Woodhouse Care Homes Limited

Pranam Care Centre

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 22 March 2016 and was unannounced.

The last inspection of the service was on 7 and 8 January 2016 when we found breaches in five Regulations relating to safe care and treatment, consent to care and treatment, person centred care, recruitment and selection of staff and good governance. At this inspection we found some improvements had been made. However, there were other areas which required improvements. For example, risks associated with people's care and treatment, the cleanliness of the environment and meeting people's health care and leisure needs.

Pranam Care Centre is a nursing home which provides accommodation, nursing and personal care for up to 50 older people. Some people were living with dementia. At the time of our inspection 17 people were living at the home. The service was registered with the Care Quality Commission in June 2015. The service was managed by Woodhouse Care Homes Limited, a private organisation. Although Pranam Care Centre was the only service operated by the provider, the company directors also managed other organisations providing residential and domiciliary care services in England.

There was no manager in post. The last registered manager left the service on 28 August 2015. Another manager was appointed however they did not apply to be registered with the Care Quality Commission and left the service in January 2016. The provider told us that they were in the process of recruiting a new manager. 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.

Some of the things people said about the service were, "They do their best to give people what they want", It is absolutely brilliant. The residents are happy, I'm very happy" and ''I like it." One visitor told us, "(My relative) says they look after her well. She gets good attention as there aren't many people (living in the home)."

The environment was generally well maintained but had not always been cleaned.

People were sometimes placed at risk because of practices at the service.

People's healthcare needs were not always being met because the staff had made decisions about their health which were not based on best practice and without the consultation of relevant healthcare professionals.

People's individual social and leisure needs were not always met and did not reflect their preferences because there was limited organisation and support with social activities.

There had been no registered manager in post since August 2015 and no application to register a new manager with the Care Quality Commission had been received.

You can see what action we told the provider to take at the back of the full version of the report.

People received their medicines in a safe way.

There were enough staff on duty and they had been suitably recruited.

There were procedures designed to safeguard people from abuse and the staff were aware of these.

People had consented to their care and treatment.

The staff received the training and support they needed.

People had a choice of freshly prepared food.

People living at the service had positive relationships with the staff.

The staff were kind, caring, polite and considerate.

People's privacy and dignity was respected.

People's care needs had been recorded in care plans and these were regularly updated.

There was an appropriate complaints procedure and people knew how to make a complaint.

Records relating to the care and treatment of people who used the service, staff and other records were up to date, clear and accurate.

The provider had a system of audits and checks designed to monitor the service and to help plan improvements.

People living at the service and staff said there was a positive and inclusive atmosphere.

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

Some aspects of the service were not safe.

The environment was generally well maintained but had not always been cleaned.

People were sometimes placed at risk because of practices at the service.

People received their medicines in a safe way.

There were enough staff on duty and they had been suitably recruited.

There were procedures designed to safeguard people from abuse and the staff were aware of these.

Is the service effective?

Requires Improvement

Some aspects of the service were not effective.

People's healthcare needs were not always being met because the staff had made decisions about their health which were not based on best practice and without the consultation of relevant healthcare professionals.

People had consented to their care and treatment.

The staff received the training and support they needed.

People had a choice of freshly prepared food.

Is the service caring?

Good

The service was caring.

People living at the service had positive relationships with the staff.

The staff were kind, caring, polite and considerate.

People's privacy and dignity was respected.

Is the service responsive?

Requires Improvement

Some aspects of the service were not responsive.

People's individual social and leisure needs were not always met and did not reflect their preferences because there was limited organisation and support with social activities.

People's care needs had been recorded in care plans and these were regularly updated.

There was an appropriate complaints procedure and people knew how to make a complaint.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well-led.

There had been no registered manager in post since August 2015 and no application to register a new manager with the Care Quality Commission had been received.

Records relating to the care and treatment of people who used the service, staff and other records were up to date, clear and accurate.

The provider had a system of audits and checks designed to monitor the service and to help plan improvements.

People living at the service and staff said there was a positive and inclusive atmosphere.

Pranam Care Centre

Detailed findings

Background to this inspection

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

This inspection took place on 22 March 2016 and was unannounced.

The inspection team consisted of two inspectors, a pharmacy inspector, a specialist advisor nurse and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience on this inspection had personal experience of caring for someone who used social care services.

Before the inspection we looked at all the information we held about the provider, which included concerns which we had received from other people. We spoke with the local Clinical Commissioning Group and the London Borough of Ealing, who were monitoring the service.

During the inspection we spoke with four people who lived at the service, five visitors and staff on duty who included one of the company directors (referred to as the provider), the deputy manager, a nurse, four care assistants, the chef and domestic staff. We observed how people were being cared for and supported. We looked at records relating to the care of 10 people, the medicines and records for these for 12 people, the recruitment records for two members of staff and other records the provider used in managing the service.

Requires Improvement

Is the service safe?

Our findings

At our inspection on the 7 January 2016 we found that some of the staff practices put people at risk of harm.

At the inspection of 22 March 2016 we found improvements had been made. However, there were still some situations where people were placed at risk. We discussed these with the provider who agreed to take immediate action.

Two bottles of cleaning product were found in an unlocked cupboard in the dining room. The cupboard also contained food. One door to the dining room was locked, but the other door was not locked. Although the risk of someone entering the room and taking the cleaning product was minimal, there was a risk and as some people living at the service had dementia they may not use the product in the way it was intended and cause themselves harm. We discussed this with the provider who agreed to remove the product immediately and remind staff about the importance of keeping chemicals stored securely.

One person who had been assessed as at risk of falling, and had fallen a number of times during 2016 was escorted by staff to the toilet. The person wished to be left alone to use the toilet and this was done. However, the staff did not wait outside the toilet door and when the person wished to leave they found it difficult to hold the door by themselves because they were walking with a frame. They were unsteady and put at risk of falling. There were no staff available to observe this person and make sure they were safe. We discussed this with the provider. They told us the staff normally waited outside the toilet door for this person but had been called away to deal with something else. They told us they would remind the staff about the importance of being close when people who were at risk of falls were moving independently around the service.

One relative told us, "safety is my concern." They said that they felt people were sometimes left without staff supervision and this put them at risk.

The deputy manager was qualified to train other staff in moving and handling techniques. They told us they trained and supported the staff so they understood how to move people safely.

At our inspection of 7 January 2016 we found that individual risk assessments were not always put in place.

At the inspection of 22 March 2016 we found that improvements had been made to the way risks were recorded. These had been reviewed and updated. However, assessments did not always include advice from relevant healthcare professionals.

At our inspection on 7 January 2016 we found that medicines were not always managed safely. There were gaps in recording of administration. The records were not always dated correctly. The medicines were not counted and checked to ensure the stock and records balanced.

At the inspection of 22 March 2016 we found improvements had been made, however there were still some

areas which could be improved further.

Medicines were stored securely and in an appropriate container, however the cabinet used for storing controlled drugs was not adequately secured to the wall and could have been pulled off. There were no suitable containers for people to take medicines with them away from the service when they left the home on social leave.

The records of medicine administration were accurate and up to date. There were records of medicines which had been received and disposed of. People's allergies were recorded. Records included information about people's preferred ways of taking medicines and their consent to taking medicines. There was appropriate assessment and agreement from a multidisciplinary team for the administration of covert medicine (without the person's knowledge) for one person who did not have capacity to consent and was at risk if they refused their medicines.

Medicines were audited and checked regularly by the staff. In addition the GP's pharmacist carried out audits of the home's medicines. People's medicine needs had been regularly reviewed by the GP and changes in medicines were made to reflect changes in people's needs.

We observed medicine being administered to people safely and appropriately. The staff administering medicines had been trained in this by the supplying pharmacist.

At our inspection of 7 January 2016 we found that the provider's recruitment practices did not always ensure that suitable checks were made on staff before they started working at the service.

At the inspection of 22 March 2016 we found improvements had been made. The provider carried out a number of checks on staff suitability as part of the recruitment procedures. These included checks on their criminal records, references from previous employers, identity and eligibility to work in the United Kingdom. All staff were invited for a formal interview at the service and were provided with an induction into work at the home.

Two visitors told us they felt bedrooms were not properly cleaned. One visitor told us there was a strong odour of urine whenever they visited their relative's bedroom. They told us they had found soiled sheets on occasions and had to alert staff to this so they could be changed. Another visitor told us their relative's toilet was often found to be dirty. They told us, ''hygiene is the main problem here.''

The home appeared clean in some areas, although some television screens were dirty and greasy, some carpets were dusty and had crumbs on them and some areas of the home had a malodour. These areas were not cleaned during the inspection. One of the malodours was a strong pungent and unpleasant smell in the home's quiet room. The smell made it difficult to spend time in the room. The provider told us that there had been a wash basin removed from the room and this could be the cause of the smell. Some bedrooms had a smell of urine and on further examination the smell came from the mattress in some rooms. Hand towels, as well as paper towels, were available in some communal toilet rooms. These presented a risk of cross contamination. The provider agreed to remove these from communal rooms.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One visitor explained that lamps in the service's quiet room were attached to loose wires which they felt presented a risk if people pulled at these.

The provider told us that portable electrical items had been tested when the service was originally furnished. However a number of items which included a television and lamp in one room, a lamp in another room and a number of lights in a third room had not been tested to make sure they were safe to use. The provider told us all items had been newly purchased for the home and they would arrange for the equipment to be tested shortly after the inspection.

The building was generally well maintained. Areas of wear and tear, and cracks that appeared in plaster work were identified and responded to straight away because the provider employed a builder to visit the home daily to make checks and attend to repairs.

People told us that call bells were answered promptly. We saw that call bells were available in bedrooms, bathrooms and toilets. One member of staff told us, ''If we know a resident cannot use their call bell we check them regularly to make sure they are safe, there is always one person in this area of the building (near the bedrooms) who checks on people and listens for them.'' There were records to indicate that the staff made regular checks on people during the day and night.

The provider had a procedure for safeguarding vulnerable people. This included reference to the local authority safeguarding procedures. The provider had demonstrated that they had worked with the local safeguarding authority and other agencies to investigate and act on concerns which had been identified. This included changing practices at the service to help reduce the risk of harm. Information about safeguarding adults and abuse was on display on notice boards in the home's reception area.

The staff demonstrated that they understood about safeguarding procedures and knew what to do if they had any concerns about abuse. The deputy manager told us, "If you find something unusual has happened and somebody is at risk, as a manager I would investigate. If it is serious I would raise a safeguarding (alert). If it was very important, I would call the police". Another member of staff said, "(Safeguarding) is about people's safety and well-being. You must report it to a senior person and record what happened.'' The staff were able to give examples about different types of abuse, such as neglect, unexplained injuries and pressure sores.

There was a procedure for whistle blowing. The staff were aware of this. They told us they knew they could report concerns to the provider and to external agencies such as the Care Quality Commission (CQC). Some of the things the staff told us were, "If you find something is not right, or something is being hidden, you go to management and if they don't listen to you, then you can go to safeguarding or CQC. But if it is very serious, you can go to them straight away – it depends'' and ''I have heard of whistle blowing, it is when if people don't listen to you here, you go outside and ask for help from social services or other departments who deal with abuse."

People living at the service and their visitors had a mixed view about whether staffing was adequate. One person told us, ''There are enough staff but they have a lot of paper work and do not like to be disturbed.'' Another person said there were always enough staff, telling us, ''They come straight away if I call for them.'' One visitor told us they were concerned about staffing levels at night. They said they were worried that their relative was not regularly checked by the staff. Another visitor said that the staff had told them they were too busy to provide care that the person had requested for their relative.

At the time of our inspection the provider employed one nurse and three care assistants during the day and one nurse and one care assistant at night. They told us that they and the deputy manager worked full time at the service and provided additional support for people living there. For example, when people needed support to move and at busy times of the day such as mealtimes. We saw that throughout our inspection the

staff were attentive and people did not have to wait for care. One member of staff was responsible for making sure people in their bedrooms were safe and well cared for. They told us they checked people at least every half an hour. The other staff supported people in communal rooms and the deputy manager spent time supporting people and responding to their queries.

Some visitors told us they were concerned that there were times when no staff were present in communal rooms. They said that this was because sometimes people became verbally aggressive and there were no staff to monitor this. During our inspection there were periods of up to five minutes at a time when staff were not present in the lounge where eight people were seated. During these times some people were rude and insulting towards others and the recipients of the insults were not given any comfort or reassurance.

The provider told us that following recent recruitment of new staff they had reduced the use of agency (temporary) staff. They told us that occasional temporary nursing staff were employed but that they used the same regular temporary staff to provide consistency. The staffing rotas confirmed this.

Requires Improvement

Is the service effective?

Our findings

At the inspection of 7 January 2016 we found that the staff had a limited understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). We also found that people's mental capacity was not always assessed and there was no documentation in place to show people consented to their care.

At the inspection of 22 March 2016 we found improvements had been made. The provider had undertaken an assessment of each person's capacity to make decisions about their care. The assessments were clearly recorded and included information about the types of decisions people could make. Where people had been assessed as having capacity they had been asked to sign consent to their treatment, administration of medicines and other aspects of their care. We saw evidence of this consent.

We observed the staff obtaining consent from people before they provided care. The staff bent down to eye level with the person and explained the choices clearly. In some cases where people did not understand we saw the staff finding other ways to demonstrate what they were saying, for example using visual aids. The staff spoke a range of different languages and we saw that at least one member of staff spoke with everyone in their preferred language to support them to understand and make decisions.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The provider told us they had spoken with the relatives and representatives of 14 of the 17 people who lived at the service to discuss their care and how their needs could be met in their best interest. We saw records to show how best interest decisions had been made and who had been involved in these.

The provider had assessed whether people who lacked capacity were being deprived of their liberties. These assessments included discussions with the person's representatives. Where people were being deprived, the provider had made DoLS applications so that these restrictions were lawful. We saw evidence of the applications and, where the provider had received a response for the relevant authority, also the authorisations for these restrictions.

The staff told us they had received training regarding the MCA. They demonstrated an understanding about this and knew that it was important to obtain consent from the people who they were caring for. Some of the things the staff said were, "You cannot take any decision for anybody unless you prove they don't have capacity", ''People's capacity is documented in their care plans" and ''It's about knowing if people can make choices for themselves and helping them to do that. Most residents can only make small decisions for

themselves. Where they can't, we must do everything in their best interest.'' The staff told us they knew they should consult with people's families to help make decision when people did not have capacity.

The staff did not always have an understanding of people's healthcare needs and had not always consulted relevant healthcare professionals before making decisions about people's care. This meant that people were at risk of receiving inappropriate care and treatment.

One person who had been assessed as having a low weight in 2015 had been given supplements and a fortified diet. They had been weighed monthly and their weight had increased. However, the person's weight was still low and they remained at risk of malnutrition. The staff told us their appetite had improved and therefore supplements had stopped and the person was given a normal diet. This person had not been assessed by a dietitian before the decision to change their diet and remove food supplements had been made by staff. There were no supplements available at the service. The person remained at risk and decisions to change their diet should have been made by an appropriate healthcare professional not the staff.

The staff had recorded that one person was at risk of choking because of their needs and positioning when eating and drinking. The staff had not consulted a relevant healthcare professional to assess this person's needs regarding this area. The staff had made a decision about the consistency of this person's food based on their preferences and choice not to wear dentures. However, the consistency of food for each individual should be based on good practice guidance or professional expertise. Therefore the person had been placed at risk because they were not necessarily receiving the care that reflected their individual needs.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One visitor said they were concerned that the staff did not have a good understanding of the needs of people with diabetes. They said that their relative who was diabetic was regularly given sugary snacks and the staff did not understand that this put them at risk. We observed people who had diabetes being given sweet biscuits and sugary drinks during the late morning and up to half an hour before they were served their lunch. They were also given drinks of squash with their lunch. They were not offered an alternative drink or water. The staff we spoke with were not able to describe what impact this could have on a person's health and did not demonstrate an understanding of the importance of diet for people who had diabetes. The provider showed us evidence that one person's next of kin had stated that they wanted their relative to have a normal diet with sugar. The provider told us the staff tried to offer sweeteners and alternatives for people who had diabetes.

The information staff had recorded in one person's care plan about diabetes included providing regular ''starchy foods.'' This information conflicts good practice guidance. There was no information or good practice guidelines for the staff regarding diabetes. Another person had a number of healthcare conditions and was also diabetic. The person had not been referred to a dietitian to assess the impact of diet on their health conditions. Without assessment of a relevant healthcare professional to give advice on diet for these people, they were placed at risk of care and treatment which did not reflect their individual needs.

The staff explained that one person remained in bed because they could not safely or comfortably fit into a chair. They had not referred this person for healthcare professional assessment to see if alternative furniture or equipment could be provided to meet the person's needs.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014.

The GP visited the home each week to check on changes in health and to review medicines and treatment.

All bedrooms had en-suite toilets. There were bedrooms on three floors of the home, but at the time of the inspection only two floors were in use. All floors could be accessed by a passenger lift and staircases. Coded keypads were situated at entrances to the building and staircases. The builder who built the home visited regularly and was there on the day of the inspection. They told us they carried out general repairs, maintenance and redecoration.

The environment had not been decorated, lighted and equipped to support the needs of people who had dementia. For example, there was little to distinguish bedrooms from each other. Some of these had names or photographs of the person on the door. However, some names had worn off and the photographs were of poor quality. Some communal rooms did not have clocks. Notice boards were small and not positioned in an easily seen place. The notices on these tended to be pinned on top of each other and were in small font. For example, the only menus on display were small and information was not clearly presented. In addition information about planned social activities was not clear. There were photographs of staff on duty displayed in the foyer but this information was not clear for people living at the service. The walls throughout the home tended to be decorated in the same colour and there were not many features to distinguish one part of the building from another.

The National Institute of Care Excellence (NICE) guidance about environments for people with dementia states, '' Good practice regarding the design of environments for people with dementia includes incorporating features that support special orientation and minimise confusion, frustration and anxiety.'' The guidance also refers to the use of ''tactile way finding cues.'' The government guidance on creating ''Dementia friendly health and social care environments'' recommends providers ''enhance positive stimulation to enable people living with dementia to see, touch, hear and smell things (such as sensory and tactile surfaces and walls, attractive artwork, soothing music, and planting) that give them cues about where they are and what they can do.''

The provider told us they were purchasing notice boards to display information for people, which included pictorial menus and information about activities.

The staff told us they felt well supported by the provider and the deputy manager. They told us they could ask for informal support at any time and had formal supervision meetings as a group to discuss specific aspects of their work, such as safeguarding, the Mental Capacity Act 2005 and whistleblowing. The provider and deputy also met with staff individually to discuss their work. The provider had a schedule of planned meetings and hoped that the new manager (once they started at the service) would be able to offer regular individual supervision meetings and appraisals.
The staff told us there was good communication with each other and they were aware of their responsibilities and any tasks they needed to attend to each day. There was a handover of information involving all the staff when there was a change of staff. The nurses also completed a document which informed the staff of their allocated duties each day. The staff explained how this worked and how they were each assigned specific people to care for and support with personal care needs.

The provider had arranged for introductory training sessions for all staff which covered a range of topics including safeguarding, the Mental Capacity Act 2005, infection control and health and safety. These sessions had taken place and the staff confirmed they had participated in these. The provider told us that staff who had not attended the training were not permitted to work at the service until training had been

completed. The deputy manager had organised additional discussion about the areas covered in the training in team meetings to ensure the staff had a good level of understanding of these areas. The staff were also required to participate in computerised on line training sessions which included an assessment of their knowledge. The provider monitored when staff had completed this training.

Some of the staff told us they felt they would like more training in some areas. The majority of people who lived at the service had dementia. Some people's condition led to them being agitated and sometimes challenging towards others. The staff had not received training to support them to understand these needs and to learn different ways in which to support people. People and their relatives told us they thought the staff would benefit from training about how to deal with tensions that arose between the people who lived at the service.

The staff told us they had been given an induction when they started work at the service and this included shadowing experienced members of staff, getting to know people who lived at the service and reading policies and procedures. One staff member told us, "I did observations before I started and this prepared me well." They went on to say, "I went through the care plans and this really helped me."

People's nutritional needs were assessed when they moved to the home and then monthly and when needs changed. There were care plans regarding people's nutritional needs. The staff maintained a record of food and fluid each person had consumed.

Most people told us they liked the food at the service. Some of the things they said were, ''The food is very good indeed. We get a choice. It is served nicely'', "The food is beautiful", "The food is OK, but there's not much choice" and "The food seems fine."

The kitchen was clean and appropriately stocked and maintained. The chef carried out checks on food storage temperatures. There was a selection of fresh fruit and this was available for people living at the service. The chef told us they prepared and cooked the meals using fresh ingredients. There was also a large supply of frozen food, which the chef told us people were offered as alternatives, such as pies, chips and fish cakes. All opened food and packages were clearly labelled with the date of opening and expiry.

There were two main menu choices for each meal, an Asian and an English menu. We saw that the menus were varied. During lunch on the day of the inspection people were offered choices about what they wanted to eat. Some people changed their minds during the meal and were provided with an alternative. One person was served three different meals before they were satisfied. The chef served the food and told us that they expected people to change their minds and make choices when they saw and smelt the food. They said, "People do change their minds. But that is not a problem. I will cook anything that anybody likes.'' The staff encouraged people with low appetites to eat and spent time offering different choices, describing the food and listening to people's views about this. People were offered condiments and drinks with their food.

The chef had information about people's different dietary needs and preferences. They told us about specific likes people had. They said they offered fresh and tinned fruit to people daily and we saw this. Food and snacks were available throughout the day and night. People's food and fluid intake was recorded and we saw evidence that people had toast, sandwiches, cereals and other food throughout the night if they had requested this. There was a supply of bread, biscuits, yoghurts, fruit and cereals available in the dining room so the staff did not have to leave the floor where they were supporting people to get these at night if needed.

We Recommend the provider consult recognised good practice guidance for improving the environment to help orientate and support people living with the experience of dementia.

We Recommend the provider supports the staff to have a better understanding of positive strategies to support and address behaviour that challenges and the needs of people who have dementia.

Good

Is the service caring?

Our findings

Most people living at the service and their visitors told us the staff were kind and caring. Some of the things people said were, "The staff are brilliant. The carers work very hard and are absolutely marvellous", "We're very happy with the staff" and "the staff at the moment are excellent, Mum likes them, including the cook." One person told us that some staff were kind but others were not so kind and could be, ''A bit terse.'''

Throughout the day the staff were kind, polite and considerate towards people. They took time to speak with them and listen to what people were saying. We saw that there were positive relationships between people living at the service and staff, where they shared jokes, smiles and the staff comforted people who were distressed.

At times we observed the staff offering people choices. For example, during the morning the staff asked people what they wanted to drink, what they would like to watch on the television and where they wanted to sit. However, at other times of the day when the staff were busier they sometimes forgot to offer people choices. For example, before lunch the staff placed protective plastic aprons on some people without asking them whether they wanted these or explaining what they were doing. They also gave people drinks without offering a choice. Despite this the staff did offer people choices of the food they wanted to eat. They listened to the answers people gave and respected their decisions. We noted that whenever people asked for a specific thing to do, eat, drink or a place to go the staff responded to this and did as the person wished.

Some people who lived at the service did not have English as a first language. The service employed staff who spoke a variety of languages. One member of staff told us there were staff who spoke all the different languages of people who lived at the service. We heard the staff conversing with people in their chosen language. The staff also used people's preferred names and names which showed respect for elders in different cultures when speaking with and about people.

The provider had developed a dignity and respect care plan for each person. They had started to complete these. The provider told us they were in the process of improving the information, which included speaking with families to find out more about the person's life before they moved to the service.

People told us their privacy was respected. The staff attended to people's needs in a caring and respectful way, speaking quietly with the person about personal needs and providing intimate care behind closed doors.

Requires Improvement

Is the service responsive?

Our findings

At our inspection of 7 January 2016 we found that people who used the service had limited access to a range of activities in the home. At the inspection of 22 March 2016 we found that improvements had been made but there was still a lack of structured organised activities and people's individual social and leisure needs were not always met.

One person told us, "They've just started having more activities, as they were few and far between (before). The activities are haphazard, there's no timetable so we don't know what's happening when." Another person said, "I fold the napkins, do anything to overcome the boredom." One person told us that they liked doing puzzles and word games and these were organised each day but they went on to say, "It's a bit boring, there's no activities really." One person told us they wanted someone to take them to the shops and they did not have the opportunity to go out of the home. One visitor told us, ''There are not many activities especially between breakfast and lunch; the residents just sit in the lounge.''

During the afternoon on the day of our inspection the staff and some people threw a ball to each other. There was no plan or information in advance about activities. One member of staff asked someone if they wanted to take part in activities. When the person enquired what the activity was the member of staff replied, ''Whatever you want it to be.''

We looked at the provider's record of activities which had taken place and each person had participated in. The activities recorded for some people consisted only of watching television and talking with staff. There was limited variety and no evidence of organised special events or entertainment.

The majority of people spent the morning in one of the lounges. Two people had toys which they held and the television was on. However, there were no other resources for people to help themselves to or use in this room, such as games, books, colouring or knitting.

The staff told us they would like to see more social activities provided at the service.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

However, the provider had made some improvements to the provision of activities. For example, they had organised for some group activities in the afternoon of each day. In addition they had purchased games and some other resources which were available in the quiet room. There were communal areas where people could worship, relax or watch television. During the morning we observed one person asking for a job. The staff asked them to help fold serviettes and the person told us they enjoyed this activity and helping out. The staff may wish to consider other tasks they could ask this person (and others who wished) to help with because the task they enjoyed was only a short activity.

There was a friendly atmosphere in communal areas with staff engaging with the group and individuals at different times. The staff encouraged and joined in with people's singing, they responded to conversations

initiated by people and took an interest in the things each person was saying. Throughout the day the staff took their time to speak with individuals and did not appear rushed. They focussed on the individual person and people responded well to this. They appeared relaxed in the company of the staff.

The provider told us they were hoping to recruit a member of staff to coordinate and run activities. They said that they had contacted other services and were hoping the staff from Pranam Care Centre could find out a bit more about how other services provided activities to get ideas. The deputy manager told us they were planning to arrange some outings in the summer months, were hoping to arrange for a mobile library to visit the service and wanted to recruit volunteers to offer support with social activities.

The provider said they were also planning to make individual boxes of activity resources and special items for each person so the staff could use these to initiate activities and conversations that would interest the individual person.

At our inspection of 7 January 2016 we found that support plans were not always completed and staff did not have accurate access to information on people's needs and wishes. We also found that people and their relatives were not always involved in care planning and reviewing.

At the inspection of 22 March 2016 we found the provider had made improvements to the care plans by updating information and including different sections to explain how the staff should meet individual needs. For example personal hygiene, health, food and nutrition and medicines. The care plans included information about people's individual preferences. Some care plans included information from families about the person's life before moving to the home and their interests. Care plans were reviewed and updated regularly. The majority of care plans had been read and agreed by the person, their family or representative.

The staff told us they were asked to read care plans so that they understood about people's needs. They said that any changes in needs were discussed at staff handovers and recorded in communication books. The deputy manager told us, "We give dedicated time to staff to read updated care plans and sign them to show they understand the update".

The staff recorded the care and treatment they had provided each day. Information included how often the person was assisted to change pads, have showers and baths, what they had eaten and how they had spent their time. The staff told us people were offered a shower or bath each day and some people chose to have this. They said that sheets and bed linen were checked daily and changed if needed.

One visitor told us there had been problems with laundry items going missing and their relative being given somebody else's clothes which were the wrong size.

People appeared clean and appropriately dressed. They were wearing clean clothes and their hair and nails were clean. The staff made sure people were warm and comfortable by bringing them additional clothing if they needed this.

The deputy manager told us they felt care needs were well met at the service. They said, "No one has developed any pressure sores at the service and we have stopped people from losing weight. There have been no serious falls in the six weeks I have been here.''

There was an appropriate complaints procedure and this was on display in communal areas. The majority of people told us they were able to raise concerns and speak with the provider or deputy manager if they

needed. One visitor told us they had wanted to raise a complaint with the provider but had been told they needed to make an appointment and they did not think this was fair. Some visitors said that they had raised a number of different concerns. However these had not been recorded therefore it was difficult for the provider to monitor the frequency of these and the actions taken to address these. The provider had a record and log for formal complaints and there had been none since the service began operating.

Requires Improvement

Is the service well-led?

Our findings

At our inspection of 7 January 2016 we found that the records were not always fit for purpose as not all documents were completed and not all information was passed on sufficiently.

At the inspection of 22 March 2016 we found improvements had been made. Care plans and other records regarding the care and treatment of people who lived at the service were complete, up to date and included a contemporaneous record of the care people had received. The provider had also updated other records including information about staff and other records used for monitoring and providing the service.

At our inspection of 7 January 2016 we found that there were quality monitoring systems in place; however, these were not always effective.

At the inspection of 22 March 2016 we found improvements had been made. The provider had various audits in place and used these to monitor safety of the environment, care and treatment and how the service was being run. Audits included checks on care plans, medicines management, accidents and incidents, call bells, use of bedrails, hand hygiene, fire safety and environmental checks. We saw that the provider kept an up to date record of checks.

The provider had developed action plans to address areas of concern identified through audits and through external checks such as the last inspection report.

The last registered manager left the service in August 2015. No application to register a new manager with the Care Quality Commission had been made since this time.

This was a breach of Regulation 5 of the Health and Social Care Act 2008 (Registration) Regulations 2009.

The Care Quality Commission (CQC) awards rating for the performance of registered services. The law requires providers to display this rating conspicuously and legibly at each location delivering a regulated service and on their website. The provider had not displayed their most recent performance rating on their website. The provider told us they had not been aware of this requirement and agreed to take action to ensure the rating was displayed.
This was a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People living at the service told us they liked the providers. One person said, ''(The provider) is very good to me.'' Some of the relatives did not feel as confident in the leadership of the home and told us they were concerned about the lack of a manager. The provider was managing the service at the time of our inspection.

The provider had asked people who lived at the service and their representatives to complete surveys about their experience of the home. There had been ten recently completed surveys. These indicated people were

generally satisfied with the service and thought the staff were very caring. Areas of concern included people not always being able to speak with a manager, laundry and cleaning.

There was a record of meetings with relatives and representatives. However, some visitors told us they were not aware of these meetings. The provider showed us a schedule of planned meetings which they hoped would help relatives feel more involved in the service.

The staff told us the provider was available to speak with whenever they needed and they felt able to approach them and ask for assistance. We saw that the deputy manager spent time walking around the building, supporting people when needed and discussing duties with the staff.

The deputy manager had started work at the service six weeks before the inspection. They told us they were well supported by the provider. They had enrolled on a course to undertake a vocational qualification, Level 5 leadership and management in care.

The staff told us they felt the home provided high quality and safe care. They told us some of the good things about the service were that they worked well with families.

Since the last inspection the provider had worked with the local authority and local clinical commissioning group to create action plans for improvements. The provider told us representatives from the clinical commissioning group had visited the home and helped them develop ideas for the service.

The provider had voluntarily stopped taking new admissions to the service until 12 April 2016. They told us that after this time they planned to start admitting new people but at a slow pace so they could adjust staffing and get to know the needs of each person.

Notifications were being sent to Care Quality Commission (CQC) for any notifiable events, so we were being kept informed of the information we required.

The provider analysed accidents, incidents and significant events. The records of these included a section for the staff and manager to complete following an event, where they considered the risk of reoccurrence and reviewed whether action taken was adequate. The provider carried out a monthly analysis of all accidents to monitor the type of accident and identify if there were any themes or indicators that changes to the service were needed.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 5 Registration Regulations 2009 (Schedule 1) Registered manager condition There was no registered manager. Regulation 5 (Registration) Regulations; Schedule 1 Registered manager condition

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered person did not ensure that the care and treatment of service users was appropriate, met their needs and reflected their preferences. Regulation 9(1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not always ensure that care and treatment was provided to service users in a safe way. Regulation 12(1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The registered person did not always ensure

	the service was clean. Regulation 15(1)(a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments The registered person had not displayed the rating of their moist recent inspection report on their public website. Regulation 20A