

Alliance Care (Dales Homes) Limited

Birkin Lodge

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Inadequate 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

We inspected Birkin lodge on 14 and 15 December 2016 and the inspection was unannounced. Birkin lodge provides accommodation, personal care and nursing care for up to 50 older people. There were 27 people using the service at the time of our inspection. Whilst the registered provider was registered for 50 people they told us that, following refurbishment works, they only accommodated a maximum of 41 people.

This was the first inspection of Birkin lodge since it was registered on 2 August 2016. The service is registered under the provider Alliance Care (Dale Homes) Limited. This is part of the Brighterkind group of care homes. However, whilst the service was previously registered under a different provider, Brighterkind had been managing the service on a day to day basis during 2016.

There was a manager in post who had been in post since the service was registered. The manager was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 is run.

There were insufficient numbers of staff to meet people's personal care needs within a reasonable timeframe and in a personalised way. People and their relatives told us that the staff were not always responsive to their needs within a reasonable timeframe. One person told us, "There are not enough staff, they don't come and see me and we have to wait ages for our wash." People had not been consulted about the time they would like to be supported to get washed and dressed in the morning. During our inspection we saw that some people waited an unreasonable length of time for their care which did not promote their dignity. Where people refused care, staff did not always ensure that care was offered again within a reasonable timeframe. Some people waited a long time for their meals to be served.

Staff had not completed all the training they required to enable them to carry out their roles effectively and training had not always been updated when training certificates had expired. Staff were not supervised regularly in line with the registered provider's policy.

Staff did not understand and correctly apply the principles of the Mental Capacity Act 2005 (MCA). This meant that people's right to make their own decisions was not always respected.

People told us that there had been a recent decrease in the frequency and quality of social activities provided in the service. People were enabled to spend their time how they wished, but there were not sufficient social activities provided to ensure people were occupied in a meaningful way. Staff had worked with people, during the assessment process, to gather information about their life history, but this information had not always been used to develop a personalised plan for meeting people's social needs.

The most recent customer survey showed that people were generally satisfied with the service they received.

The areas where improvements were required had been collated into an action plan. However, we found that the required improvements had not been successfully implemented.

Records about the care provided to people and their wellbeing were not consistently completed. Records were not always completed accurately to enable the registered provider to monitor the quality and safety of the service.

People told us they felt safe using the service. One person told us, "The staff make me feel safe." Staff understood how to recognise and respond to the signs of abuse. The registered manager had not used learning from a safeguarding investigation to make improvements across the service. We have made a recommendation about this.

Risks to people's safety and welfare were managed appropriately to ensure they were minimised. However, the fluid intake for people at risk of dehydration was not effectively monitored. We have made a recommendation about this.

People's medicines were managed safely, but the time it took for nursing staff to administer everyone's medicines meant that some people did not receive their morning medicines until 11am. We have made a recommendation about this.

The premises were kept clean and hygienic. Staff understood and followed safe practice to reduce the risk of infection spreading in the service.

People told us they enjoyed the meals and had sufficient choice and variety of foods. People's dietary needs and preferences were catered for. People had access to hot and cold drinks and snacks at all times of the day.

Health and social care professionals were involved in people's care. People had their health needs met.

People had positive relationships with the staff that supported them. Staff were kind and patient when talking with people and when providing support. One person told us, "The carers are wonderful."

Staff respected people's privacy and people's records were stored confidentially. Some people had their bedrooms doors open whilst they were in bed in their nightwear. Staff told us that this was people's preference as they liked to see staff coming and going. This had not been discussed with people and recorded in their care plan. We made a recommendation about this.

Staff encouraged people to retain their independence. People were provided with equipment, where needed, to enable them to move around independently, for example walking frames and handrails.

Clear information about the service was provided to people and their relatives. A brochure was provided to people who wished to move into the service. People and their relatives were aware of how to make a complaint. They told us they were confident to talk to staff or the registered manager about any concerns.

The service was not well led. Systems for checking and improving the quality and safety of the service were not always effective. The registered provider had identified that the system for allocating staff to care for people each shift was ineffective, but appropriate action had not been taken to ensure improvements were made to ensure that people received their care when they preferred. The registered manager had not developed a person centred culture in the service. There was a lack of clear and strong leadership in the

service. The registered manager had not yet established effective management systems. However, staff told us that they were confident to raise concerns with the registered manager or the regional support manager. One staff member told us, "I love it here; they're so supportive."

You can see what action we told the provider to take at the back of the full version of the report. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

The overall rating for this service is 'Inadequate' and the service is therefore in 'Special measures'.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 consistently safe.

Insufficient numbers of care staff were deployed to meet people's needs in a personalised way. This meant that people waited a long time for personal care.

Staff knew how to recognise the signs of abuse and report any concerns. The registered provider had effective policies for preventing and responding to abuse. However, we have made a recommendation about the implementation of learning from investigations.

Risks to people's safety and welfare were assessed and plans in place to reduce these. However, we made a recommendation to improve the monitoring of people's fluid intake where they are at risk of dehydration.

People had been supported to manage their medicines in a safe way. However, we made a recommendation that the time people receive their medicines is reviewed.

Safe recruitment procedures were followed in practice.

The risk of the spread of infection in the service was reduced. The registered provider had infection control policies that were in line with the Department of Health guidance for infection control.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Staff had not completed all the training they required to enable them to carry out their roles effectively and training had not always been updated when training certificates had expired. Staff were not supervised regularly in line with the registered provider's policy.

Staff did not understand and correctly apply the principles of the Mental Capacity Act 2005 (MCA) in practice. This meant that

Requires Improvement ●

people's rights to make their own decisions was not always respected.

People were supported to eat sufficient amounts to meet their needs and were provided with a choice of suitable meals. People were supported to maintain good health.

Is the service caring?

The service was not consistently caring.

People's dignity was not always promoted. People were left waiting for personal care for long periods of time which was undignified.

Staff respected people's privacy, but we made a recommendation to ensure the privacy of those who remained in bed.

Staff communicated effectively with people and treated them with kindness, compassion and respect. Staff knew people well and had positive relationships with the people they cared for.

Staff promoted people's independence and encouraged them to do as much for themselves as they were able to.

Requires Improvement ●

Is the service responsive?

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

People did not receive their care in a personalised way that reflected their needs and wishes. People waited a long time for personal care and meals and some people were not supported to be actively engaged in activities that were of interest to them.

People were supported to give feedback about the care they received and understood how to make a complaint if they needed to.

Inadequate ●

Is the service well-led?

The service was not well-led.

There was a lack of clear leadership in the service to ensure the culture of the service was personalised.

The registered manager and registered provider had not ensured that effective systems were in operation for checking the quality and safety of the service at regular intervals. Where there were

Inadequate ●

shortfalls in service delivery the registered provider had not always taken sufficient action to ensure improvements were made.

Accurate records were not maintained about people's needs or the care provided to them. This meant that the registered manager could not effectively monitor care delivery or identify any changes to people's needs.

Birkin Lodge

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 carried out 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 was the first inspection of Birkin Lodge since a change in registration on 2 August 2016.

This inspection was carried out on 14 and 15 December 2016 and was unannounced. The inspection team consisted of one inspector, one inspection manager and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The registered provider had not been asked to complete a Provider Information Return (PIR) before the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. Before our inspection we looked at records that were sent to us by the registered provider and the local authority to inform us of significant changes and events. We spoke with the local safeguarding team and reviewed a recent report by the commissioning team to obtain their feedback about the service to help us in planning our inspection.

We looked at five people's care plans, risk assessments and associated care records. We reviewed documentation that related to staff management, staff training and two staff recruitment files. We looked at records of the systems used to monitor the safety and quality of the service, menu records, medicines records and the activities programme. We also sampled the services' policies and procedures.

We spoke with nine people who lived in the service and two people's relatives to gather their feedback about the care provided. We spoke with two regional support managers, the registered manager, the deputy manager, one nurse and five members of care staff as part of our inspection.

Is the service safe?

Our findings

People and their relatives told us they felt safe using the service. One person told us, "The staff make me feel safe." Another person told us, "Yes I feel quite safe here." People told us that they felt safe when being helped to move around the service and were satisfied that they received their prescribed medicines when they needed them. However, most people we spoke with told us there were not enough staff working in the service to meet their needs. People were keen to tell us that the staff worked very hard, but that insufficient numbers of staff meant they were often left in their bedrooms for long periods of time without being checked upon. They told us that they had to wait a long time for help to wash and dress in the mornings. One person told us, "There is not enough staff; they don't come and see me." Another person said, "There are not enough carers, I have to wait so long." Another person told us, "I've been here one month and I am very happy, but I don't think there is enough staff."

There were insufficient numbers of staff to meet people's personal care needs within a reasonable timeframe and in a personalised way. The service had recently admitted people to the top floor of the home, which had been empty for several months due to full refurbishment of the premises. Staff told us that, despite a recent increase in staff numbers, there were not enough staff on duty in the mornings to provide people's personal care at the time they preferred. One staff member told us, "Everyone near enough gets washed, sometimes after lunch...sometimes it's short staffed. It would help to have extra staff". Another staff member told us, "Mealtimes and washing need extended time, [we] can't get it all done. The staff shortage annoys me." Another staff member said, "[There is] not enough staff to get everything done."

On the first day of our inspection we found that two people had not been provided with the personal care they needed until after 12pm. One other person did not receive their care until after they had eaten their lunch. Another two people did not receive help to wash and dress until 3.00pm and 3.55pm. One staff member told us they had not had time to provide personal care to two people on their allocated list that morning. They said this was not unusual as there were not enough staff to allow them to complete everyone's personal care before lunch.

One person was agitated during the first day of our inspection and staff offered to paint the person's nails as this was known to reduce their anxiety. The staff member told the person that a staff member would be with them in a minute to paint their nails. Over the next hour the person remained anxious and kept asking about this and staff continued to tell the person the staff member would be there in a minute. The staff member arrived to paint the person's nails after an hour. When we asked staff why there had been a delay they told us that the staff member was busy with other people.

The registered manager showed us the 'staffing ladder' tool that was used to determine the numbers of staff working in the service. The registered manager told us that they were on the cusp of the next staffing level and that the next new admission to the service would move the staffing numbers from six to seven care staff in the morning. Whilst dependency assessments had been completed for each person it was not evident that the staffing ladder tool took people's varying dependency and care needs into account. The regional manager told us that they had thought the staffing tool was dependency based, but was unable to

demonstrate that this was the case.

We raised our concerns about the staffing numbers in the service with the registered manager and the regional manager during our inspection. The registered manager told us that it was expected that people received personal care up to lunchtime, however there was no record in people's care plans to show that their preferred time for care had been discussed with them. The regional manager and registered manager agreed to increase the care staff numbers to seven care staff on a morning shift from the second day of our inspection. On the second day of our inspection we found that there were seven care staff working and that some improvements had been made to the time people received their personal care. However, there were three people who had not received personal care until after 12pm. Staff told us that these people had refused care earlier that day, but their care records did not show that care had been offered between the first refusal and when it was accepted by the person. A staff member told us that the increased staffing numbers had improved care delivery that day. They said, "It works well with seven staff, you can have four on the middle floor working in pairs, two on the ground and one on the top." The staff member also told us "It has always been tricky with staffing in the eight months I have been here, but worse since more people moved in on the top floor few weeks ago."

There were insufficient numbers of care staff deployed in the service to meet people's care needs in a personalised and dignified way. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

In addition to the care staff working in the service there was a team of nurses, the registered manager, deputy manager, who also acted as the clinical lead, and administrative staff. There was a number of auxiliary staff employed at the service that provided support with housekeeping, laundry, catering and maintenance. The full time activities worker had recently left the service and the registered manager was advertising to fill the post. The service used some agency care staff to fill vacancies and cover for staff holiday, but no agency nurses were being used at the time of the inspection.

The registered provider followed robust procedures for the recruitment of new staff. Staff files contained interview records, references and evidence of a disclosure and barring service (DBS) check. We found that one staff member's file did not contain evidence of the DBS check on the day of the inspection, but this was provided to us shortly after our visit. Gaps in employment history were explained. Where agency staff were employed, appropriate checks had been made of their suitability and fitness to work in the service. New staff were subject to a probation period before they became permanent members of staff. Disciplinary procedures were followed if any staff behaved outside their code of conduct. This ensured people and their relatives could be assured that staff were of good character and fit to carry out their duties.

People were protected by staff that understood how to recognise and report any signs of abuse. They knew how to access information about safeguarding and where the policy related to the safeguarding of adults was located. The policy reflected the guidance provided by the local authority. Staff had completed training in the safeguarding of adults. Staff understood their responsibilities to report any concerns about abuse and told us they were confident to do so. A staff member we spoke with was able to describe the different types of abuse, the signs to be aware of and what action they would take if they saw poor practice or abuse.

The registered provider understood how to report safeguarding matters appropriately and had demonstrated that they had worked positively with the local safeguarding team to report concerns as needed. At the time of the inspection an investigation was underway into an allegation of poor moving and handling practice by a staff member that had resulted in bruising to a person. The registered manager had worked with the provider's health and safety team and completed a root cause analysis of the

circumstances of the poor practice. As a result, the person's care plan had been reviewed and updated to ensure staff were clear about how many staff were required to safely carry out the moving and handling practice with the person. However, during our inspection we saw two occasions where staff did not follow another person's care plan for safe moving and handling. The person's plan stated that three staff were required to safely move the person using a hoist. We saw that two staff carried out this practice. We asked staff why they had used two staff and they told us they were not aware the person's care plan stated that three staff were required. Whilst the safeguarding investigation had led to improvements in safe moving and handling for the person directly involved, it had not ensured that wider practice issues were reviewed and that learning from the investigation was implemented across the service. We recommend that the registered manager ensures that learning from safeguarding investigations is applied across the whole service.

Individual risks to people's safety were assessed and action plans in place to reduce the risk. This included the risk of falls and the risk of developing pressure wounds. There was a clear falls policy in place that ensured that people were referred to the specialist community falls team as needed. Falls in the service were monitored monthly and the action taken recorded. Each person had a risk alert form at the front of their care plan that alerted staff to any significant risks to their wellbeing, for example a high risk of falls or malnutrition. People had personal emergency evacuation plans (PEEPs) to inform staff what support they needed to evacuate the building in the event of an emergency. People at risk of dehydration, some of whom were at risk of frequent urinary tract infections as a result of this, required their fluid intake to be monitored. We found that fluid record charts were in place for individuals, but these did not include a target fluid intake amount or guidance for staff about what action to take if the person's fluid intake was below this. We recommend that people's risk assessments relating to dehydration include guidance for staff about the target fluid intake for the individual and the action staff should take if it falls below this target.

People told us that they received their medicines when they needed them. However, we saw on both days of our inspection that the morning medicines were administered to people between 8am and 11am. The nurse in charge told us that this was usual practice as it took them this long to administer people's medicines. They told us that they started the medicines round on the middle floor, then completed the top floor and finally the ground floor, with some people receiving their morning medicine at 11am. This meant that some people may receive their morning dose of medicine close to the time of their lunchtime dose. People's care plans did not show that the time they received their medicines had been considered, in line with the prescriber's instructions, to ensure that doses were evenly spaced. We recommend that the registered manager reviews the system for administering morning medicines to ensure that people receive these in a timely way in line with the prescriber's instructions.

Medicines were stored securely and records to show when people had taken their medicines had been completed accurately. The nurse on duty administered the medicines following safe practice and ensured that people were asked for their consent to the medicine before it was given. People were offered a drink to take with tablets and the nurse ensured the person had taken the medicine before completing the administration record.

The premises were kept clean and hygienic at the time of our inspection. We saw housekeeping staff undertaking their regular daily cleaning tasks. People told us that the service was kept clean. One person said, "The cleaners do a good job, they come in and clean my room for me." There was a system of 'Resident of the day' implemented in the service. On that day, each head of departments visited the person and gathered their feedback about the care they received. This gave people the opportunity to discuss and interact with them and be listened to. In addition, their bedroom was deep cleaned, their toiletries and articles of clothing checked to ensure they were suitable. The service had an infection control policy that followed the Department of Health guidance. Staff understood infection control practice and the

importance of effective hand washing in reducing the risk of infection. We saw that staff washed their hands frequently between tasks and used protective gloves, including gloves and aprons, where needed. Staff understood and followed safe procedures for managing soiled laundry and clinical waste. The laundry room was organised in a way that reduced the risk of infection spreading. This meant that people's risk of acquiring an infection was minimised.

Is the service effective?

Our findings

People told us that they were confident the staff had the knowledge and skills to meet their needs. One person told us, "The staff are all lovely and well trained." People said that the staff responded to their health needs and supported them to see health care professionals, such as their GP, when they needed to. One person said, "There is always a GP available if we need one." Another person said, "Staff notice if we are unwell and will discuss with us or our family." People told us they were given a choice of meals and were offered snacks during the day. They were complimentary about the quality of the food and the range of meal choices. One person told us, "The food is very good, they feed us well." Another person said, "If I don't like what is on the menu they will always make me an omelette." A person's relative told us, "Mum is fussy with her food, so they will cook something else for her." Another person's relative said, "The meals are very good, I could quite happily eat a meal here."

Whilst people were confident in the skills of staff we found that staff had not completed all the training they required to enable them to carry out their roles effectively. There was a programme of training for staff to complete that included health and safety, fire safety, safeguarding, first aid, infection control, safe moving and handling and the principles of the Mental Capacity Act 2005. A training matrix record was used by the registered manager to see an overview of the training that staff had completed. This showed gaps in staff training in some areas. Out of 28 staff in care roles, ten had not completed training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. This included the registered manager, the deputy manager, nursing and care staff. Eight staff had not completed training in fire safety and nine staff were marked on the matrix as requiring a refresher course in this, as their training certificate had expired. Eleven staff had not completed food safety training. The registered provider had an action plan to provide the training in January 2017. The training matrix showed that Medicines Competence training was outstanding for all nursing staff. The registered manager told us that nursing staff had completed a medicines competence assessment, but this could not be located. A staff member told us that they had completed some e-learning courses and that "a lot of in-house training" was being planned. The staff member confirmed that they had been shown safe moving and handling practice in the service using the required equipment.

Staff did not receive regular supervision from a manager to ensure they were competent and effective in their roles. The registered manager told us that it was the policy of the service that all staff had a one to one supervision meeting with their line manager at least every three months. The registered manager said that they scheduled them in monthly, so that the minimum should be completed even if any were cancelled. The record showed that for 2016 staff had not received regular supervision. Three senior staff had only received one supervision session during 2016 and three senior staff had only received two supervision sessions. Most senior staff had received a supervision session in August or September 2016 when the registered manager started in their post, however only two senior staff had been supervised since September 2016. The records for care staff showed that supervisions were completed infrequently, with some staff only having been supervised once in 2016. When we discussed the records with the registered manager they confirmed that they had not been able to ensure that supervisions were taking place three monthly.

All staff were required to complete an induction and shadow more experienced staff until they could

demonstrate a satisfactory level of competence to work on their own. The training matrix record indicated that all staff had completed an induction or were working on this. However, the administrator was on annual leave at the time of the inspection and the registered manager was unable to access the staff induction records to evidence this. We asked for evidence of the induction of staff members working on the first day of the inspection to be provided following the inspection. We were sent a copy of the induction for one of the six staff members. The regional support manager told us that copies of the other staff members' inductions had not been retained by the service and that this would be rectified in the future.

Staff had not received appropriate training and supervision to carry out their roles effectively. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

Staff were encouraged to gain qualifications relevant to their roles. New staff were required to complete the Care Certificate. The 'Care Certificate' was introduced in April 2015. It is designed for new and existing staff and sets out the learning outcomes, competencies and standard of care that care homes are expected to uphold. Records showed that Care certificate workbooks had been issued to new staff for completion. Staff told us they had the opportunity to study and gain other qualifications such as a diploma in health and social care.

Staff had not been trained in the principles of the Mental Capacity Act 2005 (MCA). The 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. The registered manager showed us three plastic cards containing bullet point reminders about the MCA and values of the provider. The registered manager told us they shared these frequently with staff in the service to support their understanding. However, we found that not all staff understood the principles of the MCA. A staff member we spoke with told us that they had not yet completed training in the MCA and they were unable to describe the principles of the MCA. A senior member of staff had completed a care plan for a person and had recorded that the person "lacks capacity and all decisions need to be made on behalf of X." This does not meet the requirements of the MCA for assessments of people's capacity to be specific to the decision that needs to be made. A blanket approach to assessing people's capacity leaves them at risk of having decision made on their behalf that they may have been capable of making themselves.

Two people were frequently refusing personal care, which placed them at risk of harm, however a mental capacity assessment had not been completed to establish if these persons had the capacity to make this decision or whether they required a decision to be made in their best interests. A nurse told us they had attempted a MCA assessment with one person that was frequently refusing care, but the person had been unable to participate so they had stopped the assessment and destroyed the documentation. This showed that the nurse lacked understanding of the assessment process.

We saw that staff obtained people's consent, for example before providing care or helping people to move. However staff did not always respect people's right to make their own decision, even if the staff member felt the decision was unwise. A person asked for a second helping of dessert. The staff member told the person they could not have this. When we asked the staff member why they had given this response they told us that the person needed to lose weight and was on a restrictive diet. The person had not had an assessment of their capacity to make decisions about what they ate. There was no evidence that showed the person was unable to make their own decision and that staff should make the decision for them. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the

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 found that the registered provider was not complying with the requirements of the legislation and the safeguards as they were not ensuring that people's right to make their own decisions was respected.

People's right to make decisions was not consistently promoted and the principles of the Mental Capacity Act 2005 were not adhered to. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

People told us they enjoyed the meals and had sufficient choice and variety of foods. People's dietary needs and preferences were documented and known by the kitchen staff. The menu provided two choices of meal per day. People told us that if they did not want either meal, the cook would prepare an alternative. People had access to hot and cold drinks and snacks at all times of the day including juices with added vitamins. Staff ensured they offered drinks regularly to people who were unable to help themselves. People were given the assistance they needed to eat their meals and had the equipment they needed so they could eat independently. A staff member told us "Our chef is very keen on knowing what the residents think of the food. They will go round and speak to people individually to ask about the food and then make changes accordingly."

People's care records showed that health and social care professionals were involved with their care, including GPs, dentists and district nurses. A GP from the local surgery visited the service regularly, along with specialist palliative care nurses from the local hospice. Care plans were in place to meet people's health needs and these had been reviewed and updated where people's needs had changed. Staff reported concerns about people's health to the nurse in charge and they made referrals to other health professionals as needed. The way that people expressed if they were in pain had been recorded for each individual to help staff respond quickly to any discomfort. A handover system was used to ensure that staff were aware of people's health each day when they arrived for work. This ensured that staff responded when people's health needs changed.

Is the service caring?

Our findings

People and their relatives told us the staff were caring and treated them kindly. One person told us, "The carers are wonderful." Another person said, "If I want anything they will help me, I like my sweets, but have trouble with the wrapping, so they will help me." Another person said, "They treat me very well, they are all very kind." Another person said "I am perfectly happy here" and another said, "They do look after me very well." A person's relative told us, "We are always made welcome when we come here."

During the first day of our inspection we found that people did not always have their dignity promoted. People were not always provided with the care and support they needed to wash and dress at a reasonable time in the morning, leaving them in an uncomfortable and undignified position. One person told us at 11.15am that they needed a wash due to continence needs, but this care was not provided until 12.15pm. Another person was supported to dress to go downstairs for lunch without having a wash as staff told them they did not have time to do this until after lunch. This left people uncomfortable and did not promote their dignity.

People were not always provided with timely personal care that promoted their dignity. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

People had positive relationships with the staff that supported them. Positive interactions were seen between staff and people throughout the inspection. Staff were kind and patient when talking with people and when providing support. Care and support was provided at an appropriate pace for each person so that they did not feel rushed. We saw that a staff member was supporting a person to walk along the corridor using their walking frame. The staff member was quick to reassure the person that they did not need to rush and that people coming the other way would wait for them. Staff told us they enjoyed working with the people who used the service. One staff member said, "I love it [working at Birkin Lodge]. I love my job". Another staff member said, "The staff are always happy here; the team work is good. Staff look happy and smile, which makes the residents feel better." During our inspection we heard a person anxiously calling out for staff. A staff member went to the person and provided reassurance and stayed with them until they were settled.

Staff respected people's privacy. We saw that staff knocked on people's doors before entering their bedrooms and waited for a response. Staff ensured that doors and curtains were closed before providing personal care and they were discreet when discussing people's needs with other staff members. Some people had their bedrooms doors open whilst they were in bed in their nightwear. Staff told us that this was people's preference as they liked to see staff coming and going. This had not been discussed with people and recorded in their care plan. We recommend that the registered manager discuss with people and record their preference regarding their door being open when they are in bed to ensure their wishes are respected and their privacy is maintained in the way they prefer.

People's care records were stored securely in the nurses' office to ensure confidentiality of their personal information. Staff were able to access the records easily and people could see their care plan when they

wished to. Consultations with health care professionals took place in private in people's bedroom.

Staff encouraged people to retain their independence. People's assessments focussed on the things they could do for themselves and the areas where they needed help. People were provided with equipment, where needed, to enable them to move around independently, for example walking frames and handrails. Where people needed support to eat their meals we saw that staff still encouraged people to do as much for themselves as possible. We saw that one person was asked to fold napkins for the dining tables and staff thanked and praised them for their help. People were able to help themselves to drinks and snacks from self service areas in the lounge and dining rooms. One person had a communication board in their bedroom to help staff and visitors understand how to communicate with the person.

Clear information about the service was provided to people and their relatives. A brochure was provided to people who wished to move into the service. There was a clear complaints procedure which was made available to people when they moved into the service and was displayed on the noticeboard in the home. People and their relatives were involved developing their care plans when they first moved to the service. They were asked about their needs and these were recorded. The registered manager had recently introduced more opportunities for people and their relatives to be involved in reviewing their care through the 'resident of the day' system.

Is the service responsive?

Our findings

People and their relatives told us that the staff did not always provide personalised care and meet their care needs within a reasonable timeframe. One person told us, "It's 11.15am and I haven't chosen my lunch yet and have not seen anyone." Another person told us, "There are not enough staff they don't come and see me and we have to wait ages for our wash." Another person said, "We have to wait a long time to get dressed in the mornings." Another person told us, "If they are busy I just have to wait. People told us that they often had to wait for longer than five minutes for staff to respond to their call bells. One person told us, "They seem to take a long time to come if you ring the bell." Another person said, "I sometimes wait five minutes or more if I ring the bell." Some people were not able to use a call bell to summon assistance and relied on staff to check them at regular intervals. People told us however, they were happy with the quality of the care they received once they received it.

People told us they felt that requests and concerns they raised with the management team were responded to. For example, one person told us, "The chairs in the lounge are too hard for me so after trying everything I now have my own chair that they got for me."

People told us that there had been a recent decrease in the frequency and quality of social activities provided in the service. One person said, "There are no activities, they don't have time for that." Another person said, "I've not had an activity sheet this week, now [staff member] has gone I don't think anyone is doing it." Another person said, "I do get a bit lonely if I'm honest; they don't come in and chat." Another person told us, "They are too busy to come and talk to me in my room." People told us that the social activities used to be good before the activities staff member recently left. They said that the staff member had taken an interest in people and would take up word searches for people in their rooms, but since they had left there had been little provided in the way of social activities. People told us that they had entertainment occasionally and had a pantomime and musical entertainment organised for Christmas.

People were enabled to spend their time how they wished, but there were not sufficient social activities provided to ensure people were occupied in a meaningful way. The activities coordinator had recently left the service and the vacancy was being advertised. As an interim measure the registered manager had arranged for the kitchen assistant and the weekend receptionist to provide a programme of activities. However, due to covering staff holiday time they had not been able to provide the planned activity programme during the week of the inspection. We saw that an external musical entertainer visited on the second day of our inspection, but records showed that activities in the service had not taken place on the other days.

People's care needs had been assessed. People had a care plan written that addressed some of their care needs such as how their personal care needs and health needs should be met. However this was not always written in a way that ensured their care was provided in a personalised way. Staff had worked with people, during the assessment process, to gather information about their life history, but this information had not always been used to develop a personalised plan for meeting people's social needs. For example, one person's assessment documentation said they had always enjoyed watching and used to play tennis and

enjoyed meditation. Their care plan stated they enjoyed 1-1 activities in their bedroom, but did not detail what they enjoyed. The plan did not include the information gained through the assessment or provide staff with guidance about how they could use this to meet the person's needs.

We saw that one person's care plan stated that they did not like to be bored and when they were engaged in activities their anxiety was greatly reduced. The person's daily care records showed the person was anxious and agitated when they were not supported to be engaged in meaningful activities. We saw evidence of this during our inspection when the person became agitated and staff offered to paint the person's nails. When the activity took place the person became calmer. The person had a detailed assessment of their life history and interests, but this information had not been used to develop a personalised plan to ensure they were socially occupied and records showed that they were often unoccupied during the day. Between 1st December 2016 and 13th December 2016 there were only three activities recorded in the person's care notes.

People's care needs had been assessed, but they did not always receive a personalised service because they did not always get the care they needed at the time they preferred or required it. We found that people waited an unacceptable length of time to receive support to wash and dress in the morning. On the first day of our inspection one person told us at 10.15am that they were waiting to be helped to wash and get up. At 12.15pm we found the person had still not been provided with the personal care they needed. We alerted a staff member to the person's needs and they then provided the care.

At 11.15am we spoke with another person who was in bed. They told us they had not been helped to wash yet that morning. The person's care notes showed that they had been last been provided with care at 5am. We informed a staff member that the person needed care. The person was not provided with care until 12.20pm. The person's care plan included an agreement to provide a daily bed bath. There was no evidence that this had been offered before 12.20pm. At 12.40pm we found that a further person had not been provided with support to wash and dress. We heard a staff member going in to the person's bedroom and apologising that they had not had time to provide the care yet that morning. The staff member promised the person they would provide the care after lunch. We shared our concern about this with the registered manager who advised the person was able to manage their personal care needs independently; however the person's care plan stated they needed staff support with this area of their care. The person's care plan did not include their preferences regarding the time they liked to get washed and dressed in the morning.

Staff told us that a person had not been supported to have a wash at 1.25pm. They said they had offered care at 8am and then again at 12.30pm, but this had been refused. We saw that the person was helped to have a wash at 3.55pm. The staff member told us there was no room check chart in place for that day, when we asked at 1.25pm, to show when care had been offered.

Staff told us that a further person had not been supported to have a wash at 12.30pm as they had not managed to get to them yet. We found that the person had still not received support to wash at 3.00pm. The person's care plan did not include information about their preferred time to get washed in the morning and the plan did not indicate that the person refused care. The person's care records showed that care had last been offered and provided at 5.00am. We shared our concerns about the delay in providing personal care to people with the registered manager and the regional support manager during our inspection. They agreed to provide an additional staff member from the following morning to ensure the care was delivered within a reasonable timeframe.

On the second day of our inspection we found that some improvements had been made, but we found that one person had not been provided with support to wash until 12.45pm, although their record showed that

they had been supported to change their incontinence pad at 10.05am. Another person had been supported to change their incontinence pad at 5.45am, but there was no recorded evidence that staff had offered support to wash before 12.40pm when care was offered, but recorded as refused. A staff member confirmed this was accurate and later informed us that they had been able to support the person to have a wash at 1.30pm. Staff told us that a third person had received support to wash and dress at 12.30pm. We asked the person if they were happy to have their care at that time and they told us they were not happy with it and had "waited ages." The person's care records showed that the person had been supported to change their incontinence pad at 5.20am and no other personal care had been offered until 12.30pm.

We found that some people waited a long time for their meals to be served. Staff told us that the meals were served at 12.30pm. On the first day of our inspection we saw that four people were seated at the meal table at 12pm and were served their meal at 12.30pm. We saw that four people, who remained in their bedrooms, were still waiting for their meal to be served at 1.30pm and three people were waiting for their dessert at 2.35pm. On the second day of our inspection we found that people received their meals between 12.30pm and 1.40pm.

One person had a care plan written in October 2016 to support them with their continence. The plan stated that a baseline assessment was required to determine how often the person required assistance with their continence. A personalised plan was then to be written. The continence plan had been reviewed by a senior staff member in November 2016 with no changes made and no reference to the completion of, and outcome of the baseline assessment.

People's care was not planned in a personalised way. Some people refused care at certain times of the day, but they did not have care plans that instructed staff on how to manage this to ensure the care was offered at an alternative time that met the person's needs. One person's care plan stated that the person frequently refused personal care and advised staff to leave the person and try again later. However, it did not detail how frequently staff should return to offer the care. There was no guidance for staff about what they should do if the person continually refused support to wash to ensure they were not at risk of damage to their skin. There was no record in the person's care plan about their preferences regarding their personal care. Another person's care plan informed staff that the person sometimes presented behaviours that challenged when staff attempted to provide care. Staff were instructed to leave the room and try again at a later time, however again there was no guidance for staff about how frequently they should offer the care and what they should do if the person continually refused support to wash to ensure they were not at risk of damage to their skin.

People did not receive care that was personalised to their needs and preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

Whilst we found that people did not always receive personalised care that reflected their needs and wishes, we did see examples of care that was person centred and responsive. For example, we saw a staff member check on a person in their room and asked if they were 'ok' and comfortable. The staff member told the person that their cardigan was on the side if they needed it and checked they knew where the call bell was. We saw records that showed that a person had been supported to move to the ground floor as they were anxious and required more supervision from staff. One person told us they enjoyed knitting and had showed us some of the things they had knitted. One person had a care plan titled 'living well with dementia' which gave information about what helped them to manage the symptoms of their dementia. People's care plans had been reviewed at least monthly. The deputy manager was undertaking a project to review the care plans for all the people using the service to ensure they were accurate and complete. A person's relative told us, "Mum's care plan is reviewed monthly." The registered provider operated a 'resident of the day' system

that ensured a full review of one person's care service each day.

People and their relatives were aware of how to make a complaint. One person told us, "I would feel ok to speak to carers if I was unhappy." One relative visiting the home told us they were very happy with the care that their relative was receiving. We saw recorded compliments from the relatives of two people who had used the service. Information about how to complain was provided for people in the brochure and in the reception area of the service. We saw that the one complaint had been made. The registered manager had responded to the complainant within the timeframe specified in the complaints procedure. The registered manager told us that the outcome of the investigation into the complaint was that an update to a person's nutrition care plan had been made, however we found that the required information had only been added to a review sheet in the care plan and that the care plan had not been amended. This meant that staff may not have to correct information about the person's nutritional needs when following the care plan. The outcome of the complaint had not been recorded on the registered provider's complaints record. We recommend that the outcome of complaints is accurately recorded.

People were invited to give feedback about the quality of the service through resident and relative meetings held in the service. These had been held infrequently in the past, but the registered manager had reintroduced them and the most recent had been held in October 2016. People and their relatives were also invited to complete an annual satisfaction survey.

Is the service well-led?

Our findings

People told us they were generally satisfied with the service they received. They knew who the registered manager and registered provider were and felt they could go to them if they had any concerns. One person told us, "I really can't fault this place." Another said, "I have no complaints about this place." A person's relative told us "Mum has been here three years and things have definitely improved, they have refurbished throughout."

However, despite the overall positive feedback from people using the service we found that the service was not well led. Systems for checking and improving the quality and safety of the service were not always effective. The registered provider had identified that the system for allocating staff to care for people each shift was ineffective, but appropriate action had not been taken to ensure improvements were made to ensure that people received their care when they preferred.

Staff told us that there were insufficient numbers of care staff on duty each morning to enable them to meet people's needs in a timely way. The Regional Manager Monthly Visit report for 25th November 2016 noted concerns around the allocation system in the home. The agreed action was recorded as "HM (home manager) to check and sign the allocation daily to ensure all residents are receiving care." We asked the manager if the required action had been taken and they told us it had not. On both days of our inspection we found that people still did not receive their personal care at a reasonable time. The regional support manager and the registered manager told us they believed this was due to poor allocation of staff rather than staffing numbers. The issue with the system for the allocation of staff had been identified in the Regional Manager Monthly Visit report for September 2016 and again in November 2016, but had not yet been resolved.

The registered manager had not developed a person centred culture in the service. On the first day of our inspection we raised our concerns with the registered manager and the regional support manager about the delays in the provision of personal care for people. The registered manager told us that they were not aware of any problems and they would expect all people to have received care by lunchtime. Staff told us that it was usual practice for people to still be being helped to wash and dress around lunchtime. This culture did not ensure a personalised approach to care that reflected individuals' wishes. It also placed people at risk of restricted opportunities to engage in social activities in the service. At 2pm the inspector asked the registered manager to check and confirm that everyone had received care and a meal at that time. However, at 3pm we found that one person had still not received personal care. The registered manager confirmed this with the staff allocated to care for the person who said they had not been able to get to them yet to provide the care. At 3.50pm we found that another person had still not received care. Staff then provided this care at 3.55pm. This meant that the person had not received personal care at a reasonable time, which placed them at risk of skin breakdown and did not provide a personalised service.

There was a lack of clear and strong leadership in the service. The registered manager had been in post for five months and had not yet been able to establish effective management systems. Staff meetings had not taken place regularly to ensure that all staff were clear about what was expected of them and the leadership

of the service. The regional support manager had chaired a staff meeting with care staff in June 2016 and had set dates for future monthly meetings. However these had not taken place. The registered manager told us they had organised one staff meeting, but "no-one came". We asked the registered manager what action they had taken about this and they told us they had not yet addressed this issue. Following the inspection the registered provider sent us evidence of meetings with kitchen staff and of nurses' clinical meetings, but not of meetings with care staff.

The Regional Manager Monthly Visit report for June 2016 found that the required registered manager's 'daily walkabout' was not happening in order to check standards within the service. The Regional Manager Monthly Visit report for November 2016 found that this shortfall remained. An action plan following a provider visit in September set actions for the registered manager to achieve including "All supervisions to be completed by 31.10.16." The registered manager had not ensured that this action had been taken.

The registered manager had not ensured that all required safety checks were being made. Seven daily mattress check sheets had not been completed since November 2016. This meant that the registered manager could not be sure that people's pressure relieving mattresses were working effectively and were set to the appropriate setting for their weight. Checks of the medicines administration practice (the 10 point MARs check) had not been completed consistently. The document required nursing staff to complete the form after each medicines round. This had been completed sporadically in October and then no further checks had been made. The registered provider had not identified these shortfalls in the November 2016 Regional Manager Monthly Visit report.

The registered manager had not ensured learning from safeguarding investigations was used to make improvements to the service. Improvements had been made in safe moving and handling for a person involved in a recent safeguarding investigation. However, safe moving and handling practice across the service had not been reviewed to ensure this learning was applied across the service. We found that staff were not following a care plan for safely moving a person.

The most recent customer survey had been carried out in May 2016 and showed that people were generally satisfied with the service they received. The areas where improvements were required had been collated into an action plan. However, we found that the required improvements had not been successfully implemented. For example, the survey noted that people were not satisfied with the availability of community based activities. The Regional Manager Monthly Visit report for September 2016 noted that this remained an issue. The same report for October 2016 notes that the registered manager had met with the activity coordinator to set objectives, but did not report if the required improvements had been made. The November 2016 report contained the same comment as the October 2016 report without any detail of any improvements having been made. We asked to see evidence to demonstrate how the implementation of the action plan from the customer survey was being monitored, but this was not made available.

We asked the regional support manager how the registered provider monitored trends and performance against targets to identify areas of concern at an early stage. The regional support manager provided us with the two most recent Regional Manager Monthly Visit Reports. These visits included an assessment of a range of areas of the quality of the service, however they did not demonstrate that trends were assessed and no target rates were recorded. For example, numbers of infections were recorded each month, but the monitoring of the wider trend of infections was not evidenced. We asked for this information several times during the inspection, but it was not made available.

The registered provider had not ensured that there were effective systems in operation for rectifying shortfalls in service delivery. This is a breach of Regulation 17 of the Health and Social Care Act 2008

(regulated activities) Regulations 2014.

Records about the care provided to people and their wellbeing were not consistently completed. There were gaps in fluid monitoring charts. Room check charts (designed to record checks made on people who remain in bed and the care provided to them) did not demonstrate that care was offered to people regularly, even if this was refused. Staff did not record how people were occupied during the day to ensure that the registered manager could monitor that their social needs were being met. This meant that when people's care plans were reviewed there was no record of what was working well and what might need to be improved in these areas.

Records were not always completed accurately to enable the registered provider to monitor the quality and safety of the service. Health and safety minutes, dated September 2016 incorrectly included action points for completion by July 2016. The registered manager had not recorded the outcome of a complaint in the registered provider complaints record system. The registered manager told us they "get out there" and talk to relatives. They said "Relatives say nice things, I don't always record them. They say lovely things about staff". We asked the regional support manager for evidence of how the registered provider monitored complaints and the quality of the response to them, but this information was not made available.

The registered manager had not ensured that accurate and complete records were maintained to enable the delivery of care and changing in individuals needs to be monitored. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

Staff told us that they were confident to raise concerns with the registered manager or the regional support manager. One staff member told us, "I love it here; they're so supportive." Another staff member told us the management team were approachable. They said, "I wouldn't be scared to say anything to them. [The registered manager] will sort out anything." They gave us an example where they felt they had been well supported with an issue. We saw that contact details were displayed in the office so that staff could contact a manager or senior manager out of hours.

A relatives' meeting had been held in October 2016. This shared information about planned improvements to the service and introduced the new registered manager. As a result of this meeting relatives had been included in the resident of the day system and invited in to review their relatives' care regularly.

A staff member's supervision record noted that they had raised concerns about a lack of domestic staff on at the weekend, which undermined infection control. The housekeeper was able to show us rotas that confirmed that the number of domestic staff at weekends had been increased.

The registered manager held daily 'flash meetings' with all the heads of department in the service so that they were kept up to date with current issues. The records of these meetings showed that checks were made of any immediate safety issues, staff attendance, the resident of the day, any training sessions planned and housekeeping and kitchen issues.

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 10 HSCA RA Regulations 2014 Dignity and respect People were not always provided with timely personal care that promoted their dignity. 10 (1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent People's right to make decisions was not consistently promoted and the principles of the Mental Capacity Act 2005 were not adhered to. 11 (1)(2)(3)

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People did not receive care that was personalised to their needs and preferences. 9 (1)(3)(b)

The enforcement action we took:

We issued a notice of proposal to impose a condition to the provider's registration

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had not ensured that there were effective systems in operation for rectifying shortfalls in service delivery. 17 (1)(2)(a)(b)(d)(f) The registered manager had not ensured that accurate and complete records were maintained to enable the delivery of care and changing in individuals needs to be monitored. 17 (2)(c)

The enforcement action we took:

We issued a notice of proposal to impose a condition to the provider's registration

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There were insufficient numbers of care staff deployed in the service to meet people's care needs in a personalised and dignified way. Staff had not received appropriate training and supervision to carry out their roles effectively. 18 (1)(2)(a)

The enforcement action we took:

We issued a warning notice