Beechcroft Care Homes Ltd

Choice Care Home

Inspection report

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Date of inspection visit:
14 August 2017
15 August 2017

Date of publication:
24 May 2018

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

Choice Care Home is a care home without nursing registered to provide accommodation and care for up to 32 people. People living at the service are mostly older people, some of whom may be living with dementia or physical disability. Some people were living at the service for a short period of convalescence and intensive support between a period of ill health and returning home, known as intermediate care. Day to day care needs for these people were provided by the service, with intensive support coming in from community medical teams such as physiotherapists and occupational therapists.

Prior to this inspection we had received some information of concern about the service through recent safeguarding processes. The concerns related to people not receiving sufficient fluids, reports of people with unexplained bruising, concerns about staffing levels and people falling. Two safeguarding processes were ongoing at the time of the inspection.

At the last inspection on 3 July 2015 the service was rated as 'Good' with requires improvement in the key question of 'Safe'. This had been because some information about one incident that occurred at the home had not been shared with the local authority safeguarding team at that time, which meant they had not been subject to external scrutiny and review. At this inspection in August 2017 we found the service had not sustained some areas of good practice. We also identified a number of concerns and breaches of legislation. The service has been rated as requires improvement overall.

The management of the service was reactive in that they had taken action to address concerns once identified by external agencies. However some of this action had not been sustained and had led to repeated poor outcomes for people. Management or governance systems were not always effective in making changes and improvements at the service, or identifying when systems were failing. This told us learning did not always take place and actions taken had not always been effective in reducing risks to people's safety or poor health outcomes.

Risks to people's health or well-being, particularly with regard to fluids or pressure ulcers were not always robustly addressed. We identified although risks to people had been identified, actions had not always been consistently taken or recorded. This meant it was not easy to see if actions had been successful in reducing risks or preventing additional risks. Poor recording meant records could not always be relied upon to highlight ongoing concerns. For example we found the systems for analysing risks did not assess the effectiveness of actions taken; fluid charts were not completed well or consistently and where poor fluid intakes were recorded concerns were not always immediately highlighted or actions taken.

There were not always sufficient staff on duty to meet people's needs. We found there were times of the day when people did not receive sufficient supervision from staff which had left them at risk. We observed instances where people not being supported led to situations where their dignity was not respected. People using the service, visitors and staff told us there were not enough staff at times, particularly during the afternoon and evening.

Infection control practices for staff were effective but the laundry area and management systems needed attention to ensure infections could be managed safely. This was because this area was cluttered and there was limited effective separation between clean and dirty items. However a recent infection risk had been managed well. We have recommended the provider seeks and implements guidance on the provision and maintenance of a clean and low infection risk laundry management system.

Systems were in place for the management of complaints. When we looked at the systems we identified these did not cover all the concerns we were aware had been raised with the service. The registered manager told us they did not record minor concerns as complaints. Relatives told us there were some areas they had repeatedly raised such as issues about laundry, but these had not been resolved. The registered manager told us they had not previously considered these as complaints but would now include them in the system This means there would be a clearer audit trail of actions taken.

Records were not all well maintained. We found some people's care records were inconsistent or had not been updated to reflect people's care and treatment needs or risks associated with their care. We have made a recommendation about this. Charts such as for moving and positioning people at risk of pressure ulcers had not always been completed. This meant it was not always possible to check whether people were receiving appropriate care.

Systems for staff training and support were in place. However, learning was not always followed up to ensure practice had improved.

People received a well-balanced and nutritious diet. However we found some people would benefit from additional equipment to increase their independence with eating. For example we found some of the crockery was difficult for people to handle, and evening meals were served on small side tables in the lounge, which made it difficult for some people to eat from.

The environment was homely and comfortable, but would benefit from additional adaptation to meet the needs of people living with dementia. For example, we identified a lack of signage made it difficult for people to orientate themselves or make sense of their environment. We found one person who was living with dementia stuck in the lift and unable to understand how to get out as there was no clear information available to help them. Some adaptations had already been made and some other items had been ordered following two recent dementia audits at the service. The manager told us this had been 'inspirational' and they were going to continue with the recommendations they had identified. The environment was regularly assessed for risks and plans put in place to manage these. We found two rooms had a strong odour and action was taken to investigate and remedy this.

People received their medicines safely. Staff received appropriate training before they were able to administer medicines and appropriate records were being kept to ensure people received the correct medicines at the correct time as prescribed.

Staff understood how to raise concerns about people's well-being, and staff recruitment systems were robust. Staff were recruited following a clear process which ensured risks were minimised. This included ensuring disclosure and barring service (police) checks were undertaken, and any risks identified were assessed.

People's rights regarding capacity and consent were understood and supported. We saw staff offering people's choices and acting on them. Staff knew some information about people's histories, and had built positive relationships with people. We saw staff delivering gentle and supportive care. Staff spoke about

people respectfully.

The service had some activities available for people, and the registered manager described this as 'work in progress' to provide more person centred activity. Some people's care plans did not contain information about what interests people had or their social and personal history. The registered manager was working on this with the implementation of documents about people's history and social biography to help staff understand and support people with knowledge about their life prior to moving into the service.

Notifications had been made to the Care Quality Commission or other services as required by law. Policies and procedures were up to date.

People overall told us they were happy with the services they received. One person told us the service had exceeded their expectations and another they had been looked after "fantastically".

Quality assurance systems had involved gathering the views of people living at the service and their relations, staff and other interested parties about what was working well and what could be improved. This had then been fed back to people at a meeting. This had meant people had been informed about the impact their response had made.

We took enforcement action against the registered provider as a result of this inspection, and proposed a condition be placed on their registration that they update us each month with a report on the actions they have taken to address the concerns. The registered provider exercised their right to make representations against the imposition of the condition. Their representations were unsuccessful, and a notice of decision was issued to the service accordingly.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People's risks were not always being managed safely.

Not enough staff were always on duty to meet people's needs.

People's laundry was not managed well. We have made a recommendation about this.

People received their medicines safely.

People were protected from the risk of abuse through the provision of policies, procedures and staff training.

People were protected because staff were recruited safely.

The environment was regularly assessed for risks and plans put in place to manage these.

Is the service effective?

Requires Improvement

The service was not always effective.

People did not always receive consistent care because staff learning was not always put into practice.

People's needs were not always met by the service's environment, in particular people living with dementia. The registered manager was working on developing a more positive and supportive environment following recent audits.

People's nutritional needs were assessed to make sure they received a diet that met their needs and wishes.

People's rights regarding capacity and consent were understood and supported

Is the service caring?

Good

The service was caring.

People's needs were met by staff with a caring and warm attitude towards them.

Staff had built positive relationships with people. We saw staff delivering gentle and supportive care.

Staff were aware of people's needs for privacy and dignity. However we saw instances where this was compromised by staffing levels.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People were at risk of not receiving care and support in the way they wished because care planning was not always robust. We have made a recommendation about this.

People did not always benefit from activities of their choice because the service had not always asked them or recorded what they would like to do. Some people's care plans did not contain information about what interests people had or their social and personal history.

People's complaints had not always been recorded, listened to or actions taken to address them.

Is the service well-led?

Requires Improvement

The service was not always well led.

People had not benefitted from robust governance systems in place to reduce risks to their safety or improve the quality of their experience. Some concerns had been repeated and people had suffered harm as a result.

Poor record keeping had placed people at potential risk of harm.
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Notifications had been made to the Care Quality Commission or other services as required by law. Policies and procedures were up to date.

People overall told us they were happy with the services they received.

People had been able to have a say about changes they would like to see made to improve the quality of the service.

Choice Care Home

Detailed findings

Background to this inspection

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

This was a comprehensive inspection which took place on 14 and 15 August 2017. The first visit was unannounced and started at 06.55 am to allow us to meet with the night staff and see how staff duties for the day were organised. The second visit was announced and was carried on until 8.30pm, which allowed us to see the service in the early evening.
Prior to this inspection we had received concerns about the service. The concerns related to two safeguarding processes which were still under investigation at the time of writing this report. As a part of this review we also looked at other safeguarding and notifications that had been received since the last inspection. The concerns related to people not receiving sufficient fluids, bruising, staffing levels and falls. We have taken copies of some people's records from the service to enable us to look at these in more detail.

Prior to the inspection we reviewed information we held about the service, and notifications we had received. A notification is information about important events, which the service is required by law to send us. We contacted professionals involved with the service such as the local authority quality team for their views on the service. The provider completed a PIR or provider information return in January 2017. This form asked the registered provider to give some key information about the service, what the service did well and improvements they planned to make.

During the inspection we spoke with or spent time with 11 people who lived at the service, six relatives, and seven members of care and support staff, cleaning and catering staff. We also spoke with the registered manager and deputy manager, a visiting healthcare practitioner and member of the intermediate care team. We spent time observing how people spent their time as well as how people were being supported by the staff team. We spent several short periods of time carrying out a short observational framework for inspection (SOFI) observation. SOFI is a specific way of observing care to help us understand the experiences of people who could not communicate verbally with us in any detail about their care.

We looked at the care records for five people with a range of needs, and sampled other records. These records included support plans, risk assessments, health records and daily notes. We sat in on a handover meeting to see how information was shared and how duties were delegated for the day. We looked at records relating to the service and the running of the service. These records included policies and procedures as well as records relating to the management of medicines, falls, moving and positioning, nutrition and fluid support, food, and health and safety checks on the building. We looked at two staff files, which included information about their recruitment and other training records. We also viewed a number of audits undertaken by the service to identify concerns to people's health and well-being.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in July 2015 we rated this key question as requires improvement. This was because some information about one incident that occurred at the home had not been shared with the local authority safeguarding team, which meant they had not been subject to external scrutiny and review. On this inspection in August 2017 we identified some new concerns. We have rated this key question as requires improvement.

People were not always being protected from risks associated with their care, because the service had not consistently assessed, monitored and reduced risks to people.

We found that although risk assessments were being undertaken, it was not always clear that actions taken had successfully mitigated or managed risks to people's health. Some evidence was missing or contradictory, and instructions or guidance for staff was not always clearly communicated.

A safeguarding concern had identified concerns over people being at risk from poor or unmonitored fluid intake. The provider had given assurances in an action plan on 30 June 2017 of what they were doing to put this right.

On this inspection we found people remained at risk of not having enough fluids to maintain their health. Individual assessments had been undertaken of people's needs for fluid where a concern had been identified. People's fluid intake was being recorded. However, we found people were not always having enough fluids to maintain their health, and where this had been identified appropriate actions were not always being taken. For example, one person had been assessed as needing 1195 mls fluid per day as a minimum to maintain their health. On 12 August 2017 the person's fluid balance sheet recorded they had taken in 650mls. This was recorded in another part of their file as having been "fair intake of food and fluid" for that date, when that was not an accurate reflection of the risks to the person. On 13 August 2017 the person was recorded as having taken in 600mls. There was no guidance for staff in this person's individual file on what actions to take should the person's fluid intake fall below a certain level to mitigate risks to their health.

Another person's assessment stated they needed a minimum of 1300mls of fluid per day. Their care plan stated "I need staff to support me in maintaining a good level of hydration and to record and report any changes or concerns." On 12 August 2017 the person's recorded intake was 375 mls and on 13 August 2017 1050 mls. On 12 August 2017 their care records stated "poor fluid intake. GP to be contacted Monday". We spoke with the registered manager who told us this was being done. However there had been no discussion of this person's poor intake in the morning handover we had attended, so staff coming on duty may not have been aware of the concerns for this person or that they needed to make additional efforts to encourage them to drink.

One person had a long term condition affecting their kidneys. It was therefore important that their fluid intake and output was monitored regularly to prevent them becoming unwell. The registered manager told

us the person had been taking antibiotics due to a suspected urine infection.
Their care plan said "I need staff to support me in monitoring a good level of hydration and to report any changes or concerns." There was no information as to what a good level of hydration was for this person, and the person had limited mobility, so was reliant on staff to support them. We saw information in their notes that told us on one day the person had been left in their room without a jug of drink, and their catheter bag had not been emptied, although it was very full. There was no infection risk assessment in relation to the catheter being in place, and fluid balance charts had not been started until the intervention of a community nurse on 8 August 2017. Actions had not been taken to mitigate the risks to this person.

An analysis was undertaken of incidents, including falls on a monthly basis. We found the system did not always identify the actions taken to prevent a re-occurrence or a full analysis of the risks.
For example in July, five people had been noted to have fallen. One person had been seen to have fallen from their bed. There was no other information on the analysis to indicate whether an assessment had been made to see if the person remained safe in their current bed, if an arrangement of furniture or different mattress would reduce the risks or if the person might benefit from a bed rail to feel more secure.

One person seated in their bedroom did not have their call bell close to hand, as although the bell had a lead that would have reached their chair, it was still attached to the wall. The person had limited mobility. They told us they would need to use the bell if they needed any help or assistance from staff in case of emergency. We gave the person their bell.

One person had been assessed as being at high risk of skin damage due to pressure. Their care plan said "reposition me, every two hours to a 30 degree tilt, with the use of a slide sheet. Staff must also remember that my feet must be offloaded at all times." We saw this person had an air mattress, correctly adjusted to their weight in their room. However there was no record of any repositioning in their room from 3pm on 12 August 2017 until 22.00 on 12 August 2017, and from 06:00 on 14 August 2017 until the early afternoon of 14 August 2017. It was not clear whether the person had received the support they needed over these periods of time to mitigate risks to their health.

We believed the person had been repositioned over that period, as staff told us they did this regularly throughout the day and night. However, poor monitoring and record keeping meant it was not possible to identify if the person was being repositioned sufficiently often to meet their assessed care needs or to reduce the risk of poor health outcomes

The provider and registered manager had failed to demonstrate they had done all that was reasonably practicable to mitigate risks, through consistently assessing, monitoring and reducing risks to people.

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

The action plan from a previous safeguarding process had stated the manager or senior person was to review people's fluid balance charts each morning and take any action needed. This had not been done on the first day of the inspection. On the second day the registered manager reported she had done so and had identified and made a referral to the GP for another person with low fluid intake. The registered manager had also prepared a chart for staff indicating the exact amount of fluid held by each cup or beaker in use to make sure staff were clear about the amounts held. Information was also available for staff to determine how to identify if a person was becoming dehydrated. We spoke with a member of staff who could tell us the majority of the signs to look for when a person was becoming dehydrated.

There were not always enough staff on duty to support people or meet their needs. At the time of our inspection there were 28 people living at the home and 1 person in hospital. Eight people needed two staff to support them with their care, including moving and repositioning with a hoist, and the registered manager told us around 70% of the people at the service were living with dementia. Since the last inspection the provider had extended the premises, adding another 8 rooms, some of which were for intermediate care patients. The registered manager told us that since the extension they had added an extra person onto the rota to assist with giving people breakfast and their evening meal. These people were not carrying out care or supporting people who needed assistance to eat, but were helping out by serving meals to people. There were also additionally allocated staff hours, which meant usually another care staff member was on shift.

People and staff expressed concern to us about the staffing levels. Visitors and people we met during the day were generally happy with staffing levels, but told us there were more concerns in the evening time. In the evening we found periods of time where staff were busy supporting people to go to bed where the lounge area was unobserved, sometimes for over 15 minutes. A relative told us they sometimes felt responsible for 'keeping an eye' on people in this area when there were no staff about, and would run for help or tell staff if people 'fell over'. One relative told us they felt there wasn't "enough one to one time", another that "Staffing is cut to the bone". A person living at the service told us "Of course there are never enough staff." Three staff members told us there were not enough staff. One said "There are not enough staff –there should always be someone on the floor." One staff member told us they felt there were enough staff but some "didn't pull their weight".

On three occasions during the second day of the inspection we saw three different people in a state of significant undress in a shared and public area of the home. On one occasion we observed one person, who had been incontinent of urine, remove their trousers and underwear in the dining room, in view of other people in the adjacent lounge. There were no staff in this area to monitor and support this person, apart from staff eating their lunch around the corner of the room. We asked them to support this person, which they did, ensuring their privacy while they could be moved to an area where they could maintain their hygiene. The lack of staff oversight had led to people living with significant dementia receiving insufficient support or observation.

The registered manager told us staffing levels were worked out by a tool, and the provider gave us a copy of the tool they used to assess staffing levels. The registered manager told us they aimed to have five care staff on in the morning and four in the afternoon, with two waking care staff overnight. They told us they felt this was enough staffing "as long as we are careful who we take in. Of course if one of our people is ill the pressure is increased. It is a busy environment, even on a good day."

We looked at the rotas for the week preceding the inspection. We saw that these staffing levels had not been achieved on three out of seven mornings. The registered provider told us they had three staff on duty on around 20% of the afternoons between June 26 and July 30 2017, although they had allocated staffing hours to meet achieve four staff on shift. They told us this was due to 'short term staffing difficulties'.

Day care staff were also expected to do other duties such as making beds, doing the laundry, as well as providing care. Night staff were also expected to clean some shared areas. The deputy or senior person spent much of the early morning dealing with people's medicines, so was not routinely available to be involved in delivering care and support to people during that period. This again reduced the numbers of support staff to meet people's needs for support for personal care.

Two relatives told us they visited the home regularly to help their relation walk along corridors, as they felt staff did not have enough time to help them move as much as they needed to maintain their health and

mobility. Another relative told us that since the changes to the building people no longer left their chairs in the evening to walk to the dining room but were given their meal in the sun lounge, even though the dining room was now closer. They told us they felt people were sitting too long and not getting sufficient exercise.

The night staff told us they felt there were sufficient staff on duty at nights, although it was busy. They told us this was because a number of people were already in bed before they came on duty and "we know people well and can prioritise." However this did lead to people having to wait in the lounge for 'their turn', unobserved or unsupported.

The provider and registered manager had not ensured sufficient numbers of staff were deployed to meet people's care and treatment needs. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the registered provider told us they had been taking action to address the staffing shortfall prior to the inspection. This had included purchasing staff accommodation to encourage staff to take up positions in the UK, and an active recruitment campaign, which had led to additional staff being appointed for Choice Care Home. They also told us they had used some agency staff cover.
People were being protected from risks associated with infections. Staff had access to gloves and aprons and we saw these in use throughout the inspection. However the laundry area was not clean or easy to disinfect. There were a number of non-laundry related items in this area, such as old mattresses and two old foot spas, which would make this area difficult to maintain in a hygienic state. There was little separation for clean or potentially soiled items awaiting laundering, although the service did use dispersible red bags to ensure potentially infected or contaminated linen was isolated. This helped manage any potential risk of cross infection. There had been a recent infection risk at the service which had been contained with little spread to other people. This told us the overall infection control practices had been effective at reducing risks.

We recommend the provider seeks and implements guidance on the provision and maintenance of a clean and low infection risk laundry management system.

People were otherwise being protected from harm because risks from the environment were being managed. Lifts, hoists, and bath hoists were maintained and serviced regularly on a contract and regular tests carried out of fire alarms and by the service's maintenance person. People had personal evacuation plans in place to ensure their safety in case of a fire. Risk assessments were undertaken of safe working practices for staff to ensure they were protected, for example during pregnancy, and there were emergency plans and contact numbers in place for staff to use. Staff told us they understood how to call for assistance if needed, and the registered manager told us they were on call and lived close to the home so were available in case of difficulties.

Staff understood about abuse and how to report any concerns they had about people's well-being. Policies and procedures were understood, and staff had received training in safeguarding people. Information about how to raise concerns was available in the office, and staff told us they would initially raise concerns with the registered manager or provider. Relatives and people told us people were safe at the service, although some did express concerns over staffing levels and the lack of supervision of people at times. We did not identify staff had raised concerns with the registered manager over the staffing levels.

We looked at records of bruises found on people. We found these were recorded on body maps with an explanation of the injury where this had been identified. However for some bruising there had been no identified cause. Staff were aware of the need to report bruising for investigation as soon as any was

identified. A system had been implemented where any bruising or injury was recorded on a report and seen and reviewed by the senior person on duty each morning. This helped ensure a rapid review took place, which could include any investigations or medical advice needed.

We looked at two staff files, and saw staff recruitment procedures were in place. Staff files showed evidence that pre-employment checks had been made including written references and satisfactory disclosure and barring checks (police checks). Evidence of staff identity had also been obtained. There was a recorded system for risk assessing any declared convictions staff may have. The registered manager told us that there were no staff requiring 'reasonable adjustments' to be made to their working conditions as a result of disability or other protected characteristics under the Equality Act 2010. This is legislation that protects staff from discrimination in the workplace and in wider society.

People received their medicines safely. We looked at the medicines practice with the deputy manager. Medicines were stored safely in lockable cupboards or trolleys. There was a medicines fridge for those medicines that needed to be kept cool. Protocols were in place for 'as required' medicines, detailing how often and when medicines should be given to the person. Assessments were in place, such as the Abbey Pain Scale, to help identify if people who were unable to communicate verbally were in pain. Records were completed which showed medicines had been given to people in accordance with the prescribing instructions. Additional records were completed where for example there were variable prescriptions or where medicines required additional precautions due to their strength or effects. We checked these and found they were up to date and an accurate reflection of the stock balance held. On the tour of the service we saw a container of a prescribed thickening agent had been left out in one person's bedroom. This was removed immediately, as it could present a risk to people if accidentally ingested. The last full audit of the service's medicine practice had taken place in July 2017, and minor areas identified at that time had been addressed.

We saw people being given their medicines, which was done with enough time to enable the person to take them at their own pace. This meant the morning drugs round was lengthy, with some people not receiving their morning medicines (8am) until 10.30am. Some people received certain medicines first thing, so they could take effect before breakfast.

Requires Improvement

Is the service effective?

Our findings

At our last inspection we had rated this key question as good. On this inspection we identified concerns and the key question was rated as requires improvement.

We found training delivered to staff had not always ensured effective practice was in place.

The service had a training and development plan and matrix which identified training delivered and when this was next due. We found some training, for example nutrition and hydration, including supporting people with swallowing difficulties had not been delivered to most staff according to the matrix. The provider had however delivered a recent group supervision on swallowing difficulties.
However, we had identified people remained at risk of poor levels of hydration and poor recording of fluid intakes. We saw, as part of previous safeguarding action plans, training and supervision had been delivered to staff to ensure they understood the importance of fluids in keeping people safe and healthy. However this supervision had not been effective in delivering sustained learning or improved practice to address the concerns. The impact of the training and effectiveness in making improvements had not been reviewed and monitored.

The failure to establish and operate effective systems to assess monitor and improve quality and safety; assess, monitor and mitigate risks and maintain accurate records was a breach of Regulation 17 Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

We saw care staff using equipment confidently to move and position people. Staff told us they felt they had the training they needed. One told us there was "training happening all the time" and another that despite all the training they had received "I am still learning." The registered manager told us staff had learned a lot by working alongside the community intermediate care staff that came to the service to support their patients.

The registered manager told us the provider was seeking an additional person to support them with the training, especially inductions and following the Care Certificate with new staff. This certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support.

People told us the staff that supported them had the skills to do so. One said staff were "Excellent" and a relative told us they had a positive relationship with all the staff that were all very good. Staff told us they received good support from the provider and registered manager, and they could go to them at any time. We had received some concerns over moving and handling practice prior to the inspection, but we did not identify any concerns over the practice we saw during the inspection.

Since the last inspection Choice Care Home had undergone substantial building work. This included the provision of a large new sun lounge, renovations to the garden, and eight additional bedrooms. The new sun lounge was being used by people during the inspection. However people told us there was still some work

to be done to this area. For example, people told us the room varied in temperature, which at times made it uncomfortable. They told us at times of the day it was very hot, and staff sometimes didn't open the windows or pull the blinds. At other times it could get quite cold, and staff did not always get people blankets to keep them warm. We saw one person calling out they were cold. We did not see staff responding to this, for example to get them a cardigan. There was no clock in this area, and we saw people kept asking each other what the time was. The registered manager told us this was on order. The television was quite small and due to its position it was not easy for people to see the screen.

In other areas of the home we found there was a lack of signage to support and encourage people living with dementia to find their way around. Toilet and bathroom doors were identified by pictures and people had frames on their doors to identify their rooms, although these were not always clear. For example one person had a picture of a lion on their door. The registered manager told us the person had chosen this picture as they liked it. However it had not appeared to have had long term significance for the person, and we saw they did not use it to identify their room. The registered manager told us they had some navigational signs on order following a recent dementia audit, but they wanted to keep the service feeling homely, so had not wanted signs everywhere.

We found the lack of visual clues impacted on people's ability to understand their environment. We found one person living with dementia was trapped in the lift, unaware to staff. We did not know how long they had been there. The person was turning around and around in the lift not able to understand what to do. The lift required people to press a button to exit, but there were no easily identifiable instructions or signage in the lift to remind people of this. As a result the person was unable to exit the lift until we found them and pressed the button.

The registered manager told us they would be implementing the findings of their recent dementia audit in the weeks following the inspection to improve the environment for people. Some assistance was already in place for people, for example high contrast panels around light switches and black out curtains to help ensure people were not awakened by early summer day light.

We toured the accommodation with the registered manager. Two rooms seen on the first day had a significant odour problem. The registered manager told us they had already started to take action to investigate this by the following day, although we found the rooms still had a bad odour. We identified some beds had been poorly made and did not look inviting. The registered manager told us they had previously addressed this with staff and would do so again.

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's consent to their care and treatment was sought in line with legislation and guidance, and this was recorded in their files. We heard staff asking people for their consent when carrying out care tasks and offering them choices. Assessments had been made to assess people's capacity to consent to care or specific situations, such as consenting to have a door alarm, and best interests decisions made where the person lacked capacity.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The

procedures for this in care services and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made applications where appropriate for authorisation to deprive people of their liberty, some of which were awaiting approval by the local authority. Where these had been granted systems were in place to monitor the conditions were being reviewed and followed.

People were supported to eat and maintain a healthy balanced diet. People told us the food was good and they ate well. One person told us they had not enjoyed their lunch as it was 'not lambs liver, but Ox liver', but other people said they had enjoyed it. Some people needed their food presented in different textures, due to swallowing difficulties and some people needed support to eat and drink. These people had been assessed by the speech and language team who had advised on appropriate food textures to help with their swallowing. The registered manager told us there was a list of people needing these required textures in the kitchen which was correct. However a list detailing peoples 'likes and dislikes' comprised a small piece of paper stuck to a kitchen cabinet. This had been changed and updated multiple times so was not clear to read. The registered manager agreed to address this, and told us they would install a white board where the information could be displayed easier. We spoke with a member of staff who had been supporting one person to eat, including giving them fluids on a teaspoon. They told us they understood how the person liked and needed to be supported. They were aware of the risks of choking and how to support the person in accordance with their plan.

We identified some food in the freezer that was not labelled or dated. This meant it was not clear when it would need to be used by. The registered manager agreed to address this with the cook.

People were supported to have access to good healthcare. Throughout the inspection we saw evidence of the service liaising with other agencies such as GP practices, pharmacies, and community nurses. Appointments had been received for people to have an assessment of their dental and optical needs carried out. A community practitioner told us the service called them in appropriately to address any concerns, for example that day they had been called to see one person with a swollen leg.

Good

Is the service caring?

Our findings

People told us they felt the staff were kind and caring. One person told us staff were "kindness itself", another that they were looked after "fantastically." However, another told us "some were rougher than others." We clarified with them what they meant, and they told us they meant they were a bit better, not in terms of being physically rough or unkind with them. We discussed this with the registered manager. One person told us the service had "exceeded their expectations". They said "When they told me in hospital I was going to a care home I was a bit dubious, but its ok –well better than that really."

People's privacy and dignity were respected in most of the interactions we saw taking place. However there had been a number of incidents where people had been found in a state of undress, due to a lack of monitoring. When this was identified staff supported the person kindly, ensuring they were wrapped in a towel while being taken to a quieter and private area where they could be attended to. People received care and support in private in their rooms, where staff closed their doors; we saw staff knocking on people's doors before entering and speaking to people respectfully. We also observed a number of occasions when staff referred to people as "darling" rather than using their name. This is not always good practice when speaking with people living with dementia. We discussed this with the registered manager who agreed to look into this further.

Staff understood the importance of their work when supporting people. One told us their work wasn't always easy, and wasn't always respected by the wider community. They said "It's not all curling hair and giving cups of tea." They told us they cared about doing a good job supporting people they had developed an affection for, and wanted to do it well. A member of staff we spoke with was clear about one persons' religious needs and preferences associated with this religion. Another member of staff was arranging to do some shopping for a person, as they could not get out themselves. The person told us they really appreciated this, saying it was such a help, and was 'above and beyond' what they needed to do as their job.

We observed people were supported by staff gently and with caring and compassion, for example with moving and positioning. Staff spoke with the person throughout the process to re-assure them. We saw some people were being cared for in bed. Staff had ensured the person had music on in the room for company and had placed a soft toy next to them for comfort. One person living with dementia was given a teddy to engage with. We saw they got great comfort from this, talking to the bear and treating it like a child. Staff went and got bears for other people so they could also be involved, and this turned into a happy activity for those involved.

Records were written respectfully. We saw one person's care plan was written in a way that demonstrated compassion for their needs. The plan stated the person needed "regular emotional support as I am frequently anxious and tearful over different things that include not knowing what is happening to me." We saw staff supporting the person with kindness and giving explanations of what was happening when they were supporting them. Staff showed patience when communicating with them and delivering care.

We saw staff celebrating with people. For example a staff member said to a person living with dementia

"Looking good this morning (person's name)". The person smiled and patted their hair smooth. One person living at the home said another person had "a beautiful voice" and the person started singing again, which made them smile and clap their hands.

People had choices such as where they wanted to spend time or what they wanted to eat, although most people chose to spend time in the new sunroom. Some people, including those on intermediate care choose to spend most of their time in their rooms and not mix with people living at the home. Two people chose to have their lunch in the quiet room, away from others. Visitors were welcome to the home at any time, and this was evident during the inspection with visitors all day and late into the evening. One visitor told us how much they enjoyed that quiet time at the service with their parent. They said they enjoyed going to their room and curling up and watching an old movie together which they both really enjoyed. We saw visitors were offered hospitality such as tea and coffee, and were encouraged to stay for as long as they wished.

The registered manager was looking into ways of supporting people's independence. They were engaging in a programme aimed at having fun personalising walking frames to help people identify their own and reduce the risk of falling. We saw the cups and glasses/beakers in use were not easy for people to use independently. Cups had small handles, and low tables in the sun lounge were placed to the side of people. This made it difficult for some people to eat their meal successfully from this surface. This was especially the case if the meal was slippery, such as spaghetti. The registered manager told us they had already recognised the issue of cups and were ordering new ones that better met people's needs. They agreed to look at the issue of tables and how to support people to eat independently.

At the time of the inspection no-one was receiving end of life care at the service, but staff had experience of supporting people at this time, and information was available in many people's files about their wishes. Some people's care plans included clinical tools completed by the GP indicating if the person wished to have significant medical intervention in the case of a sudden serious deterioration in their health. The service had previously had 'just in case bags' which were medicines prescribed in advance of the person needing them to support for pain relief or dry up secretions at the end of the person's life. This helped to ensure they were immediately available when needed to support the person's comfort.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection we had rated this key question as good. On this inspection we identified concerns and the key question was rated as requires improvement.

People told us they received the care they needed. One person told us they were looked after very well - "all needs catered for thank you" and another person told us they were always supported by two staff as they needed support to move following a fracture –"even at night."

Each person living at the service had a plan of care, based on assessments of their need. Plans were wherever possible signed by the person or their relatives to confirm agreement. We looked at the plans for five people in detail and sampled others.

We identified plans were not always being followed consistently. A relative told us their relation's plans and reviews were up to date but the problem sometimes was with things not being followed through. They told us "It might be in the care plan but how it translates into practice with staff is the problem." For example, one person had a very clear plan in relation to their dementia, which had been provided by a supporting agency. This clearly identified how to reduce the person's distress or anxiety, which had previously resulted in harm to others. The plan stated the person liked to be 'busy' by being given things to do to help staff. We did not see staff engaging the person in being busy in accordance with their plan and at times this person was showing anxious or distressed behaviours. We observed them spending significant periods of time unoccupied and not engaged with staff. However the assessment also stated the person liked singing. During the afternoon we saw the person had enjoyed the music and singing and had danced with staff, experiencing a positive time.

Staff were clear about what signs to look for that might indicate this person was becoming distressed. A member of staff told us for example this person would begin rubbing their head and walking faster. This was as recorded in the person's plan.

People told us they were supported to go to bed or get up when they chose, as long as staff were available. One said "I have never been an early bird" and laughed. A staff member told us people would only be supported to go to bed when they wanted to. However people's preferences regarding times to get out of bed was not always recorded in their care plans.

Plans seen contained clear information about people's needs. They covered areas such as communication, mobility, nutrition and hydration, sleep, and medicines. The plans contained good detail, for example one person's plan for communication covered the importance of their glasses, mumbling speech, hearing and how to maximise this and whether the person would be able to use a call bell to summon assistance. Some plans needed updating to reflect recent events, for example one person had been fitted with a catheter, but this was not reflected in their care plan or risk assessment.

We recommend the provider ensures care plans are up to date, reflect people's changing care needs and are

followed through consistently by staff.

The service had a complaints procedure that was on display in the hallway. We looked at the services records of complaints and concerns that had been raised with them. This told us there had only been one complaint raised with the service's management. We were aware that other issues had been raised so queried the threshold at which the service considered a complaint had been made. The registered manager told us they did not record minor concerns as complaints and 'just dealt with them'. However this did not ensure that a full audit trail was available to demonstrate if these issues kept re-occurring and if the actions the service had taken to resolve them were sufficient. The registered manager told us they would address this immediately.

People we spoke with told us they would speak to the staff or a relation if they had any concerns, or discuss them at a relative's meeting.

People receiving intermediate care had separate plans including an assessment of their strengths and goals for improvement, and drawn up with healthcare professionals visiting them at the service.

Staff had a good understanding of people's wishes regarding their care. We spoke with a member of the care staff who had supported a person living with dementia with their care needs that day. They could tell us about the person's needs and likes in detail. They told us about aspects of their personal and life history and knew their current family support systems. This information had been provided by a pro-active relative, and was important to assist staff understanding the person in the context of the life they had lived. Staff understood what the person enjoyed doing. We also heard staff discussing one person and elements of their care they enjoyed.

We spoke with a family member who understood the importance of good care planning. They told us how their relation was deteriorating due to living with a dementia. They told us how the longer standing care staff understood and had known their relative 'as they were' but newer staff only saw them 'as they are now'. This meant that when staff changes occurred some of that knowledge about the person would be lost if their care plan did not reflect all aspects of the person. They had endeavoured to ensure this knowledge was passed on. The registered manager had started introducing life history documents for families to complete to give information about the person, their life and people of significance to them. We saw one of these completed, and it gave clear information on the person's background to assist staff to understand the person better.

We discussed with staff how they would be able to identify if people's health was deteriorating. They were able to give us an account of areas they would consider would need raise their concern. One told us they would call the senior on duty for advice but if they were not available they would take action themselves in an emergency if they felt people's health was at risk.

Some but not all files contained information about the person, things they enjoyed and their continuing interests and strengths. There were few 'person centred' or individual activities available for people, although the registered manager told us they were developing this. The service had recently appointed an activities coordinator for two hours a week. This person was planning to support staff to provide more person centred activities. On the day of the inspection a visiting musical performer had entertained people in the sun lounge. A relative told us they believed "music is the key to understanding people and improving their memory", and we found people had really enjoyed this activity, with people singing along and dancing with staff. One person had expressed the view that the singing and dancing had been very good but they wished the person "would get his hair cut", and another person laughed with them.

We saw a staff member sitting with people carrying out manicures. One person had their nails painted in bright blue sparkly nail polish. We asked them if they liked this and they told us "Yes it matches my cardigan. I have always enjoyed having bright colours."

The service had held a Summer fete the weekend before the inspection, which had been well attended and enjoyed. There was bunting across the garden which the registered manager said they might keep as it looked so cheerful. One person was taken to church each week, and the service had been developing memory boxes to help stimulate memories. The registered manager told us this was 'work in progress'.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in July 2015 we rated the service as good. On this inspection in August 2017 we identified some new concerns. We have rated this key question as requires improvement.

We found people were at risk of not receiving consistent high quality or safe care because governance systems were not robust or being operated effectively. Systems to assess the quality and safety of services had not always led to improvements to people's experience or safety.

A system was in place aiming to identify themes or patterns in relation to accidents and incidents, and learn from them to prevent a re-occurrence. We looked at the system with the registered manager. The system in use did not give sufficient detail to record what actions were taken to prevent a re-occurrence or how successful they had been at doing so.

We identified a number of issues across the quality assurance systems in use that were repeated concerns. For example we saw concerns had been identified in safeguarding investigations on a number of occasions over poor hydration, poor communication between shifts, poor communication with families, and repeated falls. People were identified as having suffered harm as a result. The provider and registered manager had given assurances to the safeguarding teams and provided action plans to demonstrate the actions they had taken. However on this inspection we identified some similar themes continuing, and elements of the action plans that were not being followed. This told us the service were not using information consistently to improve the safety of people at the home, and people's experience and risks were not improving.

Systems to assess risks and associated action plans to mitigate the risks were not always being operated effectively or updated regularly enough to reflect people's changing needs. We looked at the records for six people who had been identified as being at risk of poor health outcomes due to decreased fluid intake. None of these people had received the amount of fluids needed to maintain their health on one or both of the preceding two days. The registered manager had previously given assurances to a safeguarding investigation the fluid balance charts would be checked by a senior person each morning, and any required actions taken as a result. We saw this had not been done on the first day of our inspection, nor had information been shared amongst the staff team at handover about people at risk and those who needed additional encouragement to drink.

The registered provider was in regular contact with the service and provided one to one supervision for the registered manager. The registered manager told us this included targets and any new developments for the service. They had been involved in setting the action plans for improvement following safeguarding meetings and reviews. However we found they had not operated effective oversight and monitoring of the service as systems put in place to address previous concerns had not been effective in identifying or improving people's experience or safety, and the registered manager was not aware of this. We found the registered provider and manager had been reactive rather than proactive in improving the quality of the service.

Although a number of audits were being undertaken, people's safety or quality of experience was not always improved because action was not always being taken as a result. The registered manager told us that some of the audits undertaken at the service had 'rolling action plans', where items not completed rolled onto the next month with no date set for achievement. There was no overall system to identify priorities for improvement.

The system for auditing complaints was to be undertaken every three months. However the information gathered by the audit did not reflect the full number of concerns identified, so did not give an accurate picture of the service or need for improvements. Relatives told us there were repeated issues with missing laundry for example which had been raised, but this had not been 'captured' by the complaints system and had not been resolved.

Records were not always robust or correctly completed. The registered manager had implemented a new system for the recording of day to day events for each person. The forms we saw in people's files had not been dated, and some entries had not been completed. This meant it was not possible to follow through concerns, identify when the records related to or gather an accurate picture of the person's care.

The failure to establish and operate effective systems to assess monitor and improve quality and safety; assess, monitor and mitigate risks and maintain accurate records was a breach of Regulation 17 Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

When pointed out to the registered manager some actions were recommenced with positive results that day. The registered manager told us they were in the process of providing a better programme for the analysis of falls, looking at all areas of risk, including the environment, blood pressure and the actions taken to mitigate the risks, but this was not yet in place.

The registered manager told us they kept up to date by meeting with other managers, including a plan for other service managers within the group to assess each other's homes. They received copies of the care press and had attended training events and local manager's forums. The service had undertaken two dementia care assessments of the service in recent months, looking at the environment as well as working practices. The registered manager told us these had been 'inspirational tools' and they had already ordered many items to help improve people's environment or equipment, such as improved crockery and a new large clock.

The service had a formal quality assurance system in place. This included sending questionnaires to people living at the service, their relatives, staff and visiting professionals. The registered manager showed us examples of questionnaires that had been returned in the last cycle. These had been analysed and collated. The results had been shared at a meeting for people living at the home and relatives at a meeting in March 2017. The minutes of the meeting showed relatives had expressed some anxiety over the availability of staff, usually in the evening. People also expressed concerns over missing laundry, which was still an issue at this inspection. An action plan had been drawn up following the questionnaires analysis. This had been partially completed.

The registered manager was well known and respected within the home by the people we spoke with. They were strongly committed to their role and demonstrated a keen willingness to address issues and improve the service. People told us they were approachable. One person told us of the home's management "It's an open door. (Name of manager) is very good" and a staff member told us "(Name of manager) is easy to talk to. You can speak about everything." Staff told us if the registered manager was not available they would speak with the provider who had a regular presence at the home. The homes PIR states "There is a long

standing Registered Manager and Deputy Manager in place who work well together and provide strong leadership and management". We saw staff approaching the registered manager or deputy for guidance and advice during the inspection. Regular staff meetings were held, where staff were updated on any policy changes and concerns.

Notifications had been sent to the CQC as required by law. These are reports of events that the service is required to tell us about. Policies and procedures were up to date.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered persons had not done all that was reasonably practicable to reduce risks to people. Regulation 12 (2) (b)

The enforcement action we took:

A positive condition was imposed on the providers registration to send monthly action plans to the CQC telling us what actions they have taken to meet the regulations.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems had not been operated effectively to assess, monitor and improve the quality and safety of the services provided, or mitigate the risks. Records were not well maintained. Regulation 17 (1)(2) (a), (b) (c)

The enforcement action we took:

A positive condition was imposed on the providers registration to send monthly action plans to the CQC telling us what actions they have taken to meet the regulations.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Sufficient numbers of staff were not being deployed to meet people's care and treatment needs. Regulation 18 (1)

The enforcement action we took:

A positive condition was imposed on the providers registration to send monthly action plans to the CQC telling us what actions they have taken to meet the regulations.