Sunrise Care Homes Limited

The Mount Residential Home

Inspection report

The Mount, Heydon Road
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Tel: 01263734516

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 5 March 2018 and was unannounced. We last inspected this service on 3 and 5 July 2017 and rated the service inadequate overall and in two key questions: Safe and Well led. It was requires improvement in the three other questions we inspect against. We made seven regulatory breaches; five were repeated breaches from the previous inspection in August 2016. The breaches we identified included Regulation 13: Safeguarding people from harm, Regulation 18: Staffing, Regulation 9: Person-centred care, Regulation 17: Good governance, Regulation 18 of the registration requirement: Reporting incidents. Regulation 12: Safe care and treatment, and Regulation 11 consent were new regulatory breaches identified in July 2017. We issued a warning notice for a continued breach of regulation 17.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the overall service with particular emphasis on key questions relating to Safe and Well Led and how they were going to meet the regulatory breaches and conditions on their registration. One of which was to have a registered manager in post. Their action plan was submitted to us in a timely way, and updated at regular intervals. We noted over the last three years this service has not achieved an overall good rating. Because the service was rated inadequate, we placed it in special measures. Services in special measure will be kept under review and if we have not taken immediate action to propose to cancel the provider's registration of the service, we undertake to inspect within six months of the last inspection. The expectation is that the provider should have made significant improvement within this period.

At our inspection on the 5 March 2018, we did not identify any new risks or significant concerns. We saw some improvements and were confident going forward that the service would continue to improve. The provider had taken enough action to improve the service and come out of special measures. We identified areas where continued improvements were still required in the way this service operated.

At our last inspection, there was no registered manager in post. At our most recent inspection in March 2018, there was an acting manager in post but they were not registered with CQC. They told us they had submitted an application. The service also had a deputy manager who was on leave at the time of our inspection but came in briefly during our inspection. The registered provider made themselves available during the inspection and told us they were regularly at the service, at least every week. The provider had employed a person to oversee the quality of the service and help bring about the necessary improvements.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service

The duties and responsibilities were shared between the manager, the deputy manager and the provider
The service was not able to provide us with all the information we requested so we gave them five days to produce the information. This was received as requested.

The Mount Residential Home is a 'care home', people in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The Mount residential home provides accommodation and support to a maximum of 22 men who have mental health needs and/or dementia. At the time of our inspection there were15 people using the service.

At our latest inspection on the 5 March 2018, we found things were improving in terms of staff confidence and morale. People using the service experienced mostly positive outcomes of care. The provider had prioritised up skilling their staff to help ensure they had the knowledge and the key competencies for their role. Staff were caring and attentive to people's needs and people received timely support.

There were quality assurance systems in place and the provider was working towards their action plan to bring about positive changes and using audits to identify what changes were still needed. However, we found some of the audits were not completed when scheduled and did not always take into sufficient account people's experiences. There was a lack of clear oversight of the whole service and roles and responsibilities although defined were not overseen by one person, (i.e. the manager)

There were enough staff to deliver safe, effective care but people were left un-stimulated and unable to go out as they wished when they needed staff support to do this. The provision of activity hours was insufficient and people reported feeling bored and unmotivated.

Risks were mostly well managed but records did not always give sufficient detail particularly in relation to the effective management of incidents to see if they were well managed or could have been avoided.

Staff had a good understanding of safeguarding and how to keep people safe. An open culture had been developed where staff were not afraid to speak out and were confident that actions would be taken.

People received their medicines as intended by staff that were qualified to administer it. Audits helped ensure medicines were given as intended.

Staff recruitment processes were sufficiently robust but new staff were not adequately monitored during their probationary period.
Staff were supported to develop their skills and competencies through a regular programme of training and support. Induction of new staff was improving.

The Commission is required to monitor the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and report on what we find. We found people's rights were being upheld and staff supported people in lawfully and in line with legislation around mental capacity and deprivation of liberties.

People were supported to eat and drink in sufficient quantities for their needs and any concern about this was monitored to help ensure risks were managed.

Peoples' health care needs were monitored and staff accessed services for people as required including ensuring appropriate end of life care.

Staff demonstrated good interpersonal skills and communicated with people effectively. They adopted a calm approach with people and exercised tolerance and understanding. People's independence was facilitated and staff respected their dignity.

Feedback from people was asked but this needs to be developed further.

Care plans were sufficiently detailed to help staff know what people's needs were but daily notes and incident records need to be in more depth.

Activities were planned for people but these were insufficient and did not reflect people's individual needs and interests. There was also insufficient engagement with the local community.

The service had an adequate complaints procedure and gave people opportunity to raise concerns/suggestions about the service.

The premises were being refurbished and were suitable for purpose.

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 mostly safe.

Concerns about staffing had mostly been addressed but there was inadequate provision to address people's social needs and enable social inclusion.

Risks were effectively managed and documented on individual files but there was not always a clear management overview of this.

Staff understood safeguarding and how to identify and report any concerns of abuse or harm. This helped ensure people were protected as far as reasonably possible.

People received their medicines as intended and staff were adequately trained and competent to do this safely.

Staff recruitment was adequate but the processes could be tightened up to help ensure staff were supported as effectively as possible in their induction period.

Is the service effective?

Good

The service was effective.

Improvements in staff training and support had raised staff confidence and morale. Staff demonstrated they had the necessary competencies for their role and this was an area for continuing development.

People were supported to eat and drink and risks associated with this were mitigated as far as reasonably possible.

Staff had a good understanding of the Mental Capacity Act 2005 and supported people according to their wishes and sought consent. Where this was not possible, staff acted lawfully to support people. We had a concern about the use of CCTV but this was rectified during our inspection.

The environment was well maintained and fit for purpose.

People had their health care needs met and staff made referrals to other health care staff as appropriate. .

Is the service caring?

Good

The service was caring.

Staff knew people well and were able to respond to people's needs.

Staff encouraged people to participate and make decisions about their day-to-day care.

Risks as far as possible were mitigated and staff supported people to retain their independence as far as reasonably possible.

People's dignity was upheld and staff respected people's personhood.

Is the service responsive?

Requires Improvement

The service was not always responsive.

There was not enough time for staff to support people with their social needs and help people retain existing skills and develop new skills. Community participation was poor.

Care plans were descriptive and helped inform staff about people's needs. However, daily notes did not tell us how people were spending their time or how staff were meeting their needs according to the care plan. People were supported appropriately at the end of their lives and according to their wishes.

Feedback about the service was sought through residents meetings but quality assurance systems were not sufficiently robust. Complaints and suggestions were recorded and actioned within the timescales.

Is the service well-led?

Requires Improvement

The service was not always well led.

The service had improved but did not yet have a registered manager.

Audits were not always completed as scheduled and did not always take into account people's experiences.

Quality assurance systems were not fully developed and there were still areas requiring improvement particularly around clearly meeting the needs of individuals.	

The Mount Residential 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 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.

The inspection took place on 5 March 2018 and was unannounced. Two inspectors and an expert by experience undertook the inspection. 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 information already held about this service including a Provider Information Return (PIR). 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. This was received from the provider. We also reviewed the statutory notifications we had received which relate to events that have happened in the service that the provider is required to tell us about by law. Information that had been sent to us by other agencies was also reviewed. We also had the provider's action plan from the last inspection. We reviewed the last inspection report and any other intelligence about the service.

We spoke with the manager, the provider, the deputy manager, the cook, three care staff, one relative, and six people who used the service. We reviewed medication records and observed medication practices. We reviewed four care plans, observed care throughout the day and asked for records both on the day of the inspection and immediately following our inspection.

Requires Improvement

Is the service safe?

Our findings

At our last inspection on the 5 and 7 July 2017, we rated this key question as inadequate with three breaches of regulation. They were a breach in Regulation 13: Safeguarding people from abuse. We found incidents that occurred between people using the service had not always been reported by staff to the safeguarding team so they could decide on the course of action. We also found a very low percentage of staff had received training in how to safeguard people from abuse. This meant that staff might not be able to recognise abuse or know what actions they should take to protect people. We found a breach of Regulation 18: Staffing. The service did not always have enough staff to meet people's assessed needs. We also identified a breach of Regulation 12: Safe care and treatment because we found risks associated with people's care were not clearly documented or actions staff must take to reduce the risk clearly recorded.

At our inspection on 5 March 2018, we identified improvements in the way the service was provided and the service was no longer in breach of regulation. However, it continued to provide some poor outcomes for people using the service in relation to staffing and in relation to risk versus independence and opportunity.

During our inspection, new staff appointments had been made and there had been a review of the shift pattern to ensure adequate staff cover at all times. Staffing rotas, showed staffing levels were planned for and agency staff were used occasionally to cover staff holiday and staff sickness. The service used a dependency tool which, calculated hours of staffing they needed in line with people's support needs. The tool was basic and did not take into account aspects of people's safety such as whether they were at risk of falls or if their behaviours required them to have regular monitoring in place by staff. It did not state what support needs people had at night or the rationale for the number of activity hours cited as four hours a day or how this could be effectively utilised to provide group and one to one support.

Staffing levels were four staff in the morning, three in the afternoon and two overnight with an out of hours on call system. This was kept under review and did not include the manager's hours or ancillary staff in this total. The staffing levels were sufficient to meet people's physical care needs and provide them with adequate supervision. Staff told us they did not feel rushed and had time to meet people's needs. However other staff said at times they could be short staffed and it was difficult when working with agency staff: some of whom did not follow instruction.

We found there was inadequate provision for social activities. The service employed a staff member specifically to provide activities but they only worked in the afternoon Monday to Friday. For the rest of the day, we saw staff supporting people in a timely way with their physical needs and saw staff engage people with a game of cards of other spontaneous activity. However, for most of the day we observed people sitting with very little stimulation. They did not have regular opportunities to go out with staff and attend community events because of the level of support they required to do this would leave the service under staffed.

Staff provided care and support to people appropriately and risks as far as reasonably practicable were managed well. We spoke to some people at length. All had an insight into their mental health needs and the

support they needed. All reported feeling safe within the service and had no concerns about staff or how staff treated them.

Risks to people's safety were recorded in their individual records to show what the risk was and how it should be managed. Risks were assessed in relation to people's physical care needs and any health condition they might have. There were risk assessments in relation to their manual handling needs and staff told us they had received appropriate training and knew how to use specific pieces of equipment. Staff showed an awareness of people's mental health and any triggers in relation to negative behaviours people might exhibit where they could harm themselves or others. There was some guidance in people's care plans and staff approach was consistent and calm. Staff received some relevant and basic training but not particularly in mental health. However, staff demonstrated an individualised approach to people's care and support and people responded to this. Risks in relation to diet and risk of choking was documented. Individual weight records were kept and monitored but the manager did not have oversight of this unless they accessed each record individually.

We found the service was spacious and largely hazard free. Should conflicts arise between people, there was sufficient space to enable people to move away from a situation and we observed staff managing conflict between people well. Staff were always close at hand and there was a calm atmosphere and staff supported people in a relaxed manner

We noted that there seven walking frames stacked up together at lunch time and they were not accessible should people need them. This could result in people falling and impeded people's independence. However at other times of the day walking frames were beside people. There were key codes on the front door and the kitchen. Some staff told us the kitchen was always locked when unattended. We asked if people could come into the kitchen to make drinks/snacks and staff told us no they would do it for people. However, several people were able to access the kitchen independently and one made their own breakfast. This could be extended to other people.

There was clear guidance for staff to follow in event of a fire or other emergency procedure such as missing persons. This helped ensure staff knew how to act in an emergency and staff had received training to help them provide safe care. There were individual protocols such as emergency evacuation procedures and the support each person might require.

Staff safeguarded people in their care as far as reasonably possible. Staff told us no one posed a risk to our safety and most incidents that occurred were minor altercations between people. This is what we observed. We saw staff knew people well and were mindful of potential triggers of negative behaviour and staff intervened before anything occurred.

We spoke with staff and asked them how they supported people and protected them from abuse. Staff were confident with their answers and knew about safeguarding protocols and procedures. They also knew how and to whom they should raise concerns with. Staff told us some people had limited verbal communication but they would know, through changes in the person's established behaviours, when something might be wrong. One staff said, "We treat people as individuals, we connect with people on their level".

Staff were expected to read key policies and sign to say they had read and understood them. For example the whistle blowing policy covered zero tolerance to abusive practice and when and who staff should report to, including external agencies. We saw, through staff supervision and appraisal, that any poor practice or conduct was recorded and addressed through the organisation's grievance and disciplinary policies,

We reviewed safeguarding concerns, accidents and incident records. We saw for the most part these were well documented and provided a clear audit of action and lessons learnt where appropriate. For example, we saw one person had hit another, the service had ensured the person was not injured in anyway and had involved the relevant professionals including the police, Local Authority and the Commission. There was a clear record and guidance for staff about managing unwanted behaviours. However, for other incidents we saw limited information and could not see the complete picture or outcome.

The service completed a falls analysis and tried to identify the root cause of a fall such as changes to the person's health or medication, which might cause the person to be unsteady on their feet. Management staff also looked for themes and patterns, which might be indicative of staffing levels, or something the service could change such as lighting or flooring. These were usually completed monthly but like other audits, we did identify gaps in the reviewing schedules.

People received their medicines as intended and staff received the necessary training to help them do this safely. We looked at policies and procedures in relation to medication and saw staff were following these. We carried out observations of medication administration and saw staff washed their hands and gave medicines safely and ensured people knew what they were taking and complied with their medicines. There were additional checks in place for controlled drugs although none were being used at the time of our inspection. Senior staff carried out medication audits regularly to check medication in stock tallied with the records and people had their medicines as required. However, the service medication policy said all medicines would be reviewed at least monthly but this had lapsed and there had been no recorded audit for February. Whilst at the service we asked for a medication audit to be completed and the manager ensured this was done and no issues were identified.

Medication was stored safely and at the correct temperature. We saw medicines were prescribed and correctly labelled. Creams and emollients were mostly dated when opened so staff could observe the best before dates and dispose on them when required. A returns medicines book showed a clear account of any medicines that were returned and why. Individual medication records showed clearly, what people were taking and when medicines had been administered.

Medicines were well organised and stock control was appropriate. There was a staff signature sheet so we could check on the individual record who had administered the medicine or where it had been missed, know who was responsible. Each person had a list of medicines they were prescribed, their usage and some basic health information staff needed to know, such as allergies and their GP practice. There was a clear record of medicines people took occasionally and when these would be necessary, including antibiotics. A homely remedies policy was in place to show non- prescription medicines and these had been agreed by a GP to ensure they could be taken along -side people's prescribed medicines.

Staff administering medicines told us they had yearly medicine training updates. Competency assessments were carried out on commencement of medicines administration and there after annually. The only exception to this was if a medicines error occurred, in which staff would complete refresher training and re-competency testing.

The service was clean throughout and there were satisfactory arrangements in place to ensure the risk of cross infection was kept to a minimum. Staff were observed adhering to good infection control procedures and wearing gloves and aprons where appropriate. They washed their hands and encouraged people to do the same before meals. The service carried out regular audits both daily and monthly and no issues were identified.

Staff recruitment processes were sufficiently robust and these processes helped to ensure that only staff suitable to care were employed. We looked at staff records and the recruitment of new staff. The staff files included references prior to employment and an application form showing previous employment. Documentation relating to the persons current address and photographic identification was on file. Interview notes were kept but these showed interviews were conducted by one member of staff and the questions and recorded answers were very limited. It is best practice to have two people conducting interviews. Disclosure and barring checks were completed prior to employment to ensure the staff member was not barred from working in care or had committed an offence, which might make them unsuitable.

Staff records were difficult to navigate as the information was not stored in a logical way and there was no front sheet which included important information such as interview date, employment date, shadow shifts/induction dates or when the supporting applicant's information was received such as references. New staff were subject to a three month probationary period. However, records did not show that staff had received a performance review after three months. This was of a concern given the patchy nature of staff support in the past including infrequent recorded supervisions. The manager told us there were concerns about some staff practice and lack of motivation. Without documentary evidence of how staff had been supported and how issues about their conduct had been flagged, it might be difficult to follow through with any disciplinary action.

Good

Is the service effective?

Our findings

At our last inspection on the 5 and 7 July 2017, we rated this key question as requires improvement with breaches in Regulation 11: Consent and a breach for Regulation 18: Staffing, as we identified staff had inadequate training and supervision and the skills mix on shift was poor.

At our most recent inspection on the 5 March 2018, we found there had been some improvements with all staff completing the provider's mandatory training. Previously, most staff training had been provided online with staff being asked to watch a training video and then completing an online form to show how much they had understood their training. Much of their training had been completed on the same day, which is a lot of information to process at one sitting. There was not the evidence within staff files to demonstrate how the provider had supported staff with their ongoing learning and professional development or ensured they had the skills necessary for their role.

The provider had recognised that there were gaps in staff knowledge and had introduced more regular, (weekly) face-to-face training for staff. Training undertaken by staff was sent to the Commission prior to the inspection as part of ongoing evidence of how the service was meeting its action plan. It included both the provider's mandatory training and training that was needs specific such as dementia care, diabetes awareness and insulin administration. They were also introducing the care certificate, a nationally recognised induction for new staff, which covered core principles and standards of care. The manager confirmed that about two thirds of staff had completed additional qualifications in care but was unable to provide evidence of this.

Staff spoken with told us about the training they had undertaken and appeared confident in implementing their training in practice. Staff referred to policies and procedures they could access and were able to talk through what their training covered. Staff were able to describe how they would deescalate a situation when a person became upset and their behaviour challenging in some way.

Staff felt training for their role was adequate but said they were not, always that well supported. For some staff this stemmed from the fact there had been many changes to the management team through no fault of the provider. This had been unsettling for staff.

Staff confirmed they had planned supervision and did not have to wait should they need to raise anything. They said the manager's door was always open and they could always seek advice and support. Records showed staff supervision was taking place and planned and staff had annual appraisals of their performance. However new staff had not been given adequate support within their probationary period and not all staff had completed adequate induction although the provider had now strengthened the induction process.

During our inspection, we saw the premises were fit for purpose and well maintained. Accommodation was on two levels and provided ample space for people to be able to sit together or away from each other if they wanted some privacy. The premises had been freshly decorated and were clean but dated in parts. We

noted the chair lift had been out of order since February. This was due for repair and this was booked. There was a passenger lift for people to use but the chair lift could be used in an emergency situation or in the event of a lift failure. We observed people taking advantage of the various lounges or dining rooms and people had access to a secure garden.

People were supported to maintain a healthy diet and have enough to eat and drink. Most people we spoke with told us they liked the food and there was sufficient choice available. One person said they prefer fresh food as most food was frozen. People were involved in deciding what they wanted to eat. Catering audits were in place and food surveys had been introduced to ensure safe food standards and to establish people's satisfaction with the food provided. However, none had been completed at the time of our inspection. Food charts were in place for anyone where unplanned weight loss was a concern.

The cook served the meals from the main kitchen and people were offered a choice. We felt people's dining room experience could be enhanced if people could see the food being served up or if they could be more involved in serving the food themselves, such as gravy jugs on the table and tureen of vegetables. On the day of our inspection, the choice was pork chops or cottage pie. The cook told us there were no vegetarian options but no one was vegetarian. One person replied, "They would like vegetarian options at times." Staff asked people what they wanted for lunch and evening meal. People were asked for their choices but staff did not use a picture menu and there were no menus on the table, which might have enhanced people's choice. We also noted people were served their food on plastic plates and cups, which was not age appropriate, and there was no clear established risk for using china tableware.

The cook had been in post for many years and was experienced and knowledgeable about people's dietary needs and food preferences. They told us they prepared both the lunchtime and evening menu, which care staff served. We found their working environment was spacious and clean and had been awarded five stars from environmental health. They confirmed all their training was up to date and they knew how to promote people's safety and promote weight gain should a person unintentionally lose weight. There was a four-week menu, which was discussed with people to help ensure their food choices were incorporated.

Staff provided appropriate and timely support at lunch-time and helped to create a positive dining room experience. They sat with people and gave appropriate encouragement. Staff told us some people could be reluctant to leave their room but they encouraged people to join in at mealtimes and socialise.

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 Deprivation of Liberty Safeguards (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 looked at the care plans and associated documents for people who were deprived of their liberty for their own safety and protection. The local Authority had granted three DoLS applications and two were outstanding. The rationale for depriving people of their liberty was clear. Other people could come and go as they pleased but seldom did. One person said they went out independently.

We had been concerned that people did not have access to the kitchen. However, staff told us several people did and could make a hot drink and one person prepared their own breakfast. Staff told us flasks were available so people could help themselves to a hot drink but said people did not use these.

We had concerns about the use of CCTV throughout the building in communal areas. When we asked the manager what the purpose of this was, they did not know. They also did not know if it recorded sound or what footage might be used for. There was evidence people had given consent but it was not clear if this was revisited or that visitors to the service were advised of its usage. We asked the provider about the use of CCTV and they told us it was to keep people safe and help them monitor any incidents, which might result in a safeguarding allegation. We explained that the number of incidents was so low that it did not justify the continued use of the cameras. In addition, the CCTV was being operated without people's valid consent and was unnecessarily restrictive. The provider agreed to switch it off and not to use it again.

Staff had a good understanding about Mental Capacity and how they should promote people's choices. Staff referred to people who had unstable mental health but were still able to make everyday choices however unwise. Staff said they were there to support, guide and respect people's decisions. They said people could choose when to have a bath or shower, when to get up and how to spend their day.

People's health care needs were met. The service had suitable arrangements to help ensure people had access to services as necessary and people's health was monitored. The District nurses supported people who were insulin controlled diabetic. Staff told us home visits were organised when appropriate but some people attended their local GP surgery and other local services facilitated by staff. There was evidence people saw the chiropodist as required and had input from the mental health teams and community district nurses.

Prior to the inspection, concerns had been expressed about a hospital admission where staff did not have essential information to hand. We reviewed this with staff who were clear about what information should go with people on admission to hospital and where to access it. Staff were able to tell us if people had a do not resuscitate in place. This showed that staff were knowledgeable about the people they supported.

Staff told us people had access to information such as a copy of the service user guide in their bedrooms, which told them what they could expect from the service and how to raise a concern should they need to. People had also signed their consent about their personal data and who might be able to access it as well as consenting to other aspects of their care, support and treatment. The service followed the correct processes where people lacked capacity to make certain decisions about their care but where ever possible people had choice in all that they did.

Good

Is the service caring?

Our findings

At our last inspection on the 5 and 7 July 2017, we rated this key question as requires improvement as some people did not feel they were always consulted or given adequate choices. At our inspection on 5 March 2018, we found staff provided good care. The staff were relaxed and provided timely support to people. We observed staff intervening when people became distressed. Staff dealt with conflicts that arose between people in an appropriate manner and were quick to distract and redirect people's negative behaviour. We saw one person who had a slight cold and staff ensured they had tissues and provided them with appropriate reassurance. Staff interacted with people in an appropriate way and communicated at eye level.

One person told us, "This place is my home." Another said, "I can ask for whatever I want."
Everyone agreed staff knew people well with one person describing staff and people as one. One person told us that this home was by far the best they had experienced but felt that the lack of meaningful activities was their biggest concern.

We observed staff giving people appropriate choices such as where they wanted to sit, if they were thirsty and what they wanted to watch on television. Staff facilitated this. Staff were very respectful and listened to the choices that people had made. We saw staff offering people a choice of drinks, including water. The tea trolleys went round regularly and biscuits were served, but we saw no other choice to help promote healthy eating. Care plans recorded people's choices and made it clear how staff should respect people's independence and encourage people to do what they could for themselves. Although people were not able to tell us about their involvement in their care plan, staff said they tried to encourage people to be involved and where they could not they would include a family member. We could not see this evidenced in the care plan.

Staff told us that information about people's needs was now more in depth and this helped them plan the person's care more thoroughly around their individual needs and preferences. Staff recognised the importance of supporting people in a way that was appropriate to their past interests and jobs they previously had. For example, one person worked in the building trade and staff said they helped do some painting of the external premises.

Staff told us that some people were estranged from their families. They said they tried to support people maintain contact where they could. They said they helped people to celebrate their birthdays and Christmas and made sure everyone had presents.

Staff were always close by to help ensure people had what they needed. We observed staff supporting people with their mobility and encouraging people to use their walking frames to mobilise. We observed staff providing people with the necessary equipment to stay safe, wheelchair footplates were used and staff supported people safely and demonstrated good manual handling practices. Staff effectively communicated with the person about what they wanted them to do and helped them stay safe whilst transferring.

People were respected; staff observed basic principles of good care. They asked permission before supporting people and we observed staff knocking on doors and waiting for a response before entering. They spoke with people politely and respectfully. They took time to listen and try to understand people's needs.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection on the 5 and 7 July 2017, we rated this key question as requires improvement with a breach in Regulation 9: Person centred care. This was because computer generated care plans were not always specific enough to the needs of individuals.

At our inspection on 5 March 2018, we found records adequately described people's needs and staff knew and could anticipate people's needs. However, we found improvements were still required and the service was not sufficiently responsive to people's individual needs. Activities were limited to the afternoon and the activity programme did not incorporate people's individual hobbies or life style choices. One person went out regularly to a lunch club and into town, which had some local amenities but they were the only person who went out regularly. We looked at people's daily records, which gave insufficient detail about how staff met people's needs, or what people had been engaged in across their day except the occasional reference to watching television, playing cards or listening to music. People did not have a copy of activity schedules to show what was planned, there was an activity planner in the communal area but this only showed a limited number of planned activities. There were some specific activities put on at Christmas such as a visit from the salvation army to sing carols and a Christmas party. Staff told us there were some regular outside entertainers such as an Elvis impersonator who visited. Staff said they occasionally asked people if they wanted to go to church and a vicar visited the service every week and said prayers with people who wanted to.

There were no volunteers at the service and limited community engagement as not everyone had family. One person had an advocate. Staff were not able to tell us of anything that people did regularly in the community.

We spoke with people, some of whom expressed their frustration as not having enough to do during the day. One person said, "We just sit here, we can't go out". Another person was trying to read a book and asked us to help them. They could not read the small print. We checked this with staff who told us they needed glasses and these had been lost. This was clearly frustrating for the person. We looked at their records, their glasses were lost over a month earlier, and it was not clear what actions staff had taken and this had a clear impact on the person.

The provider had completed social activities checklist, which reviewed what people's preferences were based on what was recorded in their care plan. The provider's audit made comments about people not always being motivated due to their enduring mental health issues and long- term medication use. However, the audit did not identify how activities were provided around people's individual needs or how people could be encouraged to participate more. We saw there was a genuine effort on part of the staff to support people appropriately but there were not enough staff to give people adequate time to support regular and purposeful activity.

We reviewed a sample of people's records, including daily records. These were not sufficiently robust nor did they reflect what people had been doing throughout the day. Some entries referred to poor behaviours,

shouting or refusing elements of their care. Care records did not always show how staff should respond to negative behaviours or why people might display certain behaviours. Daily records did not always tell us the conclusion of a specific event or all the information we would expect, for example, it was noted that on person was taken for an x-ray, but did not say what for or what the outcome was.

There was a record of what people had eaten. The food diary included regular entries/quantities and snacks. Any unplanned weight loss was documented and referred to the GP. Care plans gave a brief history about the person and any needs they might have including health issues and how they should be monitored.

We were unable to see how people accessed their care plans or how they were consulted about their care needs. Staff told us people were involved in reviews but did not see documentary evidence of this. There were no goals set for people or things they wanted to do or achieve. There were some restrictive practices, which was not consistent with an individualised approach to care. For example, there was limited access to the kitchen, and most people not having the opportunity to serve their own meals or go out when they wished.

Care plans did not include a one-page profile. These would help staff see at a glance what people's main needs were and would be a helpful guide for temporary agency staff. Regular staff gave clear examples of people's preferences and how they recorded and respected these. For example, one person had chosen to grow a beard and another did not like being supported by female staff and this was recorded so that staff were aware of their needs.

The service supported people as long as it was appropriate to do so. This included towards the end of the person's life. Staff documented people's last wishes when this was possible to do so although not everyone wished to discuss this. The community nurses and GP supported the service at the appropriate time to ensure the person had all support they needed to have a pain free death and any intervention considered necessary. Staff told us some people did not wish to be resuscitated and this was recorded and the information was accessible. Where people were unable to make decisions these were taken in people's best interest by the relevant people. Staff received some training around respect and dignity but not specifically around end of life care.

There was an accessible complaints procedure. Complaints were logged and responded to within given time scales.

People we spoke with told us they felt confident that they could raise a complaint or make suggestions. None had made a complaint. They all felt that the staff were able to help them consider and make important decisions about their life. We noted residents meetings were held but these were not regular. People said they could speak to staff when they wanted but there was no formalised process. This might help ensure people had sufficient opportunity to raise concerns or suggestions about their care experience. The last residents meeting was on 1 December 2017. From the minutes, we were able to see action taken. For example, people had asked at a previous meeting to have a Halloween party, this was arranged. They had also requested a fish and chip supper; this was now a regular monthly event. This demonstrated that the provider acted on people's feedback.

Requires Improvement

Is the service well-led?

Our findings

In 2016, we identified a breach of Regulation 17, Good governance and a breach of Regulation 18: Notification of other incidents. At our inspection 3 and 5 July 2017, we identified a repeated breach of Regulation 17 and served a warning notice. We also identified a repeated breach of Regulation 18: (Registration) Regulations 2009: We rated Well led as inadequate. At the last inspection, there was no registered manager employed and there was poor governance and oversight of the service. The provider did not take sufficient account of people's experiences or seek and act on feedback as a means of improving the service. Audits carried out were not sufficiently robust because they did not clearly identify areas that required improvement.

At our latest inspection on 5 March 2018, we found things were improving but some of these changes were not fully embedded. The provider had appointed a full time manager but they were not yet registered. A deputy manager was also in post. The provider had appointed a person to oversee the quality assurance of the service since our last inspection and there were two team leaders in post. On the day of our inspection, the service was providing appropriate support to people and we observed effective leadership on shift. People spoken with knew who the manager was and said they were approachable. We observed the manager interacting regularly with people and providing necessary support and guidance. People told us that staff knew them well and knew their likes and dislikes. They said there were occasional house meetings but did not think these were very regular and no one could remember the last time they had one or when the next one was due. There was nothing around the service to tell them.

We were concerned that the manager, although experienced in care, had come into their first management post and had not been adequately supported. There was no clear induction record and they had received infrequent supervision. These supervisions had been based on issues about the service and planned events rather than focussing on how the manager was being supported with their professional development and competencies. Given that the service had been rated inadequate, we would expect the manager to have robust support and that their performance was monitored against the agreed action plans put in place since the last inspection.

We found the manager had gained the confidence of the staff and staff confidence was being increased through the introduction of regular training. However, there was no analysis or staff feedback about the quality of training. There was no direct observation of staff practice as part of their supervision. However, supervisions did include discussion about staff's training needs and performance.

Staff told us things had improved and the service focused on the needs of people using the service although they said they sometimes struggled to get adequate numbers of staff. Staff said morale had improved and they could raise concerns without fear of reprisal. A number of concerns were raised with us before the inspection but we were not able to quantify these concerns. Both management and some staff said that not all staff pulled their weight nor were they there for the right reasons. There was evidence that poor staff practice was addressed through staff supervisions.

We found the service was not yet effectively managed because no one in the management team had a clear overview of the service provided and there were gaps in auditing. The management team had set responsibilities but if they were off duty, there were no clear arrangements to ensure that their tasks were completed during their absence. We found the manager was not always able to answer our questions or find information we requested. For example when we asked the manager about the purpose of the CCTV they did not know why it was there or the purpose of it. They were not able to provide a break-down of recent training or if the staff providing the training had the necessary skills and competencies to provide it. Some of the information we requested was provided after the inspection because it could not be provided on the day.

There was a system of audits, which were not always completed according to the provider's policies. We found gaps in the medication audit and the falls audit. There were very few recorded incidents or accidents, which might indicate that the service does not have many or could mean these, were not being recorded effectively. Some incident records were documented in people's files but not included on the overall incident record for the service. Individual incident records did not always provide a detailed record of the event or actions taken so it was difficult for us to establish if the incident was well managed or could have been prevented.

We saw evidence of regular staff fire drills and a satisfactory fire safety visit, which was completed in March 2017. However, the only recommendation the fire safety officer made was that fire risk assessments should be updated annually. We were unable to see when the last fire risk assessment had been done. The provider emailed us after the inspection to confirm the date of the last fire risk assessment as 21 August 2017, the one prior to that was 7 September 2015. This meant the provider took five months to update the assessment and had not ensured these were updated annually.

Some of the underpinning policies were difficult to review because they did not have dates on or evidence of when they had been reviewed. For example, we saw job descriptions that were not dated or signed. We asked the manager for the risk assessment for the home. They were not able to tell us if there was one in place or where it was. This was supplied to us following the inspection. We did see the emergency contingency plan, which covered power failure/flood/fire and other areas. There were clear protocols and instruction for staff. However, the policy stated review every six months, the last recorded date was 13/04/2017. This was further evidence of a lack of provider oversight. Other records showed regular and routine maintenance for equipment and the premises were up to date particularly around fire safety and water safety.

People's engagement in the service was still poor. Meeting minutes were available but these showed that they were held infrequently. There was limited evidence of how people were consulted about the service they received. The manager confirmed that since coming into post quality assurance surveys had not been sent out to ask people for their feedback about the service and how this could be improved upon. This was last done in 2017 so we could not see how the provider had ensured their identified actions were improving the outcomes for people using the service.

The provider had set up quality meetings to go through and record actions taken against the action plan and this included surveys being sent out every couple of months but there was no evidence this had happened and, when asked, the manager was not aware this should be happening. We viewed the provider's audit of the service and noted that this did not include information about people's experiences or how they could be enhanced. The service had just set up a key worker system, i.e. a named member of staff who was a key contact for that person and who oversaw the person's care and ensured records/reviews were up to date. It was not clear, how feedback was sought from the service user or if they had an

opportunity to meet with/discuss issues on a regular basis with the key worker.

Communication on shift had improved and we saw people receiving seamless care. The manager told us staff had daily meetings to discuss the shift and how things had gone. However, these were not recorded.

In the last four years the service has had several managers in post. The last manager to be registered with CQC left in 2016. Many of the staff had worked at the service a long time and provided consistency and continuity for people.

Improvements to the service had been made and we noted that staff were particularly caring and focused on the needs of people using the service. We would be more confident of improvement if the service had a registered manager who was fully supported to make the necessary changes, and the chance to sustain, and embed the improvements they have already made. The experiences of people could easily be enhanced through more regular consultation and adapting the activities to the needs and interests of people using the service. The improved frequency of audits and record keeping would help demonstrate any progress this service was making.

The above supports a continued breach of Regulation 17: Good Governance. We will continue to monitor this provider closely and seek additional assurances that changes already identified and implemented are firmly embedded and until the service can demonstrate a period of sustained improvements.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The service did not have a registered manager. There was not clear governance or oversight of the service and some of the audit tools and records were poor. The staffing team were being developed to ensure they had the necessary competencies and skills but the management oversight of this still required improvement