Norfolk Care Limited

The Close

Inspection report

The Close Residential Home
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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The comprehensive inspection took place on 15 May 2018 and was unannounced.

The last inspection to this service was on 9 August 2017. The service was rated as inadequate overall with an inadequate rating in safe, responsive and well led and requires improvement in effective and caring, the other two domains we inspect against. There were nine breaches of regulation including person centred care, dignity and respect, need for consent, premises and equipment, fit and proper persons employed, staffing, good governance, safe care and treatment and for not displaying their inspection report. We placed a positive condition on the providers registration requiring them to send us information monthly to demonstrate how they were assessing and managing risk.

We inspected the service again on 15 May 2018 in line with our methodology to check progress made at the service. We met initially with the acting manager and later the provider and found on balance they had worked hard to improve the service and had met most of our previous concerns but still found a lack of clear leadership and oversight.

The Close 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 service was spacious with both ground floor and first floor accommodation and generous outside space.

The Close Residential Home provides personal care for up to 30 people over 65 years of age, including people living with dementia. There were 27 people using the service at the time of the inspection.

There was a registered manager for the service. They were not present during the inspection and were on extended leave. 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, (HSCA) and associated Regulations about how the service is run.

In summary, we found during our inspection on 15 May 2018 that things had started to improve and some of the previous breaches had been met. However we identified two repeated breaches for: safe care and treatment and good governance. The service was not yet good enough and there was a lack of oversight of risk. The quality assurance systems deployed by the provider had not identified some of the concerns we identified as part of this and previous inspections. The service was in breach of the conditions of their registration and there was no effective leadership. We have rated well led as inadequate and therefore the service will remain in special measures.

Risk assessments had been completed but not always updated or revisited with the person to ensure that they had capacity to make decisions and understand the risks they were taking.

Audits helped ensure people had their medicines as intended and any mistakes could be identified quickly and rectified. However the audits had not identified that the medicines room exceeded the recommended temperatures for a period of ten days which could lessen the effect of the medicine.

The provider had been working through their action plan, and had updated most records within the service, although some care plans still required updating. They had improved the overall experience for people using the service. They adequately supported their staff who felt well supported and felt things had changed for the better. People benefitted from consistent support from staff that were familiar with their needs.

We found there were enough staff for people's assessed needs and the service employed staff locally rather than relying on agency staff. The service had adequate processes in place to help ensure they recruited the right staff. Staff were adequately supported and trained to help ensure they were competent in their role.

We found staff were responsive and caring to people and the atmosphere was relaxed. Activities were provided but these were limited and required further development to take into account the needs and interests of people using the service.

The service demonstrated good engagement with other health care professionals and staff did notice changes to people's health or change in risk such as increased falls. They had equipment in place to support people's health care conditions and these were maintained.

The service provided appropriate end of life care.

People were supported to eat and drink sufficiently. Weight loss was identified and staff took appropriate action, which was effective.

Care records had improved and were mostly comprehensive but some of the language was generic and did not give clear detail. Care plans were kept under review and showed how people liked to be supported and what they could do for themselves.

The service was hygienic and did not have any odours but we did identify a few areas of concern, which should be addressed by the service. The environment was spacious and comfortable but needed refurbishment in some areas particularly carpets which were threadbare.

We saw people were comfortable and engaged for most of the day. Staff were attentive and people were encouraged to stay mobile and active.

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?

Requires Improvement

The service was not always safe

Risks from the environment had not been fully considered and there was not due regard for people's safety. People records did not always clearly clarify risk or how staff should respond to these.

Staff understood what constituted abuse and what actions to take if they suspected a person was at risk of potential or actual abuse.

Medicines were administered safely and as intended.

Lessons were learnt from events affecting the safety of people. Accident/incident records were kept and evaluated to review actions taken or actions needed.

The service was clean but we had some concerns about infection control particularly in relation to the sluice area.

Recruitment processes were in place to help ensure only suitable staff were employed.

Is the service effective?

Requires Improvement

The service was mostly effective.

The environment was not fit for its intended need or for the assessed needs of everyone using the service.

The service had due regard for people's capacity and where in doubt completed mental capacity assessments and demonstrated how they acted in people's best interest.

People were supported to eat and drink in sufficient quantities and weights were monitored to help ensure people were not unintentionally losing weight.

Staff were adequately supported and inducted to help ensure they had the necessary skills for their job role. Training was provided on an ongoing basis to ensure staff were up to date

with best practice.

Staff monitored people's health and referred them to other health care professionals when appropriate to do so.

Is the service caring?

Good

The service was caring.

Staff were observed providing timely and appropriate care. Care plans were not always sufficiently personalised.

People were encouraged to stay mobile and independent.

Staff upheld people's privacy and dignity.

People were consulted about their care and care plans reflected their individual needs.

Is the service responsive?

Requires Improvement

The service was not always responsive.

The service adequately planned for people's assessed needs. The service employed activity staff to help meet people's social needs. This needed to be developed further.

People received appropriate care including end of life care.

There was an adequate complaints procedure and the service took into account feedback from people.

Is the service well-led?

Inadequate

The service was not well led.

The provider had not complied with the conditions on their registration. They had not sent us information requested on a monthly basis to enable us to remotely monitor the service and ascertain if risks to people's safety were well managed. We were therefore not assured that the service is well run with sufficient management oversight. At our inspection we found areas of improvement but also continued concern and repeat breaches in regards to people's safety and the quality of audits which did not identify the shortfalls.

The environment was not fit for its intended purpose and the shortfalls had not been identified or addressed by the provider until we raised the concerns.

The Close

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 15 May 2018 and was unannounced. Three inspectors and an expert- by-experience undertook this inspection due to the level of concerns raised at the last 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 we held about the service including statutory notifications sent to us. Statutory notifications include information about important events, which the provider is required to send us by law. We used this information to plan the inspection. We did not receive a Provider Information Return (PIR) form when requested. A PIR is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection, we spoke with five people using the service, three relatives and the activities coordinator. We spoke with three care staff, the deputy manager and the provider. We reviewed five care plans, looked at staffing rotas, staffing records and other records relating to the overall management of the service.

Requires Improvement

Is the service safe?

Our findings

At our last inspection on 9 August 2017, we rated this key question as inadequate. We identified a breach of regulation 15: HSCA RA Regulations 2014: Premises, equipment, and a breach of regulation 19: Fit and proper persons employed. At our latest inspection on 15 May 2018, we still had some concerns about the risks associated with the environment, which had not been identified and therefore were not properly managed. We have identified this as a breach of regulation 12 as we found the premises were not safe to use in the way intended.

We noted in one bedroom some trailing wires across the room, which could present a trip hazard. Window restrictors were fitted but some windows were sash windows and secured with a screw, we asked the provider to review these and record their checks on the window restrictors. After our visit the provider sent us photographic evidence that windows were adequately secure and restricted for people's safety. They told us one window restricted with a screw was not secure but they had now reinforced it. Risk assessments should determine the use of window restrictors and ensure the risk of falling from a window intentionally or otherwise has been adequately assessed. Once window restrictors have been fitted they need to be maintained and staff should have sufficient knowledge about the purpose of window restrictors and how to check them.

We found some exposed pipework, which should be covered to eliminate the risk of scalding. Some water coming out of the taps was too hot over 40 degrees centigrade and regular water temperature checks were not being carried out. We asked the provider to check the water temperatures and let us know what actions they would be taking to reduce the risk to people. They responded by saying that a number of showers and hot water taps exceeded recommended temperatures and four showers had been temporarily taken out of actions, and signs placed at taps which exceeded the recommended temperature reminding people that the water was hot. They said they have already sourced a company who was rectifying our concerns and doing so immediately. They told us no one could use the shower or taps independently which reduced the risk of accidental scalding. However this raised concern to us about the suitably of the premises for its intended purpose which was identified as a breach at the last inspection.

Risks to people's safety in regards to their care and environment were documented to help staff provide safe care. However, we saw for one person they had bought themselves a self-propelled wheelchair to help them stay independent. The person was at high risk of falls. Staff had advised them of the risks and they had refused staff to assist them and had signed a disclaimer. A risk assessment had been put in place. The disclaimer had not been revisited in two years, and was last signed and agreed in 2016. This had not been reviewed in line with their falls risk assessment. We noted a fall had occurred from their wheel chair and this had not resulted in any revision to their risk assessment or further discussion about whether the person still had capacity to make decisions in relation to their care and welfare.

People had their own manual handling slings but staff would not be able to read the manufacturers labels, as they had worn away. This meant we could not see what size the slings were. Using the wrong size slings could increase the risk of potential or actual harm to the person and meant slings were not being visually

checked before use. Manual handling plans were in place in relation to how people mobilised and transferred from chair to bed, from sitting to standing but there was no guidance about support people might require in the shower/bath. Clearer guidance would help ensure people received appropriate care for their needs.

These concerns constituted a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We assessed the service for risk. We noted gates across stairs to help ensure people did not enter areas which would have been unsafe for them to do so. People were appropriately supervised with staff visible across the day. We found cupboards containing chemicals were locked.

Keypads were in situ for some people. They had requested these and it had been discussed with the fire officer. Bedrooms without key pads were locked, and opened by a key held by staff. It was not clear how people accessed their own rooms and how many held their own keys.

At the last inspection, we identified concerns around fire safety, which prompted us to contact the fire authorities. They found things were unsatisfactory and issued an enforcement notice which the service has since complied with. Adequate arrangements were in place regarding fire safety. Risk assessments were in place, fire training was undertaken annually and equipment tested as required. Staff completed fire drills. There was clear guidance in regards to fire safety. Personal evacuation plans were seen and held in the main entrance. The service was divided into zones and people's needs were described in terms of the assistance each would require in the event of a fire. There was clear instruction regards actions to take in the event of a fire. A fire evacuation chair was situated on the first floor but this was not secured to the wall and therefore presented as a trip hazard.

Within people's individual care plans, we saw detailed guidance in relation to individual risk. For example in relation to falls, there was appropriate equipment in place and guidance for staff to follow. Referrals to the falls team were made and people's medication reviewed when thought to be a contributing factor to falls. We saw guidance where people were at risk of choking and required a specialist diet and drinks thickened to change the consistency. The speech and language team had drawn up guidance. Guidance was in place to help ensure people received appropriate skin care and to reduce the risk of pressure ulcers. Equipment was in place as necessary. One person had a pressure ulcer but this was being appropriately managed. Regular turns were in place for those identified at risk of developing pressure ulcers.

The provider had revised their incident sheets to give more information and showed that incidents had been reported as appropriate. We saw from the incidents reviewed that these were well documented and showed actions/strategies put in place following an incident. For example, we saw a medication error had been notified to CQC and reported to the GP and followed up with no ill effect to the person. The medication error had been identified early because medicines were audited daily.

Falls had been reducing following detailed investigative reports and links with the falls team. The use of assistive technology alerted staff to when people were moving around and some people had pendants to summon help. We reviewed care plans and they gave some good, basic information, they were reviewed and showed good joint working with other professionals. However, records included ambiguous language so it was not clear what strategies were in place or if staff had adequately supported the person with their needs. For example, we reviewed a sample of daily notes and saw quite a lot of negative language to describe people i.e. 'can get a bit stroppy,' 'Can be aggressive.' We saw some recorded incidents within the daily notes such as, 'lots of shouting, going into other people's rooms, opening fire doors,' Despite these entries

we could not see what actions staff took to try and deescalate people's behaviour other than to administer a sedative which should only be used if other strategies were unsuccessful. The daily records did not tell us if staff completed an incident form so the information could be reviewed. We saw for another person they were struck in the back and wanted the person reported but we could not see from the record what actions staff had taken or if it was reported to management to deal with.

We found a number of environmental hazards had been overlooked so systems of audit and review required improvement. Risk assessments also contained ambiguous language such as 'check regularly, which did not give clear information to staff about what they were expected to do.

We asked people if they felt safe at the service and what helped them feel safe. No one spoken with expressed any concerns. One person told us," Yes, definitely yes. Everything is here that you need. I've got the bell and the TV. When I want to go to bed, I ring the bell. They put you to bed; they come to check to see if you are ok. They come in at 6 in the morning." Another person told us, "Perfectly, yes, no problem. The door is locked at night no one can get in. They are very caring. If I need this or that they see to it and if I fall on the floor they would probably pick me up. There is no body walking around at night. If staff check at night I don't know, if I need something I press the buzzer."

Relatives spoken with did not raise a concern. One relative told us when asked if their family member was safe said, "I think so yes. They keep doors locked, you have to ask permission to either get out or in, so everyone is vetted." Another relative said, "Yes I do, because they've managed his needs very well. When he came here he had some mobility it has deteriorated. He is hoisted. The home has managed him very well and also cares for his extended family."

Staff recruitment processes were adequate. At the last inspection on 9 August 2017, we found that employment history of staff was not fully explored to consider gaps in employment and checks were not always in place before staff started work. At our recent inspection on the 15 May 2018, we were provided with evidence of recruitment checks carried out pre-employment. This included a completed application form with previous employment and relevant care experience and training, references confirming the suitability and the character of the person. We found some references only confirmed employment dates, which was the company's policy and asked the service to consider taking up additional references where there was any doubt as to the candidate's suitability. Personal identification and proof of address was seen on staff files. A disclosure and barring check was completed to ensure the staff member had not been convicted of an offence, which might make them unsuitable to work in care or had been barred from working in care.

There were systems, processes and practices to safeguard people from abuse. However we were not assured the service always reported incidents of abuse as required. The provider told us they had not had any safeguarding concerns raised by them or about them. They had notified CQC of a medication error and falls. However, in discussion with the local authority there had been concerns about financial abuse. The provider had raised this with the local police who were investigating this but they had not contacted the local safeguarding team as required. They had not recognised the need to do this to ensure people were adequately safeguarded. We also referred to an incident where a person was struck in the back by another person and it was not clear from the records how this was dealt with or if it was reported to the safeguarding team.

Staff received regular training to help them recognise and take appropriate actions should they suspect a person to be at risk of abuse. Staff were able to tell us what actions they would take and were confident they would be able to spot abuse and felt their concerns would be addressed. They were aware of external

agencies and their role in managing abuse.

Staffing levels were appropriate to people's needs. The registered manager was on extended leave but the deputy manager was present and familiar with people's needs. They supported staff when required but were mostly in a management/administrative role. The provider was hands on and supported the service regularly. There were four care staff, two domestic staff, a chef and an activities co-ordinator in morning. Three care staff in the afternoon and an additional member of staff from five pm to seven pm, which was a busier time. There were two waking night staff and out of hours on call.

The provider had an assessment tool it used to determine how many staff they needed. The formula was based on staff's knowledge of people's needs and the provider had said they had been advised to change the formula they used and had sought guidance from the local authority.

The service told us they never used agency staff, which meant they employed regular staff members who were familiar with people's needs.

People received their medicines as intended by staff who received training to enable them to give medicines safely. We asked people about their medicines. One person told us, "Yes. They keep it downstairs in a cabinet. I have it I the morning, dinner time teatime and before night. A lot of its for different things. "Another person said, "I have some tablets, the carers stay with me while I take them. It's a must and I agree".

We observed medicines being administered. The staff administering medicines wore a 'do not disturb' meds vest. They explained what they were administering and asked people if they required their medicines prescribed when necessary like pain relief. They gave people a drink and ensured they swallowed their medicines before signing to say they had taken them.

During our observations, we saw on several occasions the medicines trolley was left unlocked and unattended in a communal area. On one occasion, the staff member did ask another staff member to observe the trolley but did not do this consistently and the trolley should be locked at all times.

Medicines were stored correctly and regular audits helped reduce the risk of errors. We noted medicines from the previous night had been administered and not signed for; a staff member took responsibility and demonstrated openness and accountability. This was a records issue rather than safety issue. Medicines were managed well including the use of warfarin, which was properly accounted for. There was specific instruction for the use of certain medicines such as those only prescribed when necessary and time sensitive medicines. Medicines were checked, and stock rotated. Creams and other medicines were dated when opened to help ensure they stayed within date. There was a separate fridge to store medicines, which required being stored at a lower temperature We found the temperature drugs were stored at exceeded the recommended temperature of no more than 25 degrees for ten consecutive days. We advised the provider of this and said they needed to consider investing in an air-conditioning unit should the problem persist. We found there was no clear process for reporting concerns or incidents in relation to controlled drugs.

The service was clean and there were adequate processes in place to ensure infection was kept to a minimum. There were no odours and we saw personal protective equipment including gloves and aprons around the service. We were concerned that within a used bathroom there was a sluice used by staff to dispose of bodily waste and clean out bedpans. There were no procedures in relation to this and this presented an increased risk for cross infection. We did not see handgel around the service or observe staff washing their hands. We asked the provider to follow this up and ensure a clear policy was put in place and take advice about moving the sluice.

Requires Improvement

Is the service effective?

Our findings

At our last inspection on 9 August 2017, we rated this key question as requires improvement. There were breaches for regulation 11 HSCA RA Regulations 2014, need for consent and regulation 15: Premises and equipment. At our inspection on 15 May 2018, we found the service had met the breach of regulation 11 but not regulation 15. The premises were not fit for their intended purpose.

In parts, the service was scruffy particularly in relation to the flooring, which was threadbare and stained in parts, and some scuffing to the woodwork. There were some internal steps, which could increase the risk for people of falls and trips. There was a passenger lift but people might have to negotiate the internal steps first. A professional told us they had observed people going down internal steps when it was not safe for them to do so. We observed staff supporting a person in their wheelchair to the lift. They had to negotiate three internal stairs and bumped the person down the stairs, they did this safely but this could have posed a risk to staff injuring themselves. Care staff ensured the person was securely seated with their feet on the footplates. The environment was not conducive to the person's needs.

We found some internal doors banged shut, which could disturb people when resting. This demonstrated there were not adequate checks on door closures to ensure they worked properly.

Some people had names or something else to help distinguish their room, but this was not in place for everyone with no clear rationale for this. A number of people using the service were living with dementia and might require support with orientation.

We followed up with the provider the risk posed to people from hot water from their individual taps and showers. This had not been identified by the provider. They told us no one could use their taps or showers independently. This impeded people's independence and had not been considered in line with people's assessed needs.

Some key pads had not been removed from the service. There was no clear rationale for the use of key pads. It was clear some were in place to protect people from avoidable harm, but other key pads were in place with no rationale. For example, there was one on the inside of the lounge door and it was possible to get locked in accidently.

These concerns constituted a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Throughout the day we noted people were comfortable and had choices over their immediate environment. People could choose their own furniture, curtains and duvet covers if they wished to. The rooms were a comfortable temperature. There were no obvious unpleasant odours. We noted that the door from dining room into garden was open, so people could go outside and people told us they did.

At the last inspection staff's understanding of the Mental Capacity Act 2005 and Deprivation of Liberty

Safeguards was variable. We could not see from people's records how the service were assessing people's capacity and ensuring that where they lacked capacity they were clearly demonstrating how they acted in people's best interest. At our inspection on 15 May 2018, we found improvements had been made.

Some people living in the home lacked capacity to consent to and make decisions about their own care. Staff are required to comply with the Mental Capacity Act 2005. 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.

Consent to care and treatment was sought appropriately. Staff had a reasonable understanding and awareness of people's needs and capacity. We observed staff offering people choices in a way which was meaningful to the person. One staff told us, "If people lack capacity we make choices for them with their best interests at heart. " They had a good understanding of who might not be able to make complex decisions and were aware of the mental capacity assessments in place for people. They talked about the least restrictive options particularly if someone who was not safe to go out wanted to go out. They said people had access to the garden and staff would support people to promote their safety.

We saw people were encouraged to be independent but the risks of doing so was weighed up and recorded. Consent forms were updated and signed by the next of kin to agree that a person's photograph could be taken and that they could have bed rails. We could not see if the relative had authorisation to sign on their family members behalf through power of attorney.

Staff were adequately supported and had the necessary training for their role. Staff said training was regularly updated and reported it helped them to deliver effective care. Some staff had enhanced qualifications in care.

There were no specific 'champions' which are lead roles for staff based on their experience, personal interest or professional background. Staff said they felt they could always ask if unsure and did receive training including in dementia care, diabetes management and end of life care. Competency for medicines administration was checked periodically by the registered manager to ensure correct procedures were followed. Medication training was provided and refreshed annually.

We asked staff about their initial induction when starting work. New staff shadowed experienced staff initially for first few days. Staff said they were always with another member of staff until it was evident that they were competent and comfortable.

Annual appraisals were in place and supervisions were held every three months. Staff told us they could go to the office any time for support and advice from the acting manager. The provider was also readily available.

Staff teams worked together to deliver effective care, support and treatment. Staff told us the rotas were sufficiently planned and there were enough staff to cover the shift unless there was last minute sickness. Staff told us there was adequate time for handovers to ensure all staff were aware of any issues. We joined handover, which was brief, given verbally and took place in the kitchen, which showed a lack of understanding of infection control procedures.

Staff meetings were held about every six weeks. Staff told us the atmosphere had improved and they were

asked regularly about how things were going. They said managers were supportive and the provider approachable and often visited the service. We looked at handover records, which clearly told us what people's needs were and how staff were to monitor them. Room records included turn charts and cream charts and a number of people were on food and fluid charts. Staff told us they worked in different areas of the home and had a set number of people to provide care too and they were accountable for this.

We spoke with people and relatives about their mealtime experience and if they had enough to eat and drink. One person told us, "They do tell you what's coming for lunch. If I said, I hated tripe and onions they would not give it to me. I find the food perfectly acceptable, just good plain food." People told us they usually had breakfast in their room and at varying times depending on whether they were going to have a bath. In the evening people generally had sandwiches or other cold options with a hot main meal at lunchtime. Some people were less sure about supper and thought they would only get this if they asked. We were told snacks were available at request. Everyone asked said they got enough to eat. One person told us, "I do like my food; I try not to eat too much because I used to be active. I like walking." Relatives told us they were always offered a drink and could request a meal if they wanted.

Diets were appropriate to people's cultural or medical needs and the chef had a good awareness of people's specific needs. Some people had prescribed drinks to help promote weight gain.

We observed lunch and other times of the day to try to establish if people were well hydrated and had sufficient to eat. Everyone had occasional tables next to where they sat and had juice and other drinks in easy reach. There was quiet music on in the background, tables were clean and people had clean napkins. The menu was written up on a whiteboard. The day's choice was fish/meat or vegetarian with a choice of dessert. People were offered juice with their meals and had a hot drink after their meal. People were assisted in a timely way and there were enough staff to support people. There was a policy of protected meal times in place to help try to ensure all staff were free to assist.

Most people joined others in the dining room, only a few people chose to stay in their room. Some people waited almost half an hour for lunch to arrive but had initiated when to go into the dining room and had taken themselves independently. Staff assisted a few people in a timely way. Through our observations, we saw regular drinks were served to people and they were supported and encouraged to drink them.

People's weights were monitored and unplanned loss acted upon. For example, we saw for one person there was a recorded malnutrition universal screening tool, which clearly stated actions staff should take to try to reverse the unplanned weight loss. This had clearly been communicated with kitchen staff. Weights were taken more often and demonstrated that the person quickly gained weight. Records indicated that actions taken were effective when weight loss was identified.

People were supported to stay active. We observed staff supporting people to mobilise and move around the service unless they were unable to. People told us they went into the garden and for a walk. People were supported to stay hydrated and people saw the GP and other health care professionals when required. Nurses provided some training to staff around diabetes and end of life care. People confirmed they had seen a chiropodist and one person told us they had been to the dentist recently. We spoke with a visiting professional. They told us staff were sufficiently knowledgeable about people's needs.

Care plans provided evidence of how staff supported people with their needs and referred people as soon as possible when their needs changed. Some people had input from lots of different health care professionals to address multiple needs. We noted one person had seen a vast improvement in their health since admission in relation to the management of their continence. The provider said staff would support people

if they needed to go to hospital as either an emergency admission or planned admission. However, there was an expectation family members would support where they were able.

We saw routine visits were recorded in people's care plans in regards to access to the chiropodist, optician and dentist. People had an oral assessment care plan, which gave details of people's routines in terms of mouth care and any particular interventions, which might be necessary such as regular flossing.

Good

Is the service caring?

Our findings

At our last inspection on 9 August 2017, we rated this key question as requires improvement. We identified a breach of Regulation 10 HSCA RA Regulations 2014 Dignity and respect. People's privacy, autonomy and independence was not always supported.

At our most recent inspection 15 May 2018 we found the staff were caring and promoted people's well-being. Throughout our observations, we noted good interactions between people and care staff who were respectful and discrete. Two people were sat in a quiet lounge. In another lounge, there were more people- all men who were seen to be enjoying each other's company. In the other, lounge/dining room people were sat relaxing. We saw staff support people to mobilise and did so explaining what they were doing and making people comfortable. People had sufficient space to move around the service and staff respected people's right to choose.

Care staff were observed knocking on people's doors before entering. One person told us, "We go to our room if we want to be private. The room has French doors into the garden. We spend a lot of the time in the garden and we go for a walk around the village."

People told us staff were kind and upheld their privacy and supported them with their care needs. People were offered a bath at least weekly and people appreciated this and said it was enough. They told us staff were responsive to their needs. People's care records frequently reminded staff to encourage people to do what they could for themselves.

We asked people if they were supported to stay in touch with friends and family. One visitor said they could stay over with their wife when they wanted. Others told us they had regular visitors and there were no restrictions.

People were supported according to their wishes and preferences. One person told us there was a regular church service they could attend at the service.

We saw staff offering supportive, timely care in an unhurried pace. Alarm bells went off and were answered in a timely way. We overheard people being asked about their choices and asked if they wanted drinks/snacks and people were given drinks throughout the morning. We saw people engaged, chatting with each other, staff and reading magazines and books.

Staff completed an induction which included modules around person centred care and planning. Staff knew people well and consulted with them about their needs, preferences and wishes. People had a choice of routines and were involved in their plan of care where they wished and were able to be.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection on 9 August 2017, we rated this key question as inadequate because staff did not provide individualised care and there were insufficient activities. This amounted to a breach of regulation 9: Person centred care. At our most recent inspection on 15 May 2018 we found people mostly received care that was responsive to their individual needs and most care plans had been updated, (90%) reviewed and reflected the care we observed. Staff knew people's needs and responded appropriately. The service had worked hard to improve people's overall experience of care. However, improvements were still required. The service needed to further demonstrate how they were continuing to develop person centred activities that relate to people's individual abilities, strengths and interests that are important to them. Particularly individuals who were in early and latter stages of dementia. Care plans did not always provide sufficient guidance for staff to help ensure people received a consistent approach from staff in regards to their needs and support with their distress behaviours.

On the day of the inspection there was a person specifically employed to plan and deliver activities. They had only been in post for four weeks so was still trying to establish themselves and get to know people's needs. They kept notes for each person to show if they had participated in an activity and if they had enjoyed it. There was a schedule of activities but they had not had time to adapt it and it was limited in terms of its scope. However, they were spending a lot of individual time with people to understand their needs and wishes and reflect these in the activities being provided. They worked from 9.30 am to 2.30 pm four days a week and told us there were also outside entertainers who came into the service and a hairdresser.

We asked people if they were supported to keep doing the things they enjoyed. Two people told us they did get bored and all mentioned watching a lot of television. People said they got out in the garden, which they enjoyed. They also said they did music, bingo and flower arranging. Trips were planned which included a trip to Sandringham. There were no volunteers at the service, which would enhance people's experiences and increase their opportunity to regularly socialise. Some people had regular support from family members but some had no contact.

We spoke to one person in their room. They told us they did flower arranging yesterday, bingo today and won a teddy. They said there were usually different things going on and staff assisted them downstairs so they could join in.

We asked relatives if they thought their family members had enough to do. One relative said, "I think so, they were given a whiteboard and some whiteboard coloured pens to doodle with. They have outside people come in. They have games they can take part in. There's a garden, if they want they can go into the garden if it's warm enough." Another relative said, "Yes, there is, they join in but they are also quite private so happy to observe. Some days they say they are fed up." Another relative said, "Yes I find that they are good. They have singers and guinea pigs. They go to a coffee morning. The manager has said, if they want to go out you can have a carer with you, I can't manage them on my own."

We observed the activities co-ordinator come into the lounge and greet people. They offered to do their nails. People were offered a selection of colours from which they made their choice and the activities co-ordinator proceeded to shape and paint their nails, all the while chatting in a friendly manner and including the other people in the conversation. A further person came into the room and the activities co-ordinator greeted them and asked about the whereabouts of a soft toy dog that the person usually carried around with them. We observed them later sitting with a person and making cards. Their approach was appropriate and centred around the needs of individuals.

People said staff knew them well and met their needs but people were not familiar with their care plan. One person told us that their daughter managed their affairs. Another person said, "It's in the office. The family look at it." Family members were also asked and were aware of the care plans but did not think they had been asked to review them recently. We saw within care plans some reviews, which had been done with people's involvement, and they had commented on their care.

The service supported people as appropriate with their end of life care. There was evidence that people approaching the end of their life were supported according to their wishes and their changing physical needs and this was clearly documented. People had the appropriate equipment to help prevent their skin breaking down and input from other professionals. People appeared warm and comfortable. Medicines were available to support people approaching the end of their life to help control and manage any pain they might have. These were administered as people needed them. People received adequate hydration and emotional support with staff spending time with them to offer reassurance. People spiritual needs were recognised and documented and people were able to practice their faith.

Policies were in place to support/remind staff to treat people with dignity and respect and in particular how to support people in times of grief. There was a policy on dying and death and how to manage people's pain to support a good death.

Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were in place, which set out their wishes or a decision made on their behalf by a medical doctor in discussion with relevant family members that in the event of a cardiac arrest they were not to be resuscitated.

Policies were in place to support/remind staff to treat people with dignity and respect and in particular how to support people in times of grief. There was a policy on dying and death and how to manage people's pain to support a good death. Staff told us they were aware of these.

We reviewed people's care plans and saw that people's needs were assessed before coming into to the service and a plan of care put into place. Most care plans had been reviewed and were much improved but a few lacked specific guidance. There was a plan in place to bring all care plans up to date as quickly as possible. Care plans documented some initial information and family contacts, a date when care plans had been reviewed and any care needs or risks associated with the persons care. We saw from one record that the person was prone to falls but the service had taken the right action to monitor these and reduce as far as reasonably possible to do so.

Care plans included the person's social history and any interests and hobbies they might have. This helped staff support people according to their needs and preferences and understand a little more about the person before supporting them.

Care plans included information about people cognition and any sensory needs they might have. Staff were reminded to ensure people had their glasses and, or hearing aid as appropriate.

Care plans were reviewed regularly and showed good use of other services to ensure people's needs were met holistically and risks were reduced as far as reasonably possible. Some of the information in the care plan lacked clarity. For example, there were a number of people whose behaviour could become difficult for staff to manage but it was not clear why or if this was linked to any particular triggers. There were no clear strategies for staff to follow other than limited statements like 'monitor' and 'offer to take them out in the garden.' However we found staff knew people well and supported them appropriately, although not always consistently. The service kept records of people's behaviour and what was happening immediately before and after the behaviour to try and ascertain what was causing the behaviour to occur. However, we could not see how information gathered was used to develop effective positive behavioural strategies. We saw referrals had been made to the mental health team but only after escalation of behaviours and felt the service could be more proactive in recording how they were supporting people with positive mental health.

The service had an established complaints procedure and people were asked if they knew how to complain or give feedback about the service they received. One person told us, "If I needed to I would tell my daughter and she would go to the desk to complain, if they're in. "Another person said, "If I'm worried I think about it and might tell someone if I couldn't deal with it myself." They told us they had never made a complaint. Relatives were confident that the service shared information with them about any changes or concerns about their family members. One relative said, "They communicate verbally or with letters. I ring and the family rings. If we can't come in they ring and he can speak to us on the phone."

We asked to review complaints and were told there had been no official complaints this year but there had been many compliments. The provider told us concerns would be recorded potentially as a specific incident rather than a formal complaint.

A record of the minutes of residents/relative's meetings was kept in the manager's office. Relatives were informed when there was going to be a residents/relatives meeting. We were told minutes were available on request but we could not see any forthcoming dates for meetings scheduled or previous meeting minutes on display. This would be helpful as people were unsure about meetings or when they might take place.

Inadequate

Is the service well-led?

Our findings

At our last inspection in 2017, we rated this key question as inadequate. We found that in both 2016 and 2017 the provider had not ensured there were robust and effective governance systems in place resulting in a repeated breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. After the inspection in 2017 we rated the service inadequate overall and placed them into special measures. This meant that there was an expectation that the service would take actions quickly to improve and if not this would result in further enforcement action or possible closure.

As a result of our concerns an urgent condition was placed on the provider's registration. They were told they must send us a monthly report stating what actions they had taken to meet regulations. This was to demonstrate actions were being taken and the quality of care was being improved. The provider failed to send in regular reports addressing the issues other than their initial action plan following the inspection. A meeting with the provider's representatives took place and it was stated they had not been sending through the information because they had not agreed to the contents of the report.

We are concerned that the provider is failing to comply with conditions of registration. We will be formally reviewing and responding to the provider on this matter.

We found at this inspection some audits were ineffective at identifying and mitigating risks to people's safety. This impacted the provider's ability to demonstrate how they were keeping people's safe and how they ensured the quality of care.

The registered manager has not been working in the service since October 2017. In their absence the deputy manager had covered the home and some of their tasks such as staff supervision were allocated to senior carers. The deputy manager was supported by the registered provider who spent their time between this and their other service. However there was no strategic plan to demonstrate how the shortfalls in both services would be addressed or any expectations about how continuous improvement would be monitored by the provider.

Some improvements had been made to the environment such as a gas safety system had been installed in the kitchen and the garden had been secured by fencing to help ensure people's safety. We found there were still some environmental risks, which had not been addressed. For example, we found exposed pipe work, which was identified at the last inspection, key pads that could cause entrapment, window restrictors, which might be unsuitable but no audits in place to assess that they were in good working order. Hot water, which could cause scalding, and no regular checks of this. Not all moving and handling slings had readable labels so we could not be assured of the size. Not all these issues had been identified by the provider which meant people were exposed to unnecessary risk.

Since the visit, the provider has told us how they are going to address the environmental risks. However, they were only addressing these concerns because we have pointed them out and it is not something they have identified for themselves.

We also found some minor concerns with medication in terms of temperature control and no mention of the accountable officer for controlled drugs. The provider agreed to rectify these. Maintenance/servicing checks had been carried out in regards to LOLER, lifting operations and lifting equipment regulations 1998 which relates to the regular servicing and maintenance of lifting equipment to ensure it is used properly and is in good working order having been regularly checked by a competent person. The provider was not able to produce current certificates for the stair lift and shaft lift to confirm they were safe to use. We have since received assurances that these were in place at the time of inspection. There was no clear management oversight for all areas of the service.

This is evidence of a continuing breach of Regulation 17: Clinical Governance.

We found improvements had been made in terms of people's individual needs and risks associated with their care. Care plans were mostly up to date. There were clear systems to monitor individual falls, pressure care, diet and nutrition and the rates of infection.

People using the service and their relatives were able to tell us the names of the provider and current manager. They said the management were available and dealt with anything. One relative told us, "The owner (registered provider) comes to talk to us all the time. They're very involved." Another relative said, "I'm greeted so well even with hugs sometimes. It makes you feel good." When we asked them if they would live here they said, "Yes I would." One person told us they knew who CQC were and did not have any concerns.

Staff spoken with felt there had been some improvement in the service and gave examples of the environment and more activities to enhance people's well-being. One member of staff said, "The residents seem happier." The main reason they cited was there being more assistance from 5-7 pm with a carer coming in to sit with people and chat and watch television with them.

We spoke with the provider who told us since the last inspection the local authority had imposed a restriction on them taking any new admissions until they had made the improvements necessary and they had worked hard to improve the service. They told us they had kept families informed of what they were doing and had shared the inspection report with them and had regular management meetings to help them keep on track with their action plan which they had shared with the local authority.

The provider told us they held monthly management reviews. The acting manager was required to inform the provider electronically of care plan reviews, family meeting- dates, activities, infection control, and medication audits. Any shortfalls or actions necessary to improve the service were discussed at the monthly meeting or before when required. Quarterly checklists were in place to make sure things were happening and the quality of the service improving. The provider said people were the priority and they wanted to ensure people were living well. They said since the inspection 90% of care plans had been updated and we found these were good but required a bit more specific information and guidance for staff to follow. They also needed to provide clear evidence that assessments of capacity had been completed.

The service engaged with people using the service and their families. Since the last inspection, they had sent out surveys to ask them for their feedback. They were changing the format to link it to the key questions we inspect against. In addition to annual surveys care plans reviews were held twice a year and family meetings were scheduled throughout the year. The provider had collated a summary of feedback received from surveys and said they discussed this with individuals and as part of the family meetings. There was a comments book in the reception and we saw many compliments about the service. Feedback was positive and we saw reviews from the GP practice and community nurses who expressed what a well-run service this

was.

We asked the provider how they kept their knowledge up to date. They told us the quality improvement team was currently supporting them given their inspection rating. They networked with other managers and attended their meetings. They had the registered manager award, were an NVQ assessor and had an advanced medication certificate. This helped them keep their practices up to date and support staff in improving the service.