care plans did not record people's preferences regarding end of life care.

People were supported by kind and caring staff.

Staff treated people with respect.

Staff supported people in a manner that maintained their privacy and dignity.

Staff encouraged people to maintain their independence where possible.

Requires Improvement ●

Is the service responsive?

The service was not consistently responsive to people's needs.

People remained without interaction or engagement for long periods outside the time of the planned activity.

The range of activities available to people had increased.

There were appropriate procedures for managing complaints.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

Quality assurance checks were not effective in identifying shortfalls.

The registered manager was more accessible to people and staff than they had been previously.

The recording of accidents and incidents had improved.

Team meetings had been introduced, which provided an opportunity for staff to discuss the needs of the people they cared for.

Requires Improvement ●

Residents meetings had been introduced and surveys had been distributed to relatives, which gave people opportunities to have their say about the service.

Malmesbury 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.

The inspection took place on 15 February 2017. The inspection was unannounced and was carried out by four inspectors.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. We also reviewed feedback from the local authority, which had been carrying out our regular monitoring visits since our last inspection. We had not asked the provider to complete a Provider Information Return (PIR) as we were following up concerns identified at the previous inspection. The 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.

During the inspection we spoke with five people who lived at the service. If people were unable to express themselves verbally, we observed the care they received and the interactions they had with staff. We spoke with the provider's representative and training consultant and six staff, including the acting manager, care, catering and domestic staff. We looked at the care records of four people, including their assessments, care plans and risk assessments. We looked at how medicines were managed and the records relating to this. We looked at the recruitment files of four staff and other records relating to staff support and training. We also looked at records used to monitor the quality of the service, such as the provider's own audits of different aspects of the service.

Is the service safe?

Our findings

At our last inspection people were not adequately protected against the risk of infection. Several bedrooms and the communal lounge had been treated for bed bugs since April 2016 and treatment was ongoing at the time of our inspection. The provider was failing to adhere to current guidance on the prevention and control of infections in care homes issued by the Department of Health (DH). Staff were not given adequate training on infection prevention and control and cleaning staff were unaware of basic infection control procedures. The procedures for handling dirty linen were not adequate and food serving trolleys and the trays used for people's meals were being stored in the laundry room. Most of the bathrooms in the service contained neither soap nor hand towels.

At this inspection we found some of these concerns had been addressed but the provider had not taken sufficient action to improve and ensure DH guidance was being followed. The provider advised CQC in October 2016 that bed bugs had been eradicated. The manager's January 2017 audit recorded that bed bugs had been found in two bedrooms that month and that pest control treatment had been administered. The provider's representative contacted us after the inspection to advise that pest control contractors had confirmed there was no evidence of bed bugs in the service.

Infection control training had been provided for staff and food serving trolleys and trays were no longer stored in the laundry room. However, staff were not following DH guidance on the safe handling of dirty laundry. The relevant DH guidance states, "All dirty linen should be handled with care and attention paid to the potential spread of infection. Linen should be...placed in an appropriate container according to the segregation category. Any segregation required prior to washing should be carried out before transport to the laundry area, avoiding the need for additional handling within the laundry. Many care homes currently use water-soluble bags within cotton sacks in a wheeled trolley to facilitate this separation, keeping linen off the floor before taking the bags to the laundry."

Laundry had not been segregated before being taken to the laundry area. Staff had placed mixed dirty laundry, including bedding and clothes, in red water-soluble bags in the laundry. Red water-soluble bags are intended to accommodate only potentially infectious linen and to be placed in an impermeable bag before being put into the washing machine. These bags are designed to dissolve during the wash cycle to prevent the need for disposal. We saw that used red bags had been placed on the top of stored refuse sacks in the laundry. We also observed catering staff come into the laundry to collect refuse sacks for the kitchen. This presented a risk of cross-infection between soiled items in the laundry and the kitchen. Following an appropriate washing procedure, DH guidance states, "Laundered items should be stored in a clean area, above floor level, and not be kept in the laundry area." We observed that laundered items were being stored in the laundry prior to being distributed around the service.

The provider had not ensured that staff followed DH guidance on maintaining appropriate hand hygiene, which states, "Hand hygiene is widely acknowledged to be the single most important activity that reduces the spread of infection. Hand hygiene should be performed immediately before and after every episode of direct person contact and after any activity or contact that could potentially result in hands becoming

contaminated." None of the en suite bathrooms in people's bedrooms contained soap or disposable paper towels and a communal bathroom on the ground floor contained neither soap nor disposable paper towels. This meant staff were unable to wash their hands immediately before and after supporting someone to use the toilet and would be unable to support the person receiving care to wash their hands. The DH guidance states, "Hand hygiene facilities that include, as a minimum, a hand wash basin, supplied with hot and cold water, liquid soap and disposable paper towels, should be available and easily accessible. A lack of or inappropriate facilities should be brought to the attention of the Registered Provider or Manager of the care home who has a duty of care to ensure that there are adequate facilities and materials available to prevent cross-infection in the home."

Staff did not demonstrate appropriate infection control practice during our inspection. We observed a member of staff clean a toilet, then a wall, then a sink and finally a mirror with the same cloth. They then placed the cloth in their pocket. Cleaning staff told us they used one mop to clean all hard surfaces, which we had identified as a concern at our last inspection. This practice did not conform to DH guidelines, which state that the risks from cross-contamination through inappropriate cleaning practices should be minimised by a clear system for the colour coding of cleaning equipment. We fed back our concerns about infection control to the provider's representative at the end of the inspection.

Staff practice did not follow guidance on the Control of Substances Hazardous to Health (COSHH) Regulations 2002 or the provider's policy on the use of COSHH products. We found that cleaning staff were decanting cleaning products from one container to another, differently labelled, container, which presented a risk that the products could be used inappropriately. The provider's policy stated, "Avoid decanting bulk materials into smaller containers unless they are fully and correctly labelled as original." The COSHH risk assessment for the service was dated August 2008 and had last been reviewed in January 2011. The safety data sheets for COSHH products currently used in the service had not been obtained, which meant the provider did not have access to the information they needed to carry out an adequate COSHH risk assessment.

At our last inspection, people's medicines were not managed safely. There were no protocols in place to guide staff about medicines to be used 'as required'. Where shortfalls were identified in medicines audits, there was no action taken to improve the management of medicines. Staff had not attended training in the safe management of medicines as often as the provider's policy said they should have. At this inspection we found some of these concerns had been addressed but the provider had not taken sufficient action to improve and ensure people received their medicines safely and as prescribed. Protocols to guide staff about medicines to be used 'as required' had been introduced and staff had attended training in the management of medicines. However there was no evidence that staff competency had been assessed following this training and records showed that medicines errors occurred regularly. For example medicines errors were recorded on 2 January, 9 January, 16 January, 17 January, 7 February and 8 February 2017.

We found medicines errors on the day of our inspection that had not been identified by staff. One person had been prescribed six tablets of a medicine each day. By checking the medicines administration record for this person and the stock remaining, we established that the person had been given eight tablets over the last three days instead of the 18 they should have received during this period. The stock check we carried out revealed errors with a medicine prescribed for another person. The person had been prescribed 100 tablets of a medicine. Thirty tablets had been recorded as administered on the medicines administration record but 59 tablets remained in stock, which meant 11 tablets were unaccounted for. Staff told us they did not carry out stock checks of medicines to ensure people had received their medicines as prescribed.

We found similar concerns had been identified at the last medicines audit carried out by a pharmacist in

August 2016. The pharmacist noted that people's individual medicines balances were not being recorded on their medication administration records and that individual medicines balances did not tally at the time of their audit. The pharmacist recommended that staff carry out regular stock checks and record and carry forward quantities of previous stock on medicines administration records. There was no evidence that action had been taken to implement these recommendations.

We found that other recommendations made by the pharmacist had not been implemented. The pharmacist identified that staff were not recording the date of opening or the expiry date for 'limited shelf life' medicines and recommended that they do so. We found at our inspection that 'limited shelf life' medicines were being used for four people but neither the date of opening nor the expiry date had been recorded for any of these medicines. Where staff were administering topical creams, they were not maintaining body maps to indicate where the creams had been applied.

The provider had not ensured that adaptations and equipment were serviced regularly, which resulted in poor care for one person and unsafe practice being used by staff. One person was unable to weight-bear independently and had been assessed as requiring a hoist for transfers. The service had a hoist to enable staff to transfer people safely but the safety certificate for this item had expired in December 2016, which meant staff were not able to use it. We observed that staff used a manual lifting technique when transferring the person from an armchair to a wheelchair, which put them and the person at unnecessary risk of harm. We also saw that when staff used a wheelchair to transport a person to the dining room, they had not attached footplates to the wheelchair and the person's feet dragged along the floor. This is a known risk of injury for people. The safety certificate for an adapted bath had also expired in December 2016. Care records demonstrated that people had used this bath since that date, which meant they were potentially at risk because the equipment had not been assessed as safe for use.

Failure to ensure that any equipment used for providing care is safe for use, medicines are managed safely and there are appropriate procedures for preventing infections is a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection people were not adequately protected from the risk of fire. The provider had commissioned a fire risk assessment by a fire safety consultant but had not implemented the actions the risk assessment identified as necessary to maintain appropriate standards of fire safety. At this inspection we found the provider had taken action to protect people from the risk of fire. The actions required by the fire risk assessment had been implemented. The Fire and Rescue Service had visited the service since our last inspection and confirmed satisfactory standards of fire safety had been achieved.

At our last inspection people were not protected from avoidable risks. Window restrictors that had been installed to protect people from the risk of falling were broken in some bedrooms. Where accidents and incidents had been recorded, there was no evidence of learning or improvement from these events. At this inspection we found the window restrictors had been repaired and the recording of accidents and incidents had improved. Where accidents or incidents had occurred, there was a record of how the event had happened, what factors may have contributed to the event and what action could be taken to prevent a recurrence.

At our last inspection people were not adequately protected from the risk of abuse because staff had not been trained about their responsibilities in terms of recognising and reporting abuse. There was evidence that some incidents had not been appropriately reported or investigated. At this inspection we found the provider had taken action to protect people from the risk of abuse. Staff had attended safeguarding training since our last inspection and were able to describe different types of abuse people may suffer and the action

they would take if they had concerns about people's care or welfare. One member of staff said, "I would make sure they were safe then report it immediately to my manager. I could also go to safeguarding at the locality team or the police if I needed to."

At our last inspection people were not adequately protected by the provider's recruitment procedures. The provider had not obtained evidence that all staff had the right to remain and work in the UK or that staff had demonstrated good conduct in previous employment. At this inspection we found the provider had obtained evidence that staff were entitled to work in the UK and that they had demonstrated good conduct in previous employment. Staff recruitment files also contained proof of identity and proof of address for staff and a Disclosure and Barring Service (DBS) certificate. DBS checks help providers identify applicants unsuitable to work with people who use care and support services.

There were sufficient staff deployed to meet people's care needs in a timely way. People told us staff were available when they needed them and we observed that people's needs were met promptly during our inspection. Staff told us that there were enough staff on duty on each shift to provide people's care in an unhurried way. There were plans in place to ensure people would continue to receive care in the event of an emergency, such as loss of utilities or severe weather.

Is the service effective?

Our findings

Some people were not receiving the care they needed to keep them free of pain and discomfort. We observed that some people's feet and ankles were swollen and discussed with staff how they alleviated the discomfort this caused. Staff told us five people's feet should be raised because they suffered from swollen feet and ankles. They said they did not encourage people to raise their feet, for example with footstools, as people had refused this care in the past. Staff told us it would not be possible to implement this measure for all five people who needed it in any case, as there was only one footstool available in the service. In two cases, healthcare professionals had given advice that people should have their feet raised to alleviate the discomfort caused by their swollen feet and ankles. One person's care notes recorded the GP had visited them on 24 January 2017 as their feet and ankles were swollen and they were finding it difficult to weight bear. Another person's care notes recorded the GP had visited them on 23 November 2016 and 19 January 2017 for the same reason. In both cases, the GP had issued advice to keep these people's legs elevated when they were sitting down to alleviate the swelling.

Failure to do all that is reasonably practicable to mitigate risks to people's health and safety is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection staff did not always have the skills, knowledge and experience they needed to provide people's care effectively. For example all the people at the service were living with dementia but only five of 19 staff employed had received training in dementia care. Staff had not received regular supervision and appraisal, which meant that they did not receive feedback about their performance or have opportunities to discuss their training and development needs.

At this inspection we found the provider had arranged training for staff in areas relevant to their roles. The provider had employed a consultant who had provided training for the staff team in key areas such as safeguarding, nutrition and dementia care. Staff told us they had benefited from the training and provided examples of how they planned to implement what they had learned. One member of staff said, "The training has been absolutely brilliant. We've done a lot in a short space of time. It's the best training we've ever had." Another member of staff told us, "We have had very in-depth training and the trainer makes it fun to learn. After the dementia training we discussed using picture cards for people's communication and these have been ordered. It will help people making choices and improve their dignity."

Supervision had been introduced for staff, although supervision records did not demonstrate these sessions were as effective as they could be in supporting staff in their roles. Supervision records did not always demonstrate that staff were involved in discussions during these sessions and in one case, staff had refused to sign their supervision record. We discussed this with the training consultant employed by the provider, who agreed to support the registered manager in providing effective supervision, including using a recording format designed to ensure supervisions were valuable in supporting staff.

At our last inspection people were not cared for in a clean and properly maintained environment. There was a strong smell of urine in the service, particularly in and around the bedrooms of service users who suffered

with incontinence. Mattresses and bedding were old, stained and smelled of urine. At this inspection we found the environment in which people lived had greatly improved. The provider had purchased new beds, bedding, mattresses and furniture. New carpets and flooring had been installed and the property had been redecorated throughout. The smell of urine had been eradicated. The environment in which people lived was lighter, brighter and more welcoming as a result. Staff told us this had had a positive effect on the people who lived there and on the staff who cared for them. One member of staff said, "It's given everyone a boost. We weren't happy with the décor before. We had told the management but nothing was done. The residents love it now and are all happy with their rooms." Another member of staff told us, "It's so much nicer here now. The residents are all happy with their rooms. It's their rooms and they should be nice and inviting for them."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At our last inspection the provider was failing to act in accordance with the requirements of the MCA and associated code of practice. Decisions had been made on behalf of some people without their consent or legal authorisation. No training had been provided for staff to enable them to understand the Act's principles and how they should apply them in their work.

At this inspection we found these concerns had been addressed and people's care was provided in accordance with the MCA. Staff had received training in the MCA since our last inspection and demonstrated that they understood how its principles applied in their work. One member of staff told us, "If people are able to make decisions we must respect that. They may be able to understand in different ways or on different days so we must check this. If they are not able to make a decision we talk to family, doctors, professionals and maybe the DoLS team to make a best interests decision."

We found that assessments had been carried out to determine whether people had capacity or whether they required support when decisions about their care were being made. The assessments were decision-specific and assessed the person's capacity at that time. Where people lacked capacity and required support to make decisions, we saw evidence that the provider had consulted appropriate people to ensure decisions were made in people's best interests. For example one person received their medicines covertly. We saw that the person's family, GP, a representative of the community mental health team and a best interests assessor had been involved in considering the available information and making the decision in the person's best interests. We also saw that applications for DoLS authorisations had been submitted to the local authority where restrictions were involved in people's care to keep them safe.

People told us they enjoyed the food provided and could have alternatives to the menu if they wished. At lunchtime, staff supported and encouraged people to eat by offering them a choice of meals, showing them both options to ensure they could make an informed choice. Everyone was able to eat independently without the support of staff. After the meal, staff asked people if they had enjoyed their meal and whether they would like any more. Staff observed that one person had eaten very little and offered to make them something different. Staff recorded the amounts people had eaten and had implemented food/fluid monitoring charts if necessary. Care staff had provided the cook with information about people's dietary needs, including any allergies and their likes and dislikes. One person was taking a medicine that required

them to avoid certain foods and we saw evidence that staff had recorded this information for the cook.

People's healthcare needs were monitored and people were supported to make a medical appointment if they felt unwell. The care records we checked demonstrated that people were supported to see healthcare professionals including GPs, dentists, district nurses and chiropodists, and referred to specialist healthcare professionals if necessary. For example one person had regular contact with the community mental health team due to their enduring mental health needs. Staff had begun work on developing a hospital passport for each person, which provided a summary of the person's needs and preferences about their care should they require admission to hospital.

Is the service caring?

Our findings

Care plans did not record people's preferences regarding end of life care, which meant their wishes were not known to the staff who cared for them. The care planning system used in the service required staff to record where people wished their end of life care to be provided, any spiritual needs the person had and how these would be met and the outcomes of any discussions regarding the discontinuation of medical interventions. This information had not been recorded in the care plans we checked, which meant the provider could not be sure staff were providing end of life care in accordance with people's wishes.

We recommend the provider review all end of life care documentation to ensure people's wishes are recorded and known by the staff who care for them.

At our last inspection people had not been supported to maintain their dignity. Two people were wearing stained and dirty clothes, had visibly greasy hair and dirty fingernails. Staff told us these people often refused personal care and that their appearance was a result of this. There was no evidence that the best way to address this issue had been considered or that guidance had been given to staff about how to support these people to maintain their appearance, personal hygiene and dignity.

At this inspection we observed that people appeared well cared for. Staff told us they had discussed as a team how best to approach people who were resistant to receiving personal care. They said staff now adopted a consistent approach to encouraging people to receive care, which had realised benefits for people. Staff told us they had been advised to try methods such as returning to a person who had been reluctant to receive care after ten minutes to see if they were now willing to receive care or asking a different member of staff to support the person in case the person was more receptive to a colleague's approach. People told us they liked the staff who provided their care. They said staff were kind and caring. One person told us, "I like it here, the staff are nice and it's always nice to meet new people."

The atmosphere in the service was calm and relaxed and we observed that staff, including the acting manager and provider's representative, spoke to people in a respectful manner. Staff were friendly towards people and we heard staff paying people compliments on their appearance, which they appreciated. Staff spoke with enthusiasm about the people they cared for and clearly knew their preferences about their care.

Staff recognised the importance of encouraging people to maintain their independence and supported people in a way that promoted this. We saw staff encourage people to do things for themselves where possible to promote their independence. For example, staff encouraged people to mobilise as independently as possible and supported them to do this.

Staff provided people's care in a manner that preserved their dignity and maintained their privacy. They communicated effectively with people and made sure that they understood what was happening during care and support. People could have privacy when they wanted it and staff respected their decisions if they chose to spend time in their rooms uninterrupted. Staff understood the importance of respecting people's privacy and dignity. One member of staff told us, "Dignity and respect are the top priority. Making sure that

doors are closed and not letting anyone in when they're not decent. I use a towel to cover people so they're not exposed."

We did not meet relatives during our inspection but comments made by relatives in surveys distributed by the provider indicated they were consulted about their family member's care. Relatives' responses recorded that staff kept them up to date about events in their family member's lives and discussed their care plans with them to ensure they reflected their needs and preferences.

People had access to information about their care and the provider had produced information about the service. The provider had a written confidentiality policy, which detailed how people's private and confidential information would be managed. All staff had signed this policy to indicate their understanding of it and their agreement to adhere to it. Staff told us people and their relatives were encouraged to be involved in developing their care plans and that relatives were invited to care plan reviews.

Is the service responsive?

Our findings

At our last inspection people did not have access to meaningful activities. There was no activities co-ordinator employed and there was a lack of appropriate activities to keep people occupied and engaged. At this inspection we found the availability of activities had improved but there were still long periods of time when people were without interaction with others or engagement from staff.

There was no activities co-ordinator employed but an activities schedule had been developed, which demonstrated that an activity took place at the service each afternoon. These activities included gentle exercise, bingo, sing-a-longs, cookery and quizzes. On the day of our inspection a singer visited to perform songs that people clearly enjoyed. There was also evidence that opportunities for people to engage with the local community had increased. People had visited local shops and cafes individually and in small groups. Staff told us that the local church provided a service at the home once a month.

Staff told us people now had access to more activities than in the past but acknowledged that additional resources would improve the experience of people further. One member of staff said, "Activities have got better but I think people could do with more. We have the entertainer and someone comes in to do quizzes, bingo and shopping. They could do more though." Another member of staff told us, "There's pet therapy every couple of weeks and the singer comes in. Someone comes for an hour three afternoons a week and does games and exercises. We try to delegate staff to put music on and play games with people."

Whilst the increase in the activities available to people was positive, we observed that people remained without interaction or engagement for long periods outside the time of the planned activity. Most people chose to sit in the communal lounge but staff were occupied with the provision of care to others, which meant that people sitting in the lounge did not have opportunities to engage in conversation with them. As a result, people spent the majority of their time unoccupied and without stimulation. For example we observed people in the lounge between 10.30am and 12.00pm. We saw that staff periodically entered the lounge to ask people if they wanted support with personal care and on one occasion brought refreshments. Other than this, people were left without staff contact. This was also the case for 45 minutes following lunch.

Staff told us they would like to spend time engaging with people but the demands of meeting people's care needs and associated record-keeping meant they did not have time to do so. One member of staff said, "I don't feel I've got time to sit and chat with residents. It's what I want to do but I don't get the chance to talk and reminisce with them. We have personal care to do and there's far more paperwork to do than we used to have." Another member of staff told us, "We haven't got enough staff to be in the lounge with them. We're doing personal care in the morning and we have all the paperwork to do in the afternoon and our own breaks to fit in. I'd like to spend more time with them." A third member of staff said, "There are not enough staff to engage with people. People come alive here when you engage with them."

We recommend the provider consider ways in which opportunities for people to interact and engage with others could be improved.

There were appropriate procedures for managing complaints. The provider's complaints procedure detailed how complaints would be managed and listed agencies complainants could contact if they were not satisfied with the provider's response. There had been no formal complaints since October 2014.

Is the service well-led?

Our findings

At our last inspection people did not benefit from a well led service. There was insufficient management oversight of the service to ensure that people received the care they were entitled to. None of the registered providers were involved in monitoring the service to ensure appropriate standards were being maintained. The registered manager told us they could not fulfil all aspects of their role as they had no administration support or deputy manager to share some of the responsibilities. The registered manager carried out monthly audits but where concerns were identified, action had not been taken to address them. The culture within the service did not promote effective communication amongst the staff team. Staff did not meet as a team to share information or raise any concerns they had.

At this inspection we found some concerns about the management of the service had been resolved but other shortfalls had not been addressed. Quality monitoring procedures remained ineffective in identifying risks to people and shortfalls in the care people received. For example infection control audits had not identified that the practice used by staff was not effective in protecting people from the risk of infection. Staff were not following DH guidance on the safe handling of dirty laundry or on maintaining appropriate hand hygiene. Some of the bathrooms in the service contained no soap or hand towels and cleaning staff used one mop to clean all hard surfaces, both concerns we identified at our last inspection. Quality monitoring procedures had also failed to identify that staff were not following guidance on the Control of Substances Hazardous to Health (COSHH) Regulations 2002 or the provider's policy on the use of COSHH products.

Medicines audits had not been effective in addressing shortfalls in medicines management and ensuring that people received their medicines safely. There was no evidence that staff competency had been assessed following their medicines training. Records showed that medicines errors occurred regularly and we found medicines errors during our inspection that had not been identified by staff. Medicines audits did not include stock checks of medicines to ensure people had received their medicines as prescribed. These concerns had been identified at a medicines audit carried out by a pharmacist in August 2016. The pharmacist made recommendations but these had not been put into practice.

Quality monitoring procedures had not identified that the servicing of equipment used for the delivery of care was overdue, which resulted in poor care for one person and unsafe practice being used by staff. Quality checks had also failed to identify that some people were not receiving the care they needed to keep them free of pain and discomfort. In two cases we saw that healthcare professionals had given advice about people's care that was not being followed by staff.

Failure to effectively assess, monitor and improve the quality and safety of the service was a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had engaged a care consultant to provide advice on improving the service and a trainer to ensure staff had access to the training they needed. The provider had also appointed a deputy manager, who was due to begin work shortly after our inspection. The registered manager had been granted an

extended period of absence at the time of our inspection. The provider had appointed an acting manager to cover the registered manager's absence.

Staff told us the registered manager was now more accessible and spent more time outside the office than they had previously. One member of staff said, "[Registered manager] supports us really well and is a nice manager. She speaks to staff and residents and follows up on problems."

Another member of staff told us, "I feel very supported by [registered manager] now and can approach her with anything. She makes an effort not to be tucked away in the office now and will explain things to us more. I used to be hesitant about approaching her but now I can ask anything without being afraid and give my opinion."

Team meetings had been introduced since our last inspection, which provided an opportunity for staff to discuss the needs of the people they cared for. The notes of these meetings demonstrated that the provider had addressed staff following our last inspection about the actions needed to improve the service people received. Notes also provided evidence that staff were encouraged to have their say about how the service could be improved. Staff told us the refurbishment of the service and the training they had received had improved staff morale. One member of staff said, "I'd say morale has improved 50% with all the refurbishment and training we've had. I keep saying we need to keep the link together and keep working as a team. When you're a good team you can get everything done and it's much happier."

At our last inspection people were not consulted about the running of the service or given opportunities to contribute their views. Only one residents meeting had taken place in the previous 12 months and there was no system through which people could contribute their feedback. At this inspection we found residents meetings had been introduced, which gave people opportunities to have their say about how the service was run. The notes of residents meetings demonstrated that people were asked if they were happy with the care they received and their opinions sought on aspects of the service including the menu and activities. There was evidence that people's suggestions had been acted upon. For example one person had requested more lamb dishes on the menu and for fresh fruit to be made available. We saw that lamb dishes had been incorporated into the menu and that fresh fruit was offered to people at lunchtime.

We saw that surveys had been distributed to relatives since our last inspection. The feedback received from the eight relatives who had returned surveys was positive. Relatives said their family members were cared for by a consistent staff team who knew their needs and were positive about the recent improvements to the environment. The quality of record-keeping and the storage of confidential information had improved. Staff had begun to review and update people's care records to make sure they fully reflected their needs and preferences. Staff were aware of the need to store confidential information securely and told us this issue had been discussed with them since our last inspection.