Mr. Liakatali Hasham

Crest Lodge

Inspection report

Churt Road
Hindhead
Surrey
GU26 6PS
Tel: 01428 605577
Website: enquiries@chdliving.co.uk

Date of inspection visit: 15 April 2015
Date of publication: 15/07/2015

Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

This inspection was carried out on the 15 April 2015. Crest Lodge is privately run and provides accommodation for adults who require residential or nursing care, many of whom experience mental disorder and some who are living with dementia. The registered provider is Mr Liakatali Hasham. The accommodation is provided over three units with an additional bungalow for two people in the grounds. On the day of our visit there were 45 people who lived at the service.

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

Some areas of service were not clean and there was a risk of infections spreading. The service smelled strongly of urine and staff found this difficult to manage. Adequate cleaning had not taken place in bathrooms and in the laundry room..

Summary of findings

There was not enough information to guide staff on what steps to take to reduce risks to people. Where a risk had been identified there was not always enough detail for staff to support the person. One person was at risk of becoming anxious but there was no information for staff on how best to communicate with this person to help relieve their anxiety.

However on the day of the inspection staff showed good knowledge of peoples risks. We saw instances throughout the day of staff responding to people in a way that reassured them.

There were not always enough staff to meet people's needs. Three times a week two staff had to support two people to external health care appointments which meant there were two less staff at the service to assist on those days. Staff said this put pressure on those staff left to provide the care that people needed. We recommend that the provider considers how people's needs are supported on these days.

However there were enough staff on the day of the inspection and they responded to people in a timely way.

There was a risk people were not receiving the correct amount of medicine. There were some gaps on people's medicines sheets which meant it wasn't clear whether or not they had received their medicines as prescribed. There was not always clear guidance to staff on when to give 'as and when' medicine or guidance from the pharmacist about the correct way to give covert medicine

Medicines were stored appropriately and disposed of safely. Medication training was provided to nurses and people's medicines were reviewed regularly.

Staff were not always supported to provide the most appropriate care to people. Most staff had not received individual one to one supervisions with their manager. One member of staff said they needed more "emotional" support to undertake the role. Nurses were not up to date with their clinical training.

All other staff had completed the service mandatory training and were up to date with this. This included moving and handling and working with people with behaviours that challenge.

People's capacity was not always assessed appropriately for significant individual decisions. Staff were informed about their responsibilities under the Mental Capacity Act 2005 (MCA), and the Deprivation of Liberty Safeguards (DoLS). The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Mental capacity assessments we looked at were around people's capacity to make decisions about daily living and care and treatment. However there were no other assessments around other significant decisions that needed to be made for example people's medicine and people's finances. This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager said they had made all the applications they needed to Surrey County Council in relation to people that lacked capacity where they felt their liberty may be restricted in relation to the doors and bed guards.

We saw examples of staff gaining consent from people throughout the visit. Staff asked people if they could provide personal care and whether they could assist them to move them to another area of the service.

Information in the care plans was mostly health and risk-based, and gave staff very little information about people's preferences or personal history. Care plans contained limited reference to the person as an individual. The guidance to staff could lead to the wrong care being delivered because they may not understand people's needs. The registered manager said they were in the practice of reading the care plans with people but not all people wanted to sign their care plan.

Staff said not having a dedicated activities room and meant this didn't give all people free choice regarding what activities they want to take part in. There was no information for people to say what activities were on offer. For those people in wheelchairs there was not always the same opportunities to go out due to the lack of vehicles.

Although there were systems to assess the quality of the service provided in the service we found these were not always effective and there were no surveys so people could contribute to the improvements in the service The

Summary of findings

systems set up had not ensured that people were protected against some key risks described in this report about inappropriate or unsafe care and support. We found problems in relation to lack of hygiene, odours in parts of the home, staffing levels, care plans and the cleanliness of the environment.

Staff had knowledge of safeguarding adult's procedures and what to do if they suspected any type of abuse. There was a service continuity plan for unexpected incidents for example, a fire or a flood which included arrangements for other homes to be contacted to take people in. Each person had a personal evacuation plan in the event of a fire.

People enjoyed the meals at the service. Where people needed to have their food and drinks recorded this was being done appropriately by staff. People had access to a range of health care professionals, such as the GP, community mental health team and dentist.

Independence was not encouraged to ensure people were actively involved in their own care. People said that that staff did do a lot for them but they would like to be supported to do more for themselves. People were unable to make decisions about the service and the way it was run. They were not given sufficient opportunities to express what they thought about the service and what needed to be done to improve it. No residents 'meetings took place as the staff found these difficult to manage.

People who did not have a family or friend to support them were not always aware of the service advocacy that was available. One person said, "I haven't heard anyone talk about advocates here; from my point of view I wish I had more support (with advocacy)."

People thought staff were caring. We saw staff treated people with dignity and kindness. Throughout our inspection we saw staff protected people's privacy. They knocked on the doors to private areas before entering and ensured doors to bedrooms and toilets were closed when people were receiving personal care.

We saw people enjoyed going out when they could. Some people were going on holiday on the week of the inspection.

People said they would know how to make a complaint but had not needed to. Incidents and accidents were recorded and analysed

Staff told us that they were well supported by the registered manager. All the staff said they would be confident to speak to the registered manager if they had any concerns. Recruitment files contained a check list of documents that had been obtained before each member of staff started work.

During the inspection we found some breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not safe.

There were not enough qualified and skilled staff at the service to meet

People's needs. It was not clean in all areas of the service and there were not adequate systems in place to help prevent the spread of infections.

Staff knew about risks to people and managed them; however the records that related to some risks were not clear. There was a risk that people were not getting all of their medicines as prescribed.

Staff were recruited appropriately. Staff understood what abuse was and knew how to report abuse if required.

Is the service effective?

Requires Improvement

The service was not effective.

Staff did not have a good understanding of the Mental Capacity Act 2005 and people's assessments were not always completed.

Staff did not feel supported and had not received up to date training to make

sure people were receiving the correct care.

People were supported to make choices about food and said the food was good.

Peoples' weight and nutrition were monitored and all of the people had access to healthcare services to maintain good health.

Is the service caring?

Requires Improvement

The service was not always caring.

Although staff treated people in a kind way the inappropriate environment and the lack of cleanliness they lived in did not always support people being cared for.

People were unable to express their opinions about the service

Care was centred on people's individual needs.

People were treated with kindness and compassion and their dignity was respected.

Is the service responsive?

Requires Improvement

The service was not responsive.

People were not always supported to make decisions about their care and support.

Summary of findings

There were not always activities that suited everybody's individual's needs.

People knew how to make a complaint and who to complain to.

Is the service well-led?

Requires Improvement 

The service was not well-led.

There were not appropriate systems in place that monitored the safetyand quality of the service. Where people's views were gained this was not used to improve the quality of the service.

People and staff thought the registered manager was supportive and they could go to them with any concerns.

Crest 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 planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection which took place on 15 April 2015. The inspection team consisted of two inspectors which included one with mental health nurse and an expert by experience with knowledge in mental health care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During and after the visit, we spoke with 10 people, seven members of staff, two professionals from the community mental health team, one social worker, and one quality assurance manager from the local authority as well as the registered manager. We spent time speaking to people and observing care and support in communal areas. Some people could not let us know what they thought about the service because they could not always communicate with us verbally. Because of this we spent time observing interaction between people and the staff who were supporting them. We wanted to check that the way staff spoke and interacted with people had a positive effect on their well-being.

We looked at a sample of four care records of people, medicine administration records, six recruitment files for staff, supervision and one to one records for staff, and mental capacity assessments for people. We looked at records that related to the management of the service. This included minutes of staff meetings and audits of the service.

The last inspection of this service was 2 July 2014 where we found our standards were being met and no concerns were identified.

Is the service safe?

Our findings

People said they felt safe at the service however one person said at times they felt intimidated by other people. They said, when asked if they felt safe "I'm not sure really, I would feel safer if the residents were not having a go (at each other) all of the time."

Infection control was a risk in some places around the service. We found some of the corridors smelled strongly of urine which remained throughout the day. This smell was also found to be in some of the communal areas. The registered manager told us that some people struggled with their continence and would at times refuse personal care. At times people sat on the lounge chairs with wet clothes. The chairs were not cleaned immediately afterwards which meant other people were sitting on them whilst they were still wet. One member of staff said they regularly changed people's beds but felt there were not enough urine neutralisers to help get rid of the smell. They told us that washing people's bedding was a problem because the washing machines kept breaking down. The registered manager said they had changed the flooring in people's rooms to improve the smell but some people needed to be prompted more to undertake more personal hygiene.

The state of repair of the environment, and items contained within it, is also important in ensuring that germs and bacteria do not persist. In particular, surfaces that are not smooth and intact can harbour bacteria. Other areas around the service were not clean and posed a possible infection control risk. We found that not all of the bathrooms had been adequately cleaned or suitably maintained. The tiles in some of the wet rooms were thick with grime, chairs in some of the bathrooms were rusted around the feet, frames around the toilet seats had dirt and grime built up around the feet, one toilet seat and a shower seat had cracks in them. There was a large fish tank in one of the day rooms that had not been cleaned and the water looked discoloured.

There was a risk of the spread of an infection. There should be a designated, separate laundry area in a service that is used for that purpose only and a workflow system so that clean and soiled linen are physically separated throughout the process. All dirty linen should be handled with care and attention paid to the potential spread of infection. We found the laundry area was situated in a large outhouse where the large boiler was kept. The boiler was dirty and had rusty water stains down the barrel. One washing machine was not working. They and the tumble driers had not been cleaned and had fluid and lime scale stains down them. Clean clothes were hanging resting against the dirty tumble driers. The ceiling had damp marks and was covered in cobwebs. There were no bins for staff to deposit their gloves and aprons and the one sink in there was stained and dirty. Large bags of dirty clothes were piling up outside the room on top of a garden cupboard. It was difficult to distinguish what was soiled or not soiled.

The concerns relating to infection control and cleanliness are a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We found there was not sufficient information around people's risk assessments. There was not enough written guidance and support for staff to provide safe care. Risk assessments identified the specific risk however there were not always detailed control measures to minimise risk. One person was at risk of their legs becoming swollen but there was no information for staff on how to avoid the risk of this happening. Another person was at risk of pressure sores and their air mattress needed to be checked it was on the correct setting. However there was no guidance around what this setting needed to be. Another person was at risk of becoming anxious but the guidance stated 'Explain all care, make sure (the person) understands' but there was nothing to say how this person was best communicated with or what signs would show that they understood. This meant that a new member of staff reading the risk assessments would not have the most appropriate guidance. Although staff were providing the correct care there was a risk that new staff may not have the correct information. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff did show an understanding of people's risks on the day of the inspection however. One person was becoming agitated and we saw staff knew and understood the signs and prevented an incident from occurring. Staff told us about the measures they took to avoid people from coming to harm. One member of staff explained one person was at risk of isolation and they would encourage the person to be more involved with the service community.

People felt there were not enough staff. One person said, "There aren't always enough staff, when I ring the bell they

Is the service safe?

(staff) are 10 to 15 minutes late." Another said they didn't believe the staff numbers reflected the, "Vast" increase in people living at the service. Whilst another person said, "I would like to have more one to ones but they say they are too short staffed."

At times there was not always enough staff to meet people's needs. The registered manager told us that nine care staff were needed each day. However three days a week two of the care staff took two people to an external health care appointment leaving seven care staff for the remainder of the day. One member of staff said that this put added pressure on the rest of the staff. We spoke to the registered manager who said they would make sure that additional staff were brought on shift to assist on those days. **We recommend that the provider reviews staffing levels to ensure there are always sufficient staff to meet peoples' needs and preferences on all occasions.**

Staff felt the constant use of agency staff impacted on the care being provided to people. They said that agency staff didn't understand the complex needs of people. One member of staff said, "Agency staff need an induction and this takes attention away from people."

We found staff responded to people in a timely way on the day of our inspection. Where people required support to move around the service or to eat their meals staff provided this straight away.

There was a risk that people were not receiving the correct amount of medicine as prescribed. We looked at Medication Administration Records (MAR) and found there were gaps for signatures from nurses and it was unclear whether or not people had been given their medicines. There was a missing photograph on one person's MAR chart to identify who was meant to be receiving the prescribed medicine. This meant there was a risk of staff administering the medicine to the wrong person.

There were missing PRN (as needed medicines) guidelines which meant that there was a risk that people may not receive medicines when they needed them. For those people that were prescribed medicine to be given covertly (covert medication is the administration of medicines in a disguised form. This usually involves disguising medicine by administering it in food and drink. As a result, the person is unknowingly taking medicine) but there was not always guidance from the pharmacist around the correct way to administer the medicines this way. These issues were a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Medicines were stored appropriately. The medicine trolley was kept locked when not being used and medicines were stored and disposed of safely. Medication training was provided to nurses and people's medicines were reviewed regularly.

Staff had knowledge of safeguarding adult's procedures and what to do if they suspected any type of abuse. Staff said they would feel comfortable referring any concerns they had to the manager or the local authority if needed. One member of staff told us they wouldn't keep anything to themselves and they would always speak to a qualified member of staff about their concerns. There was a safeguarding adults and whistleblowing policy in place and staff had received safeguarding training.

There was a service continuity plan for unexpected incidents for example, a fire or a flood when other homes would be contacted to take people in. Each person had a personal evacuation plan in the event of a fire.

Incidents and accidents were recorded and analysed. Any learning from the incident was shared with staff with an action plan on how to reduce this from happening. One person was provided more one to one support to reduce their frustrations and anxieties as a result of several incidents with this person.

Recruitment files contained a check list of documents that had been obtained before each member of staff started work. The documents included records of any cautions or convictions, two references, evidence of the person's identity and full employment history. This gave assurances that only suitable staff were recruited.

Is the service effective?

Our findings

People said staff knew how to look after them and paid attention to their individual needs. One person told us, “Staff understand my needs” another said, “If I feel that I am getting anxious they (staff) help me rationalise things.”

The most up to date and appropriate guidance or training had not been provided to the clinical staff in relation to their role. Up to date training had not been provided for wound care, continence promotion, catheter care, swallowing and mental health awareness. Staff did show competencies on the day of the inspection but not having the most up to date guidance or training would pose a risk to people.

Staff were not always supported to provide the most appropriate care to people. We asked the registered manager for evidence of staff supervision and appraisals. They told us clinical supervisions were undertaken by the nurses but these were not all up to date. They said they were responsible for all of the care staff and other staff one to ones. They said, “I hold my hands up, I’ve been extremely busy and I know I’m behind (with the supervisions).” Records showed staff should have received around six supervisions per year. Out of a possible 222 supervisions only 40 took place. Staff said they wanted some additional support around the work they were doing. One said, “I would like to have more emotional support, the pressure is great due to the nature of the residents, I don’t always feel listened to and I feel I can’t influence things because of this.”

These are breaches of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other staff were up to date with the required service mandatory and clinical training. New staff commenced training during their induction, and had a probationary period to assess their overall performance. One new member of staff said they had undertaken a lot of training as part of their induction. Another new member of staff said, “My induction lasted three days which was one day for each of the areas of the home, I shadowed a member of staff as well, I had to complete the mandatory training as well which was very comprehensive.” Staff training included manual handling, health and safety and nutrition and hydration. This mean that new staff were supported to provide the most appropriate care to people.

People’s capacity was not always assessed appropriately for significant individual decisions. Staff were informed about their responsibilities under the Mental Capacity Act 2005 (MCA), and the Deprivation of Liberty Safeguards (DoLS). The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Mental capacity assessments we looked at were around people’s capacity to make decisions about daily living and care and treatment. However there were no assessments around other significant decisions that needed to be made for example, people’s medicines and people’s finances. In addition there was no information on the MCA assessment of how the person’s capacity was assessed and who supported the person around the assessment. The registered manager told us these were the only ones that they undertook and would look at undertaking additional assessments. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager said they had made all the applications they needed to Surrey County Council in relation to people that lacked capacity where they felt their liberty may be restricted in relation to the locked doors. We found examples where people (who lacked capacity) had rails placed on their beds to prevent them from falling and evidence of the best interest decision for this. .

We saw examples of staff gaining consent from people throughout the visit. Staff asked people if could provide personal care and whether they could assist them to move them to another area of the service.

Everyone said they enjoyed the food at the service. Comments included, “There is plenty to eat”, “Actually it's pretty good. As of a few weeks ago, we got a new chef. Usually a choice of two things, and, 'It's very good here, if anyone wants a drink at any time, all we have to do is help yourself or, those who can make it, do.”

Is the service effective?

People had a choice of where to have their meals, either in one of the dining rooms, living rooms or their own room. A menu was displayed in the dining room for people on a large chalk board. We observed lunch being served, we saw that staff engaged with people, offered choices and provided support to eat their meal if needed. There was a new chef and they were already familiar with people's likes and dislikes and were intending on introducing new meals based on what people wanted. They had a list on the wall in the kitchen with any special dietary requirements for people such as diabetic diet requirements and pureed food. The chef told us if people wanted extra portions they could have this but they would also provide healthy nutritious snacks in between meals. There was a relaxed and sociable atmosphere in the room during lunch. People who ate in their rooms were supported by staff in a timely way. One person who preferred to eat their lunch later in the day was supported to do this.

People were supported to eat and drink to maintain their health. Where people needed to have their food and drinks recorded this was being done appropriately by staff. One member of staff said, "Each month we weigh people and sooner if needed, if people are losing weight and we are concerned then we consult the dietician or the persons GP." For those people that needed equipment to help them eat and drink independently, such as plate guards and adapted drinking cups they were provided. Nutritional assessments were carried out as part of the initial assessments when people moved into the home. These showed if people had specialist dietary needs.

People had access to a range of health care professionals, such as the GP, community mental health team and dentist. The GP visited once a week and people were referred when there were concerns with their health. One health care professional said they worked well with the staff at the service and felt that people were receiving the health care they needed. Health care professionals told us they believed staff understood people's needs. One said, "I don't have any concerns that staff are meeting people's needs, I think they do that quite well."

Is the service caring?

Our findings

When asked if they thought staff were caring people's comments included, "Staff are very good, very caring to me" and, "Staff always smile and say hello to you which makes me feel good."

Independence was not encouraged to ensure people were actively involved in their own care. People said staff did do a lot for them but they would like to be supported to do more for themselves. One person said, "Sometimes (staff) give me help by doing things, like doing my laundry but I would like to do a bit." Another said they would like to ring their GP to make their own appointments. They said, "I get told off if I do it myself, they (staff) don't like it when I do things for myself." Another said, "We could do a lot more to help run the home, it's about empowering people with disabilities isn't it?" Whilst another person said, "Staff could do more to involve me in daily life chores, I would like more life skills." The registered manager said they don't usually get people to ring the GP to make appointments as they had a weekly visit from the GP. This did not promote people being independent.

People were unable to make decisions about the service and the way it was run. They were not given sufficient opportunities to express what they thought about the service and what needed to be done to improve it. People felt they were not able to contribute to the running of the service. People told us that residents meeting happened rarely and when they did they were difficult to manage with everyone there. One person said, "We don't have them anymore, they might be once in a blue moon, they would be useful." Another person said, "We just have a residents meeting at Christmas. It (meetings) might be useful, we should be empowered to be involved, there are a lot of people here now and that changes the whole ethos of the place, I would be interested in developing policies here." Another person said they would like to be involved in the recruitment of staff to the service.

We were only provided with one set of minutes from a residents meeting in February 2015, the minutes stated that the meeting was unable to take place because no one wanted to attend. We spoke to the registered manager about this. They said they rarely had residents meetings as they were difficult to manage with the needs of the all of the people that lived there. They said they would try and facilitate more meetings and would offer support for those people who wanted to attend them. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some people who needed support to express their wishes and who did not have family or friends to support them to make decisions about their care were not always aware of the advocacy service which was available. Advocates are people who are independent of the service and who support people to make and communicate their wishes. One person said, "I haven't heard anyone talk about advocates here; from my point of view I wish I had more support (with advocacy).

We saw staff in the home protected people's privacy. They knocked on the doors to private areas before entering and ensured doors to bedrooms and toilets were closed when people were receiving personal care. One person said, "Staff are always helpful." People were supported to make sure they were appropriately dressed and their clothing was arranged properly to promote their dignity. People were able to go to other rooms in the service if they wanted to spend time on their own

People were treated with respect and in a caring and kind way. The staff were friendly, patient and discreet when providing support to people. We saw staff took the time to speak with people as they supported them. We observed many positive interactions and saw that these supported people's wellbeing. We saw a member of staff laughing and joking with people and saw this had a positive effect on the person's mood. We also saw staff gave appropriate and timely reassurance to a person who became anxious.

We saw staff were knowledgeable about the care people required and the things that were important to them in their lives. They were able to describe what different individuals liked to do and people had their wishes respected. One person, who had their pet living with them, told us that it was important staff allowed them to care for their pet. They said that this choice was always respected by the staff.

Throughout our inspection we saw staff were able to communicate with the people who lived there. The staff assumed that people had the ability to make their own decisions about their daily lives and gave people choices in a way they could understand. They also gave people the

Is the service caring?

time to express their wishes and respected the decisions they made. One member of staff said, “I like to do the job, I like to come to work, I stay longer each day if I need to, I like the residents, they are like my family.”

Is the service responsive?

Our findings

People said they did not participate in drawing up their own care plans. One person said they didn't feel involved in either the wording or what should be included. They said, "'They just go on what they see; they don't ask me what I want on it." Another said, "I would like to write my own, I would include things like to go down to the gym and go swimming." They felt the emphasis on the care plan from staff was 'very medical'. Another person said, "They wrote it then they printed it and then they gave it to me, I didn't write it. I had to sign to agree to it."

People were at risk of not receiving the most appropriate care. Information in the care plans was mostly health and risk-based, and gave staff very little information about people's preferences or personal history. Care plans contained limited reference to the person as an individual. Phrases such as '(The person) tries to abscond' or 'Staff will stabilize (the person) by administering prescribed medication' were used. The care plans did not show individual care supporting autonomy and independence. This use of language can be interpreted as the service is institutionalised with the emphasis on people having things done for them in a heavily task-orientated environment, rather than them being encouraged to do things for themselves with staff support. Comments in the care plans were often ambiguous, which could lead to different members of staff approaching the care plan from different perspectives. For example one said 'Report any changes to the nurse' (in relation to someone's skin) but there was no information on what those changes might be. Another said 'Ensure the environment around me is safe and all risks are reduced' but there was no other detail about what risks would be acceptable. The care plans should be discussed and written with the person and agreed with them. The registered manager said care plans were read to people who lived there but there was not a system of involving people in the development of them. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Care plans included up to date information about what name people preferred to be known by, and we heard that staff used these names. Despite the lack of information in the care plans, staff showed they were knowledgeable about people in the home and the things that were important to them in their lives. Where there was a change to people's needs this was discussed at the staff handover. One member of staff said that there were detailed handovers for all staff each day so they were aware of the most up-to-date information on people. One staff member said, "Information is available on the handover sheet; this is also used for bank staff to understand what is needed (to understand people's needs)."

People did not have free choice regarding their daily routine and what activities they wanted to take part in. There were two activities coordinators at the service. One explained their activities room was due to become an office but was currently being used for storage. They said that currently all activities took place in the large lounge on the ground floor which wasn't ideal. They said, "This is a communal lounge and there are often many residents there when we start activities. Their presence means that the television has to be switched off and the residents who are there either have to join in with activities, can just sit and watch, or have to move elsewhere if they don't want to participate." They said some activities were louder than others and could upset some of the other people who didn't wish to participate. One person said, "It irritates me that you can be watching the telly and this can just be turned off if people come in to do something different." The only other communal television in the service did not have a working aerial so could not be watched properly. One person told us it had been like this for two or three months.

The activities programme was due to change, depending upon what the current resident group wanted. We asked for a copy of the activities for that week which wasn't available for us and there wasn't a copy on the wall for all the residents to see. There were two vehicles at the service, but one of these had a fault, meaning it could only accommodate one wheelchair user at a time. People who were in wheelchairs and could get onto the van themselves and transfer from the wheelchair to a seat were able to go out any time. However, those who relied on their wheelchair all the time were only able to go out on a rota, in order to allow everyone to have equal access. This meant that people's individual needs were not addressed. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service responsive?

One person, when asked about what activities were organised said, “I don't get involved, it's not my sort of thing but its there if I want a bit of a social.” They said they preferred things that interested them, “Something that's useful for me and others.”

There was some evidence of personalised care but it was not wide spread. There was a mixture of external activities for people which included going out for fish and chips and going to the pub. One person said, “Once a fortnight, I go out for lunch with a carer to a place I like.” Another person said, “I watch television and listen to the radio.” Six people were due to go on holiday with staff in the week we visited. There were chickens in the garden and staff supported people to look after the chickens.

People said they would know how to make a complaint but had not needed to. There was a service policy available for people and staff said they would support people who wanted to make a complaint. At the time of the inspection there had been no formal complaints logged. We saw during the inspection that people approached staff and the registered manager with any concerns they had.

Is the service well-led?

Our findings

The provider was not providing the care and support that it stated it would on their website. The website promoted specialist care and encouragement to, 'enable residents to build confidence and independence' and had a 'dedicated activity and therapy room'. However we found this wasn't always the case during our inspection. People were not involved in the planning of their care. For instance more 'resident's' meetings were not facilitated by people (with support and training). They did not have an opportunity to feed back any concerns and ideas to the staff. People were not encouraged and supported to actively take responsibility for their own care such as making their own appointments, writing their own care plans in partnership with staff and participating more in their care reviews.

People were not supported to become more independent. Activities did not reflect the current world so they were meaningful and people could use them to become more independent and feel that they were moving on or improving. For example, there was a wide age range of people at Crest Lodge yet we did not see any computers for people's use. Training and support for people's involvement is key so that residents become 'experts in their own care'.

Not all staff had an opportunity to share their views on how the service should be run. One member of staff said that communication was not good between the staffing team and that there was no one to capture the voice of the care staff to present a plan of how things could be improved. Staff meetings were not regular.

Although there were systems to assess the quality of the service provided in the home we found these were not always effective. These systems had not ensured people were protected against some key risks described in this report about inappropriate or unsafe care and support. We found problems in relation to lack of hygiene, odours in parts of the home, staffing levels, care plans and the cleanliness of the environment.

The registered manager undertook audits around medicines, health and safety, infection control and the environment. An action plan was made to address any concerns that had been identified. For example additional name badges were ordered for staff and staff were reminded to read new policies. However these audits had not identified the concerns that we found on the day.

The regional manager told us on the day that they would start addressing these shortfalls immediately.

Relatives had been asked to complete surveys to give their feedback about the service. We saw that only four surveys had been completed in February 2015. The registered manager said that very few surveys were completed and sent back to them. Three out of the four were very positive. One survey made suggestions about improving the service but there was no information provided by the registered manager to show how this had been addressed. We were not provided with any evidence that people at the service had been asked to complete a survey to gain their views. These matters were a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff said they would be confident to speak to the registered manager if they had any concerns about another staff member. They told us they had no concerns about the practice or behaviour of any other staff members. One said, "I feel supported, if I have a problem I will go to the (registered) manager." There was an 'employee of the month' award which was an opportunity for staff to feel valued. Staff shared in the visions and values of the service. One said, "We are here to meet people's needs; we need to take action to respond to people's needs."

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Accommodation for persons who require treatment for substance misuse Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate cleaning, maintenance, risk assessment for people and management of medicines. Regulation 12 (1)(a)(b)(g)(h).**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Accommodation for persons who require treatment for substance misuse Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care **People who use services were not given care that met their needs because people were not asked what their care needs were. Regulation 9 (1)(a)(b)(c).**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Accommodation for persons who require treatment for substance misuse Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **People who use services were not cared for by suitably qualified, competent and experienced staff. Regulation 18 (1)(2)(a)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Accommodation for persons who require treatment for substance misuse Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent **Consent was not always gained from people in relation to their care and treatment. Regulation 11(1)**

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Accommodation for persons who require treatment for substance misuse Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **There were insufficient processes in place to assess, monitor and improve the quality of the service. Regulation 17 (1)(2)(a)(b)(e)**

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.