

Anchor Trust

Oakleigh

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

Oakleigh is a residential service which provides care and accommodation for up to 50 older people some who have physical needs and some people who are living with dementia. People have varied communication needs and abilities. The service is set over three floors, and is divided into five units; each unit has their own lounge and dining area. Each unit accommodates approximately ten people. On the day of our inspection there were 43 people living in the service.

The inspection took place on the 11 November 2015 and was unannounced.

At a previous inspection in January 2014 we found the provider was not meeting the requirements of the regulations. The provider sent us an action plan stating when improvements would be made. We undertook a further inspection of the service in November 2015 to check that actions had been implemented and improvements documented in the action plan had been made.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations 2014 about how the service is run.

There were not sufficient numbers of staff to meet people's needs. People were left on their own unsupported in their needs, throughout the service which was a risk to their safety. We observed people being left unattended for periods of ten minutes or more. One relative said; "I cannot categorically say she is safe. I am not afraid of her being ill-treated but of being neglected through lack of adequate staffing."

People did not always receive their medicines when they needed them or as they had been prescribed. Medicine procedures for the safe administration of medicines were not consistently in place. We could not identify consistent best practice for the administration and recording of topical creams. Records showed us that topical medicines were not applied as frequently as prescribed.

People did not always receive care and treatment that was appropriate to their individual needs and were at the risk of receiving unsafe care or treatment. Some people with specialist equipment such as wheelchairs had not been assessed based on their individual need.

We did not always observe people receiving care that was provided in a dignified way. Although improvements made showed us that staff spoke to people in a respectful manner.

Information was displayed for people and visitors on how to raise any safeguarding concerns. Staff had received training in safeguarding adults and were able to tell us about the different types of abuse and signs a person may show. Staff knew the procedures to follow to raise an alert should they have any concerns or suspect abuse may have occurred. However we noted on two occasions staff had not reported issues of concern to the registered manager.

Staff showed an understanding of what people were interested in and what people could still do. However activities on offer to people were limited. We did not see any specific activities or pastimes which would be

suitable or appropriate to people living with dementia during the morning. People were able to see their friends and families as they wanted and there were no restrictions on when relatives and friends could visit.

Care was provided to people by staff that were appropriately trained and recruited. One staff member said "The training is so good here; it has given me confidence in supporting people."

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. The registered manager and staff explained their understanding of their responsibilities of the Mental Capacity Act (MCA) 2005 and DoLS and what they needed to do should someone lack capacity or needed to be restricted to keep them safe. They had undertaken the appropriate assessments on people who lacked capacity to make certain decisions and the appropriate DoLS had been submitted to the local authority.

People were provided with a choice of cooked meals each day. Facilities were available for staff to make or offer people snacks at any time during the day or night. One person said; "I always get a choice, the food is good."

People and their families had been included in planning and agreeing to the care provided. We saw that people had an individual plan, detailing the support they needed and how they wanted this to be provided. Staff ensured people had access to healthcare professionals when needed. For example, details of doctors, opticians, tissue viability nurses visits had been recorded in people's care plans.

People's views were obtained by holding residents' meetings and sending out an annual satisfaction survey. Complaint procedures were up to date and people and relatives told us they would know how to make a complaint if they needed to.

The registered provider had a satisfactory system of auditing in place to regularly assess and monitor the quality of the service or manage risks to people in carrying out the regulated activity. The registered manager had made improvements in identifying areas that could be improved. We found the audits undertaken by the care manager and senior staff had not identified

Summary of findings

ongoing issues such as medicine errors and the registered manager had not implemented actions that were required to make sure improvements to practice were being made.

The registered manager showed us the complaints log which detailed concerns raised by people or their relative. We saw that the registered manager had responded to people's complaints and implemented actions, where

necessary. People felt the management of the service was approachable; One person said "it's been more consistent." Staff generally said they felt supported. Generally I feel supported by management."

We found continued breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which correspond to regulations of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

The provider had not ensured there were always enough staff deployed to meet the needs of people.

Topical medicines were not always managed and administered safely. Medicines were stored securely.

People were not always protected from unsafe care or treatment.

There were processes in place to help ensure people were protected from the risk of abuse and staff were aware of the safeguarding procedures. However staff had not always reported concerns to management.

Staff were recruited safely, the appropriate checks were undertaken to help ensure suitably skilled staff worked at the service.

Requires improvement



Is the service effective?

The service was not always effective.

Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities.

Staff were aware of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported to eat and drink to maintain good health.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required.

Requires improvement



Is the service caring?

The service was not always caring.

Staff did not always take time to speak with people and to engage positively with them.

People told us they were well cared for. We observed caring staff who treated people kindly and with compassion

People and their families (where necessary) were included in making decisions about their care

Requires improvement



Is the service responsive?

The service was not always responsive.

People told us that there were not any meaningful activities for them in the service.

Requires improvement



Summary of findings

Care plans were in place outlining people's care and support needs.

Staff were knowledgeable about people's needs, their interests and preferences in order to provide a personalised service.

People felt there were regular opportunities to give feedback about the service. People's concerns and complaints were listened to and responded to according to the complaints procedure in place.

Is the service well-led?

The service was not always well –led.

There was not always open communication within the staff team. Information of concern was not always passed to the management team.

The registered manager regularly checked the quality of the service. However had not identified areas of concerns contained within the report.

The staff were supported by the registered manager.

People who lived in the service and their relatives were asked for their opinions of the service and their comments were acted on.

Requires improvement



Oakleigh

Detailed findings

Background to this inspection

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

This inspection took place on 11 November 2015 and was unannounced. The inspection was carried out by three inspectors 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.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. We did not ask the provider to complete a Provider Information Return

(PIR) due to concerns we had received. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with ten people, six care staff, four relatives, the registered manager and two health and social care professionals. The majority of people who lived at the service had complex needs which meant that we were unable to hold detailed conversations with them. Therefore, we spent time observing the care and support that people received in the lounges and communal areas of the service during the morning, at lunchtime and during the afternoon.

We reviewed a variety of documents which included four people's care plans, seven staff files, training programmes, medicine records, four weeks of duty rotas, maintenance records, all health and safety records, menus and quality assurance records. We also looked at a range of the provider's policy documents. We asked the registered manager to send us some additional information following our visit, which they did.

We last inspected the service in January 2014 where there were concerns identified and breaches in the regulations.

Is the service safe?

Our findings

People and relatives did not feel there were enough staff deployed to meet their own or their loved ones needs and to keep them safe. One person told us “They (staff) do not avoid work but breaks are not covered, Sometimes staffing does not seem to meet needs.” A relative said “I cannot categorically say she is safe. I am not afraid of her being ill-treated but of being neglected through lack of adequate staffing.” Another relative said “Need more staff. The permanent staff are good, but when they have bank staff it goes rapidly downhill.”

At our previous inspection we found breaches of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which related to staffing. The provider submitted an action plan in June 2015 to state they had met the legal requirements. We found at this inspection there were still not enough staff deployed to care for people or to help keep free from harm.

The registered manager said there should be nine to ten staff in the morning, eight staff in the afternoon and four staff at night. These numbers of staff included the team leaders who ‘floated’ between units to provide assistance if needed. On the day of our inspection there were eight care staff in the morning and four care staff in the afternoon which was less than the required staff levels needed. The numbers of staff had not increased since our last inspection although peoples individual needs had increased. One staff member told us “There is often only one member of care staff working in the unit” and they do not see the floating member of staff often that was supposed to provide support.

The registered manager said that team leaders also administered medicines which would take them away from direct care three times a day. One person said; “They are short staffed here and they have not got a lot of time.” We saw on the day that the team leaders were not very visible. They spent most of their time in the main office area and not providing support on the floors. This meant that staff working on their own did not have active support and people had to wait to be assisted.

We looked at the staff rotas for a period of four weeks. We saw that between the 11 October 2015 and the 14 November 2015 the staff levels did not reflect what the registered manager had told us. On some occasions there

were as little as five staff on duty in the morning and four staff in the afternoon. The weekend identified on occasions where only four staff were on duty in the morning and three in the afternoon. One person told us; “Sometimes we have a lot of agency staff. Staffing is inadequate at weekends.” The rotas showed that agency staff had on occasions been used to increase the numbers however this was not always consistent.

The registered manager told us they had reviewed people’s dependency levels, we saw evidence of this however the dependency tool was a complex mathematical calculation that gave estimates of number of staff hours. It did not actively reflect the needs or level of support people needed. For example four people on one unit needing two staff to help them with their mobility however staff levels had not been increased to support with this higher dependency.

Staff were not deployed around the service to ensure people’s safety. The care manager said that at present care staff would often cover and help out with the laundry and in the kitchen with suppers on a Wednesday and Sunday. They said that as there was no kitchen cover on Sunday afternoon the chef manager came in to ensure people had something to eat. One relative said; “Staffing levels are an issue- not enough staff always. There’s not always someone here at all times- staff seem to have to cover a lot. Sometimes I think ‘Where are they?’”

On one occasion a person was calling out for assistance to go to the toilet. Staff were unable to provide assistance for almost 20 minutes which led to the person soiling themselves and becoming distressed. Staff did provide personal care to the person however this left the other people unsupported for 20 minutes.

On another occasion we read in daily care logs that one person had three continence aids used at night, instead of one because there was not enough staff on duty at night to support them to use the toilet. Their care plan had stated that two staff were needed to give personal care. We spoke directly to the registered manager about this who were not aware of the situation. The registered manager stated that this was not best practice and would investigate immediately.

We had been alerted to an increased number of people falling and sustaining injuries. One relative expressed their concerns and said; “Even during the day theres only one

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member of staff- and they are not always visible- if someone falls then it's a problem, as staff are not always immediately available." We spoke to the care manager who said that most of the incidents had happened in the early morning. We looked at the call bell records for this time of day and saw that on one occasion a person had to wait 23 minutes before being assisted by staff. Other call response times were between five and eight minutes. The recommended call bell response time is three minutes.

There were not always enough staff deployed to meet the needs of people. This is a continued breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection we found breaches of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Medicine Management . The provider submitted an action plan in June 2015 to state they had met the legal requirements.

People's medicines were not always administered as prescribed by the GP. Topical medicines such as creams were not always being administered as prescribed to relieve people's discomfort. We saw examples of this for several people. People had creams prescribed to be applied to different areas of skin which were at risk of pressure wounds or dryness. However, records were not clear whether the creams had been applied as directed. One person's chart showed that cream for an infection should be applied three times a day we saw that records stated the cream had only been applied once a day on numerous occasions. We spoke to staff who confirmed creams had not been applied as directed. Another person had cream prescribed for a fungal infection, the direction was to apply this three times a day to two however records showed that this person had only had the cream applied once a day. This led to the person experiencing discomfort for longer than necessary. We spoke to the person who told us "It's for pain, I don't always get offered it as much as I should."

Another person had been prescribed creams to alleviate joint pain which should have been applied three times a day but we only saw records that identified on three occasions since September when the medicine had been applied as directed. said the person told us "I need the cream to ease the pain; staff are too busy to do it all the time."

A further person had been prescribed medicines for their scalp. This medicine had not been given to the person for a period of four days which could have made the condition worse.. Another person did not have their prescribed medicine for four days, which included medicines for pain relief, calcium deficiency and thyroid conditions. We spoke with the registered manager who told us that they were not aware of this to advise and reported the matter as a safeguarding alert.

People were not protected against the risk of unsafe administration of medicines. This was a continued breach of Regulation 12 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

However each person had a medication administration record (MAR) chart which stated what oral medicines they had been prescribed and when they should be taken. We observed staff ensuring people had taken their medicines before completing the MAR chart to confirm that medicines had been administered. We looked at MAR charts and saw they were completed fully and signed by trained staff. People who were prescribed 'as required' medicines had protocols in place to show staff when the medicines should be given.

We observed staff administering medicines safely, following the provider's medicines procedures, ensuring they explained to the person why they had a medicine. Medicines were stored securely at all times. Staff told us only staff who were trained as competent to administer medicines did so and they had yearly competency assessments.

The registered manager had not ensured staff assessed the risks for each individual and recorded these. Incidents and accidents were not always reported appropriately and in a timely manner. For example medicine errors. The registered manager told us they had not been advised of all issues of concerns identified within the service. We checked a sample of risk assessments and found plans had not been developed to support people's choices whilst minimising the likelihood of harm.

Another person who experienced reduced mobility was cared for in bed for approximately 22 hrs a day. On the two hours that the person was encouraged to get out of bed staff supported the person to sit in a tilt in space chair. This chair is specialist equipment and had not been prescribed for the person. The person had not been assessed by an

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occupational therapist or a physiotherapist to state this equipment was suitable for their needs. The person in this chair with no lower leg or foot support whilst being supported to eat their lunch. The district nurse had provided the person with a pressure relieving cushion which is placed on this chair, but staff had not ensured it was lying flat, it was creased and lumpy. This would not give much pressure relieving benefit and in fact care staff has reported increased reddening of the person skin directly after sitting in this chair. The risks to the person from using the chair and sitting on the inappropriate cushion had not been assessed or actions taken to minimise the risks of harm to the person. There had previously been a safeguarding incident relating to another person using the incorrect equipment. We spoke to the registered manager about the current issue and they told us they would arrange for the person to be assessed by external professionals, to provide the appropriate equipment.

Incidents and accidents mentioned had not always been documented. There was no analysis by the registered manager of the incident and accident form, showing what actions had been taken to mitigate further risks to people.

The registered manager had not assessed the risks to people or implemented strategies to reduce risks of harm to people. People were not protected against the risk of unsafe care or treatment. This was a continued breach of Regulation 12 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Staff were able to describe some risks and supporting care practices for people. For example people with specific health care conditions and at risk of pressure wounds had individualised risk assessments which staff were able to describe. One staff described to us how they acted within the provider's guidelines to inform relevant professionals for example, to inform the GP if a person had lost weight, or if a person had an infection.

The registered manager and staff had taken steps to help protect people from avoidable harm and discrimination. The registered manager and staff were able to describe

what they would do if they suspected someone was being abused or at risk of abuse. Staff told us they had received safeguarding training and were able to describe the procedures to be followed if they suspected any abuse. Staff and relatives told us they would approach the registered manager if they had any concerns. Prior to our inspection the registered manager formally notified us and the local authority safeguarding team of a safeguarding incident in line with their legal responsibilities. However on two occasions during the inspection we identified that the appropriate action was not taken by staff to safeguard people from harm and abuse, and reporting concerns to the registered manager with regard to medicines and dignity issues.

Staff told us they were aware of the provider's whistleblowing policy and procedure and we observed the provider had details of the whistleblowing policy in a prominent position for staff to know where to access it.

Staff recruitment records contained the necessary information to help ensure the provider employed people who were suitable to work at the service. Staff files included a recent photograph, written references and a Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff members confirmed they had to provide two references and had a DBS check done before starting work.

There were emergency and contingency plans in place should an event stop part or the entire service running. The registered manager had assessed the needs of each person should there be an emergency evacuation. Plans were person centred and gave clear instructions to how staff should manage a person's individual needs. Equipment was available on each of units to enable people to be moved safely and quickly in case of an emergency. This meant people's safety was promoted in the case of any potential incident.

Is the service effective?

Our findings

People told us about the food at Oakleigh. One person said; “The food is good.” and “I am asked at breakfast time what I want for lunch and I get to choose what I want to eat.” Another person said “The food is lovely.”

We saw a food comments book held in kitchenette on the top floor. Comments that had been written by people and relatives included. Saw, ‘lunch enjoyed’ or ‘lunch lovely’ written for five of the last seven entries. Where there were negative comments we saw the chef had responded. For example someone had written that the sprouts had been undercooked. The chef had responded to this did not happen again in the future.

At our previous inspection we found breaches of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 in relation to nutrition. The provider submitted an action plan in June 2015 to state they had met the legal requirements and we saw that improvements had been made in this area.

People nutritional needs had been met. We observed lunch on the top and ground floors of the service. On the ground floor we saw staff asking people their personal preference at lunch time with regard to the food on offer. One person complained that their turkey escalope was tough and they were immediately offered an alternative. On the top floor people were served their lunch quickly and offered a choice of drink with their meal. There was a water machine on the top floor where people could help themselves to water which we saw people use during our inspection.

The chef said there was a four-week rolling menu which on occasions they would change based on what they knew people liked. The team leader went through dietary sheets each week and updated the chef with any changes to peoples dietary needs. There was guidance on different types of soft diets, from pureed to fork mashable foods for people who had special dietary needs. The chef said; “I would always make a meal up for someone if they changed their mind at the last minute” and “My job is to feed people. If someone wants something different, I’ll do it.”

Staff were aware of the needs of people on specialist diets such as diabetics. One staff member explained to us that specialist sugar free food was provided to people who were diabetic and a choice was given daily. Staff were aware of

the risks to people about choking and the provider had a swallowing difficulties protocol in place and followed the guidance from the Surrey Safeguarding Adults choking policy.

Staff showed us a file which recorded people’s weights. People were weighed regularly and staff calculated people’s body mass index (BMI), so they could check people remained at a healthy weight. We saw that one person had lost weight and staff had referred this person to the GP for a dietician referral and to the SALT team for further guidance on managing the weight loss and nutritional needs.

At our previous inspection we found breaches of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 in relation to consent. The provider submitted an action plan in June 2015 to state they had met the legal requirements. We saw that improvements had been made in this area.

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 registered manager and staff demonstrated their understanding of MCA and DoLS.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that any related assessments and decisions had been properly taken and recorded. We saw that the MCA DoLS applications had been submitted to a ‘Supervisory Body’ for authority to do so.

The provider has properly trained and prepared their staff in understanding the requirements of the Mental Capacity Act in general, and (where relevant) the specific

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requirements of the DoLS. One staff member said they understood MCA and DoLS and told us, “It’s making sure people have a choice and assuming people have capacity first to make the decisions.”

Staff were suitably skilled to meet the needs of people. The registered manager told us that all staff undertook an induction before working unsupervised to ensure they had the right skills and knowledge to support people they were caring for. We spoke to three staff who described their induction process. They explained how they had all spent time shadowing other more experienced staff and given time to understand the procedures within the service.

The registered manager had supported staff to learn other skills to meet people’s individual needs. They said that this training had helped them understand and develop best practice when caring for people. One staff member said that they were encouraged to progress professionally. They told us that they had started as a carer, but was now team leader. Another staff member said “I get all the training I need.” Although staff had training we saw occasion when best practice in manual handling was not always used. This showed us that staff did not always put their skills and knowledge into practice.

Staff said they had annual appraisals. This is a process by which a registered manager evaluates an employee's work

behaviour by comparing it with pre-set standards, documents the results of the comparison, and uses the results to provide feedback to the employee to show where improvements are needed and why. Staff also had regular supervisions which meant they had the opportunity to meet with their registered manager on a one to one basis to discuss their work or any concerns they had. All the staff we spoke to said they had received regular supervisions.

Staff responded to changes in people’s health needs and supported people to attend healthcare appointments, such as to the dentist, doctor or optician. The registered manager said that they promoted collaborative care. We saw, in individual care plans, that people were referred to other health professionals such as the speech and language therapist (SALT), the falls team, district nurse or the dementia nurse when required.

We spoke to one visiting professional during our inspection who told us that staff made appropriate referrals and in a timely manner and said “The staff were really helpful and knew people well.” Another professional told us; “Staff follows through the exercise with the person, they follow transfer techniques and support them to mobilise.” “Staff are interested and share information and suggestions” and “Staff are always happy to assist.”

Is the service caring?

Our findings

People and relatives told us that the staff were very caring. One person said; “I have a joke and a laugh with them (staff) and they treat me the same.” Another person said; “If you ask for something staff will always try to help.” Relatives told us; “Staff are patient and caring. I am content with the quality of care.” And “All staff are friendly “ “senior staff are very approachable” and they were “Always made welcome.” However our observations did not always show us this happened all the time.

We observed domestic staff vacuuming in the hallway during lunch which opened directly into the dining area. People looked clearly distressed about the noise. We intervened and asked them to stop as it was disturbing people eating. Staff told us that they did not feel comfortable asking them to stop doing this whilst people were eating.

We saw one person had fallen asleep in the lounge after they had eaten. The person had a napkin around their neck which had a lot of food debris on it. The person had food stains around their mouth also which was not wiped away for nearly two hours. These examples did not promote people's dignity.

Staff had not responded to a person's direct care needs appropriately. We read in daily care logs that one person had three continence aids used at night, instead of one. The person care plan stated they preferred to use the toilet at night. However staff had not supported this person's choice in their toileting needs which did not uphold their dignity.

We recommend that best practice guidance is followed in treating people with respect and dignity.

People and relatives told us that the staff were very caring. One person said; “I have a joke and a laugh with them (staff) and they treat me the same.” Another person said; “If you ask for something staff will always try to help.” Relatives told us; “Staff are patient and caring. I am content with the quality of care.” And “All staff are friendly “ “senior staff are very approachable” and they were “Always made welcome.”

Staff showed that they knew people well and they spoke to each other in a relaxed, jovial manner. One person loved the budgie on the ground floor. We saw staff patiently

support the person to sit by the budgie and feed it. This showed staff demonstrated compassion and respect in terms of understanding what was important for an individual in delivering person centred care.

Staff understood the needs of people in their care and we were able to confirm this through discussions with them. Staff knew people well and answered our questions in detail without having to refer to people's care records; for example one staff described the care they provided to someone with a pressure wound. This showed us that staff were aware of the up to date needs of people within their care.

We saw several examples of good care practice. On one occasion we observed a person struggling to stand up from their chair, we saw staff member go over and gave the person very clear and direct instructions to follow in a caring and positive manner. The staff member demonstrated to the person how to shuffle forward and to push down on the arms of the chair. This was a very positive, caring interaction. The staff member had safely enabled the person to stand in a personalised way that promoted their independence.

Other examples we saw of caring relationships were where one person initially didn't want to eat, but with gentle persuasion from staff they agreed to have some lunch in their room. We saw the maintenance man stop to have a chat with one person and ask them if they were going to have their sherry with lunch.

Staff explained they offered information to people and their relatives in connection with any support they provided or that could be provided by other organisations e.g. Parkinson's Society and Age Concern. We saw the reception area had various leaflets which provided advice on advocacy, bereavement and safeguarding. One relative said; “The staff are on the phone if there are any issues with Mother.” Another relative said; “Staff keep me informed – they are on the phone immediately.”

People and those who matter to them and appropriate professionals contributed to their plan of care. We asked people and family members if they had been involved in their care planning or the care of their relative. They all felt that they were included and kept up to date. One person said “I know there is a care plan and they do talk to me

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about things in it.” One relative said; “I know her care plan and can always have access.” Another relative said “I was invited to take part in my relative’s assessment before they moved in.”

Staff understood the importance of respecting people’s privacy and dignity. We saw good examples of staff knocking on people’s doors, and addressing people with preferred names they had chosen.

Is the service responsive?

Our findings

At our previous inspection we found breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The provider submitted an action plan in June 2015. We saw that improvements had not been consistently made in this area.

People were not supported to be involved in meaningful activities. One person said; “I get bored. there is nothing to do.” They said staff occasionally came to talk to them but had told them they couldn’t stay long because it would look like they were being favoured. Another person said ““I’m well looked after”, “I’m not sure what activities are available”. “There is colouring available, I’m currently reading, it’s either reading or watching TV.”

One relative said; “There are not enough activities and not enough engagement. They said they would get residents out in the summer- in reality it does not happen- shortage of staff.”

We were told by the registered manager that the previous activities coordinator had left and had recruited someone else who was undertaking training. The registered manager had not ensured that alternative meaningful activities were put in place for people. One relative said; “The activities lady left, so there are less activities now.” People were not aware that a new activities coordinator had been employed.

We noted that a lot of people stayed in their rooms. Some people said “I don’t like group activities.” Some people were predominately cared for in bed. These people did not have individualised plans to show how their social care needs were being met. We asked staff about individual activities for people and were told. “You really don’t get them if you do not come to the group.”

Care plans we looked at did not contain people’s life stories. One person told us they liked classical music and art but hadn’t asked staff to play or organise this for them because others wouldn’t like it. We asked the person about the art club that afternoon and they said, “That’s what’s wrong with this place, the activities aren’t on each floor and we have to go downstairs. Why can’t they have it on every floor?” (The person would not go down because she was made to feel different by those living on the ground floor.) The art class did not take place in the afternoon as there were no staff available to run it.

One person health had deteriorated. The care staff had noted a change and deterioration in the person’s health this was not reported to the care manager or the registered manager and the GP had not been called for a period of four days. When the GP visited they requested that food and fluid charts were started immediately for this person as their nutritional intake had decreased. Food and fluid charts were completed by staff which documented a noticeable minimal fluid intake and no solid foods were taken by the person. Risk assessments had not been changed to reflect this, or extra staff supports to encourage the person to eat and drink.

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

At our previous inspection we found breaches of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The provider submitted an action plan in June 2015. We saw that improvements had been consistently made in this area.

People had their individual needs regularly assessed, recorded or reviewed. The registered manager had reviewed all people’s care documents. They had ensured that before people moved into the service they had an assessment of their needs, completed with relatives and health professionals supporting the process where possible. This meant staff had sufficient information to determine whether they were able to meet people’s needs before they moved into the service. Once the person had moved in, a full care plan was put in place to meet the needs which had earlier been identified. We saw these were monitored for any changes.

Care plans had been developed with regard to the way that people chose to be supported and if risks had been identified, a risk assessment had been put in place to minimise them as much as possible. For example: some people liked to have a cigarette, risk assessments were in place to support people maintain their lifestyle choice. We read that reviews were undertaken and staff discussed with people their goals. Staff said they had handovers when they first came on duty. This was an opportunity for staff to share any information about people. Individual care plans contained information which related to people’s preferred name, allergies, and their care needs. There were also details about how they wished to be looked after if they became unwell.

Is the service responsive?

People were supported to raise concerns and complaints. Relatives told us they knew how to make a complaint if they needed to. One relative told us “I’ve no major complaints.” We saw how the registered manager had dealt with previous complaints and had identified improvements or actions that needed to be taken. The complaints policy was displayed in the foyer and each person had a copy of it in their service user guide.

People felt they had a say in how the service was run. People told us that they remembered filling out a survey. Relatives told us I have filled in surveys and have one now to do’. When asked if anything had changed the resident said ‘It all flopped when the last manager left- gradually been picking up since.” We saw minutes from the last residents meeting which detailed how staff were making a positive change.

Is the service well-led?

Our findings

The service had a registered manager. The registered manager had been in post since May 2015 and was in day to day charge within the service. When we arrived at the inspection the registered manager was not there, as they were attending training. They returned later in the morning to support the care manager who was present.

The service had not always had good leadership and management to ensure that people received good quality care. There had been changes in the and area management structure following the inspection in January 2015. These changes had delayed prompt actions being taken to improve the service. Since the registered manager started employment in May 2015 actions have been implemented to drive improvement however these had not always been consistently followed.

At our previous inspection we found breaches of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The provider submitted an action plan in June 2015. We saw that improvements had been made in this area but these were inconsistent.

Although action was evident for some of the issues the previous inspection had highlighted, we found the current auditing processes had failed to identify the issues of concern we found at this inspection. The registered manager told us about the systems they used to ensure the delivery of high quality care. We saw that quality assurance systems were in place and there was evidence of audits for health and safety, care planning, medication and infection control. This enabled the registered manager to identify deficits in best practice and put in place plans to rectify these.

The registered manager had undertaken some improvements however some issues contained in the report had not been effectively communicated to the registered manager; for example the medicines audit was undertaken by other senior staff and the deficits in topical cream applications had not been communicated back to them so that actions could be implemented to drive improvements.

The action plan stated; 'Monitor handovers and staff communication to ensure staff are discussing relevant changes in people to enable planning for support/

monitoring and check referrals are taking place to other health care professionals as required.' From information contained in our report this had not always been happening. We saw at our inspection that other middle management roles such as the care managers and team leader were relatively new in post and effective communication had not been embedded to show consistency..

People and relatives we spoke with all knew who the registered manager was and felt that they could approach them with any problems they had. One member of staff told us, "It's a nice place to work, good support from senior management." They also told us, "I enjoy working with peer group and colleagues... (it's a) homely, friendly atmosphere."

Staff were positive about the management and the support they gave to them. They told us they felt supported and could go to them if they had any concerns. One member of staff said it was a "Nice place to work, good support from senior management". Another member of staff said "Staff meetings are held in which we could speak openly and make suggestions." Staff meetings were regularly held and minutes of the meetings were recorded and made available to all staff. We saw a record of staff meeting minutes. Best practice guidance was discussed during these meetings and any concerns that staff had. For example discussions around the handover forms and the importance of them to support continuity in care for people.

One member of staff said when new staff started they received training on the aims and objectives of the service. It was then up to senior staff to monitor them to ensure that new staff promoted the aims and objectives of the service into practice. This helps develop consistent best practice and drive improvement.

The registered manager told us about the services missions and values. Staff we spoke to understood the values to ensure people received kind and compassionate care. One staff member said "I always treat people how I want to be treated. I feel my job is to make people happy in the home." We saw that the values were promoted in the 'Residents Guide', which anyone wanting to find out about the service or who lived there could read.

Is the service well-led?

The registered manager had ensured that appropriate and timely notifications had been submitted to CQC when required and that all care records were kept securely within the service

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered manager did not effectively undertake processes to regularly assess and monitor the quality of the services provided.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered manager did not protect people from the unsafe use and management of medicines.

The registered manager had not protected people from unsafe care and treatment.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Staff did not always treat service users with dignity and respect.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The health, safety and welfare of service users was not safeguarded because there were not sufficient numbers of staff deployed in the home.