Papillon Care Limited

Bramble Lodge Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 16 January and 3 February 2017. Both days of the inspection were unannounced which meant the registered provider and staff did not know that we would be attending.

We carried out a comprehensive inspection of the service on 09 September, 12 October, 13 October and 22 December 2015 and found that the service was not meeting all of the regulations which we inspected. We identified a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because there were gaps in the information contained in care plans. There was inconsistency between care plans. Regular reviews of risk assessments and care plans had not been carried out. Records relating to the care and support people received each day which included their nutrition and hydration had not been kept up to date.

At inspection in January 2015 we found that the service was not accurately and effectively maintaining records. This meant there was a breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This breach was identified because care plans lacked the detail needed to show that person centred planning was being used to support people in all aspects of their life. People's involvement in their care was not accurately documented and reviews of care did not evidence how care, support and intervention was reducing and enabling people to live to their full potential.

At this inspection, we identified a continued breach of records. We could see improvements had been made in some areas; however this was not in all of the areas expected. We found gaps in record keeping included topical cream records, dates of opening on topical creams and eye drops and fridge and room temperatures. Repositioning charts had not been fully completed and we found scores on nutritional screening tools were inaccurate. Health and well-being records, which included food and fluid balance information was not completed in a timely manner and were completed by staff who had not been involved in people's care. There were gaps in care plans and in the frequency of reviews. A safeguarding alert for neglect had been upheld for record keeping. This meant staff had not obtained all of the information they needed when a person started using the service. The registered manager had acted following this and had made changes to pre-admission records to reduce any future risk of harm caused by poor record keeping.

There were gaps in quality assurance processes. Audits had been carried out at the service by the registered manager and registered provider; however they had not highlighted all of the concerns which we had during this inspection.

Some people using the service had been deprived of their liberty to receive care and treatment. This meant people were subject to a 'Deprivation of liberty safeguard,' (DoLS). We could see these applications had been carried out in people's best interests and staff had followed the legal framework of the Mental Capacity Act 2005. However, people's care records did not contain any information to show if they were subject to DoLS, their capacity to consent or their level of understanding in each of their identified care

needs. We found that staff displayed limited knowledge and understanding of DoLS and best interest decision making had not been carried in relation to a 'Do not attempt cardio-pulmonary resuscitation' certificate and an influenza vaccination.

Risk assessments were in place for people; however they had not always been reviewed within four weekly intervals as stated on the records. Some risk assessments were inaccurate because they had been calculated incorrectly.

This service provides support and accommodation for up to 41 people who are assessed as requiring residential or nursing care. This includes support for people living with Dementia and or mental health condition. At the time of inspection there were 36 people using the service. Bramble lodge care home is located in a residential area close to local amenities within its own grounds and has on-site parking.

The registered manager had been registered with the Commission since 6 December 2010. 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.

Staff understood the procedures they needed to follow if they suspected abuse could be taking place. Staff discussed potential signs and symptoms which people could display if abuse was taking place.

Personal emergency evacuation records were in place. These were available in the central office and on the backs of people's doors which made them accessible during an emergency.

People and staff told us there was enough staff on duty during the day and night. We observed staff carrying out their roles and sitting with people throughout both days of inspection.

People told us they received their medicines when they needed them. However improvements were needed to topical creams and eye drops because they did not contain dates of opening.

All staff were required to undertake mandatory training, as specified by the registered provider which included fire safety, safeguarding and infection prevention and control. Staff training records showed that not all training was up to date; however planned dates were in place.

Staff supervision and appraisals had not been carried out in line with the registered provider's policy. We noted this had been identified during the registered provider's quality assurance processes and an action plan was in place to ensure all staff were up to date.

People told us they enjoyed the variety and quality of nutrition and hydration provided to them. We observed people making drinks for themselves and saw people had access to snacks outside of mealtimes.

People told us they had regular access to health and social care professionals. Care records confirmed this to be the case.

Since our last inspection, we found that refurbishments had been carried out. A garden room had been designed in the communal lounge on the dementia unit and painting throughout the service had been carried out. At the last inspection we raised concerns about the carpets in hallway of the dementia unit and were told funding had been agreed. At this inspection, they still had not been replaced. We were informed

that they had been ordered and replacement would be going ahead shortly.

People told us they were happy living at the service and could spend their time how they wished. People told us they were cared for and felt supported by staff, whom they could go to at any time.

Not everyone we spoke with was sure if they were involved in planning and reviewing their care. However, people we spoke with told us that staff asked their permission before any care and support was carried out.

Staff were aware that people could be supported by the local advocacy service and we could see from the records which we reviewed that one person had used this service.

People told us their privacy and dignity was maintained whenever care and support was carried out and that staff gave them the time they needed and they did not feel rushed.

We observed activities taking place at the service. We saw that people, who attended these activities, actively participated in them. People told us they were happy with the activities provided to them. People attended community events and the service held fundraising events to which the local community was invited.

People told us they knew how to complain and would do so if they needed to. Information about how to make a complaint was available to people and their relatives. We could see that a small number of complaints had been made and records were in place to show the nature of the complaint, the investigation and the outcome of the complaint.

People told us they could approach the registered manager if they needed to. During the inspection, we regularly saw people talking to the registered manager and visiting them in their office when they had questions or concerns.

Staff told us they enjoyed working at the service and felt supported by the registered manager. Staff told us they were kept up to date with events, changes and updates at the service through regular team meetings.

The registered manager was required to update the registered provider each month about all aspects of the service. This meant they were actively monitoring the service and analysing areas such as safeguarding alerts and accident and incident reports to minimise the risk of reoccurrence.

The service worked alongside guidance from visiting health and social care professionals and shared information with the local authority. The registered manager attended safeguarding meetings when required to do so and shared information with them.

The registered manager and staff understood what was expected of them. Notifications to the Commission had been made when required to do so.

We found two breaches in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the premises and equipment and records. You can see what action we told the provider to take at the back of the full version of this report.

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.

People had access to their medicines. Gaps in topical cream records remained and topical creams did not contain a date of opening. There were gaps in the information contained in, 'As and when required' protocol records and in medicine room and fridge temperature records.

Staff followed procedures to raise safeguarding alerts when people were at risk of harm or abuse.

People and staff told us there were enough staff on duty throughout the day and at night. The registered provider regularly monitored staffing levels to ensure they remained safe.

Is the service effective?

Requires Improvement

The service was not always effective.

Deprivation of liberty safeguards were in place, however best interest's decisions had not been carried out when needed. We identified this to be a training issue.

Staff had not received supervision and appraisals in line with the registered provider's policy, however action was taken to address this after the inspection.

People told us they were happy with the nutrition and hydration supplied to them. We observed people having snacks and drinks outside of mealtimes. However nutritional risk assessments and food and fluid balance records did not always contain accurate information.

Health and social care professionals involved in people's care was documented. People told us they could access these people when they needed.

Is the service caring?

Good

The service was caring.

People told us they were looked after by kind and caring staff who always had time for them.

People told us their privacy and dignity was maintained and respected and staff gave them the time they needed.

People told us their relatives could visit at any time and could spend time in their rooms and in communal areas. Relatives told us they felt welcomed by staff.

Is the service responsive?

Requires Improvement

The service was not always responsive.

There were gaps in care records and these records had not always been reviewed within four weeks.

Care records had not always been completed in a timely manner and we observed staff completing records for people who had not been involved in their care.

People told us they were happy with the quality of activities provided at the service.

People and relatives told us they knew how to make complaints and would do so if they needed to.

Is the service well-led?

Requires Improvement

The service was not always well-led.

At the last two inspections, we identified breaches to the Health and Social Care Act 2008 in respect of records. We highlighted the same breach in records during this inspection.

Quality assurances measures required improvement because they had not highlighted the concerns which we had identified during this inspection in respect of risk assessments, record keeping, best interest decision making and staff supervision and appraisal.

The registered provider monitored safeguarding alerts and accidents and incidents. They regularly reviewed the results of audits carried out by the registered manager.

Staff told us they were happy working at the service and felt supported by the registered manager.

Bramble Lodge Care Home

Detailed findings

Background to this inspection

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

One adult social care inspector and one expert by experience carried out an unannounced inspection on 16 January 2017 and one adult social care inspector returned for a second day of inspection on 3 February 2017. The expert by experience had a background in caring for people with physical and mental health conditions.

Before the inspection we reviewed all of the information we held about the service, such as notifications we had received from the service and also information received from the local authority who commissioned the service. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. We also spoke with the responsible commissioning officer from the local authority commissioning team about the service and the clinical commissioning group.

The registered provider was not asked to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

At the time of this inspection, there were 36 people using the service and 45 staff employed at the service.

During this inspection, we spoke with the regional manager, registered manager, deputy manager, three nurses and three care staff. We also spoke with 12 people using the service and one relative.

We reviewed four care records and the supplementary records (medicine administration records and topical cream records, food and fluid balance records and personal emergency evacuation records) of a further nine people. We also looked at four staff recruitment and induction records, ten staff supervision and appraisal records and records relating to the day to day running of the service.

Requires Improvement

Is the service safe?

Our findings

At the previous inspection in September, October and December 2015, we found that topical cream records had not been kept up to date. This meant we could not be sure if people received their topical creams as prescribed by their GP. We discussed our concerns with the registered manager and they told us that they needed to put more robust procedures in place for the management of topical creams. The deputy manager told us that care staff usually supported people to apply topical creams; however it was the nurse's responsibility to check if they had been applied.

At this inspection, we looked at the topical creams and records for nine people. We found that each of the topical creams for all nine people were open and did not contain a date of opening. One person had ten topical creams which did not have a date of opening on them. We also identified significant gaps in topical cream records. Records did not always contain information about where and when to apply the topical cream; where information about this had been included, it did not always match the prescription label on the topical cream. We found staff did not routinely complete topical cream records when they assisted people to apply them. People told us they did receive them, but couldn't be sure if this was at the frequency prescribed by their GP. After inspection, the registered provider told us that changes were being made to topical cream records to ensure they were more regularly completed by staff.

'As and when required' (PRN) protocols for three people did not provide information to inform staff when they needed their medicines, such as signs and symptoms of pain which people may display because they could not always inform staff because of their health conditions. Protocols for PRN medicines had not always been updated regularly. We found two PRN protocols for one person had not been updated since November 2015. Another PRN protocol had been dated 24 June 2017. We also found a PRN protocol for one person had not been put in place for their PRN medicine.

Not all eye drops contained a date of opening. This is important because eye drops have a short shelf life and become less effective when they have been opening for more than 28 days.

Fridge and room temperatures for medicines had been taken and recorded twice per day as identified on the monitoring records. We identified regular gaps where these had only been carried out once per day. Where records showed temperatures exceeded safe temperature limits for storing medicines, we could not see what action had been taken to address this.

We looked at repositioning records for one person who needed to change their position every two hours to alleviate pressure. This meant the person needed to change their position 12 times in every 24 hours. We looked at records dated 26 January to 3 February 2017 and found that staff had not recorded whether these positional changes had been carried out at this frequency. We identified three days where only one positional change had been recorded. The registered manager told us he was confident that positional changes were being carried out. Following inspection, the registered also told us that changes were being put in place to improve the consistency of which records were completed.

People had risk assessments in place for their identified needs. These included nutrition, pressure area care, continence, medicines and falls. We found disparities between risk assessments, for example, we found some had not been reviewed every month as identified on the record. They had been missed completely or had been reviewed at six weekly intervals. We also found some risk assessments had been fully completed and where people had experienced a fall, the risk assessment and care plan had been updated.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (regulated activities) regulations 2014.

Nurses dispensed people's prescribed medicines and care staff dispensed people's topical creams. People told us they received their prescribed medicines from nurses when they needed them. We could see completed medicine administration records (MARs) for these medicines had been completed and these medicines were available in adequate supplies.

During inspection, one person told us there had been a delay in people receiving their medicines the previous night which had meant they had gotten to bed very late. We spoke with the registered manager about this and they told us an agency nurse had been on shift and the medicines round had taken longer than usual because they were not familiar with people. The registered manager told us they would look at what support could be offered to agency nurses to avoid delays in people receiving their medication.

Safeguarding alerts had been made when needed. Records in place showed the reason for the alert and the action taken by the registered manager which included details of investigations carried out and outcomes. Staff we spoke with demonstrated a good understanding of the different types of abuse people could experience and the signs and symptoms they needed to look out for. During inspection we observed people and staff speaking with the registered manager about any concerns which they had. Staff told us they would not hesitate to raise any concerns they had about people or staff. We could see staff understood the procedures which they needed to follow and had undertaken training in safeguarding adults or had planned dates in place.

Accidents and incidents had been recorded and were shared regularly with the registered provider as part of their quality assurance procedures. Records detailed the nature of the accident or incident and the actions taken to reduce the risk of reoccurrence.

Up to date certificates were in place to show the building was safe for people and staff to use. These included certificates for gas and electrical safety and the lift. Regular health and safety checks had been carried out which included window restrictors and water temperature checks.

Staff had regularly participated in fire drills and regular checks of fire doors and firefighting equipment had also been carried out.

Each person had a personal emergency evacuation plan (PEEP) in place. These provide staff and emergency services with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. These records were available at the entrance of the service and on the backs of people's doors which meant they could be accessed quickly.

We looked at the recruitment records of the four newest members of staff. We found that each staff member had appropriate documentation in place, such as a completed application and interview questions. Three staff members had two checked references and one staff member only had one, however we noted this had been picked up during an audit carried out by the registered provider. All staff had a disclosure and Barring

Services (DBS) check. These were carried out before potential staff were employed to confirm whether applicants had a criminal record and were barred from working with vulnerable people.

People and staff told us there were enough staff on duty to provide safe care and support to people. We look at staff rotas and dependency tools. During inspection, we observed staff spending time sitting with people. People were given the time they needed and were never rushed. This meant we could see staff had the time they needed. One staff member told us, "There are enough staff around. Carers just get on with it. They all know what they are doing." We spoke to a relative about staffing levels and they told us, "There's always someone around if you need them." They also told us there were enough staff on in the day and night and confirmed they did not need to wait long when they had pressed the call bell

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

At the time of our inspection, there were 20 people who had a DoLS restriction in place; we could see that people had these in place to maintain their safety or to provide support with personal care, eating and drinking and medicines management. The registered manager had a tracker in place which showed when each person's DOLS restriction had been granted and when it was due to expire. This prompted the service to make sure that a review of these deprivations took place prior to the expiry of the restriction.

During the inspection, we found that staff lacked understanding about DoLS. A nurse and two care staff on the dementia unit could not tell us which people had a valid DoLS in place and did not know what safeguards people had in place to protect them. One staff member told us, "We have a few on DoLS up here [on the dementia unit]. That's the one where people can't go out [outside]." We found that some care plans contained contradictory information. For example, in the identified need area of a care plan for medicines for one person stated, "[Person using the service] is unwilling to take responsibility for own medicines due to confusion associated with their dementia. In the plan of care section within this care plan, the record stated, "In discussion, you stated you do not feel able to manage your own medicines safely." We questioned the accuracy of these statements because the person had a DoLS in place which meant they did not have the capacity to make this decision.

After the inspection, the registered manager provided a 'DoLS application log' which identified when DoLS applications for people had been made and granted. The record stated that two applications for people had been sent on 9 October 2015 and the comments section stated that they had both been chased up on 6 September 2016 without an outcome. We found no further action had been taken to identify whether these applications had been granted. We contacted the registered manager on 17 February 2017 for information about this. They informed us that they had spoken with the DoLS team on 16 February 2017 and they had missed these applications. Following inspection, the registered provider informed us that monthly checks were put in place to monitor the progress of DoLS applications.

We found staff were not working within the principals of the Mental Capacity Act 2005 because best interest decisions had not been carried out when needed. We found one person had been issued with a 'Do not attempt cardio pulmonary resuscitation (DNACPR) certificate and another person had been given an influenza vaccination whilst DoLS was in place. There was no evidence of best interest decision making for

these people. When we spoke with the registered manager, they told us that they were not aware they needed to carry out best interest decisions in these cases and stated people with deprivation of liberty safeguards in place did, "Not normally have best interest decisions for DNAR certificates."

Care records stated that staff had made best interest decisions, however no records of these were in place and there was no evidence to show who had been involved in these decisions. For example, a risk assessment for bed rails was in place for one person and stated, "Best interest decision carried out with relative and staff." This was dated 13 December 2016. This risk assessment had not been signed by the relative with lasting power of attorney and there was no evidence of a best interest decision.

Following inspection, the registered provider told us they were taking action to ensure all best interest decisions were fully documented.

This was a breach of Regulation 11 (Consent to care and treatment) of the Health and Social Care Act 2008 (regulated activities) regulations 2014.

We looked at the malnutrition universal screening tool (MUST) for one person and found that staff had wrongly calculated weight loss and gain. For example, on 18 August 2016, staff had recorded a 0.8 kilogram weight loss; however this was incorrect and should have been a 1.2 kilogram weight loss. On 28 September 2016, staff had reported a 1.4 kilogram weight gain; however this was incorrect and should have been a 1.9 kilogram weight loss. We discussed this with the registered manager during the inspection and asked them to take action to address this.

There were gaps in health and well-being records. This was also highlighted during the last inspection. There was no evidence to show what action staff had taken when people's food and fluid intake was inadequate. The registered manager told us they would take action to address this; on the second day of the inspection we noted some improvements because these records had been more consistently completed to show food and fluid intake.

Food and fluid balance records had not been completed in a timely manner. On the first day of inspection, we looked at these records at 12:10 and found that none had been completed on that day. On the second day of inspection, at 12:30 we observed a staff member completing the food and fluid balance records for everyone on the dementia unit for the day so far. We asked the staff member why they had done this and they told us, "We are behind today." We spoke to the registered manager about this and questioned the accuracy of the records because they was a delay in completing them and the staff member had not provided care and support to everyone on the dementia unit. The registered manager told us this should not happen and would take action to address this.

Where people had received insufficient food and fluid intake, there was no evidence to show what action had been taken to prompt the person to increase their food and fluid intake. For example, in records looked at between 12 and 15 January 2017 for one person no food intake had been recorded. On 15 January 2017, fluid intake for the day was recorded at 600 millilitres. For another person, we found their hydration was recorded at 100 millilitres on 12 January 2017 and 230 millilitres on 15 January 2017.

We could see that a dietician had visited one person on 20 September 2016 and had recommended that calogen (a high energy supplement) should be given four times per day and weekly weights carried out. There was no evidence to show that these had been carried out.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (regulated

activities) regulations 2014.

People spoke positively about the nutrition and hydration at the service. One person told us, "They (staff) look after us. The food is nice but they can't make you eat it, if I don't like it I leave it." During both days of our inspection, we found people were regularly offered a variety of nutrition and hydration. One person told us, "There is always plenty of tea and cakes."

Since our last inspection, refurbishment had been carried out at the service. There was information on display to inform people and their relatives about what changes would be made at the service. From this we could see that internal areas would be painted and wet rooms updated and coffee shop replaced with a skills kitchen to encourage people on the mental health unit to increase their independence. A garden area had been created on the dementia unit and we observed people and staff used this space. From our observations, we could see that people took pleasure from spending time in this area.

At the last inspection, we spoke with the registered manager and regional manager about the carpets in the communal areas of the dementia unit because of a malodour. They both told us that they would be renewed and at that time funding was in the process of being agreed. At this inspection, we found that these carpets had still not been renewed and the malodour remained. The registered manager and new regional manager informed us that carpets for these areas had been ordered and would be renewed shortly.

All staff we required to participate in mandatory training. This is training the registered provider feels is necessary for staff to complete to undertake the role which they have been employed to do. We could see that this included fire safety, dementia awareness, infection prevention and control, safeguarding, the Mental Capacity Act 2005 and deprivation of liberty safeguards. The registered manager provided an updated training summary record for all staff after inspection. We could see that some training was outstanding and planned dates were in place. The registered manager told us that all training for all staff would be up to date by 31 March 2017.

All new staff participated in an induction programme which involved training, shadowing more experienced members of staff and becoming familiar with the policies and procedures of the service. Induction records showed staff were required to participate in reviews at week one, two and four and then a three month review would take place to determine whether staff could be signed off as competent to carry out their role. We looked at the induction records of four staff and found that required questions on the records had not been completed and all four staff had not participated in all of the reviews required during their induction period. We saw that these gaps had been identified by the registered provider's own quality assurance process and action was being taken to address this.

Supervision and appraisals are formal methods of support between staff and their supervisor to make sure any needs are identified. We looked at the supervision records of ten staff during both days of inspection. On the second day of inspection, we identified four staff had not received supervision in line within the registered provider's supervision policy. There were gaps in these supervision records. Of the ten staff records looked at, only two staff had received an appraisal during the last year. The registered manager told us they had been concentrating on supervision sessions with staff. We noted that six staff had not received an appraisal since 2013 and two staff since 2015. The registered manager told us that an action plan was in place to ensure all staff had completed their appraisals by 31 March 2017. After inspection we received an action plan from the registered provider which stated that all staff had received an appraisal.

The registered manager and staff worked alongside health and social care professionals; these included GPs, dentists, chiropodists, social workers and mental health professionals. People told us they could

access these people when they needed to and staff supported people to appointments. From the care records we could see that referrals to dieticians, speech and language therapist and the falls teams had been made when people experienced deterioration in their health and well-being. There was a notice board on the ground floor with information about how to book health check appointments for the chiropodist and audiologist.

Good

Is the service caring?

Our findings

People told us they enjoyed living at the service and felt cared for. One person told us, "Yes, I am well looked after." Another person told us, "I'm quite happy. I have no complaints." From our observations, we could see staff knew people well. We saw people and staff laughing and joking during meaningful interactions. We also saw staff providing people with reassurance which included holding hands and appropriate hugs when people needed them.

A best interest's assessor provided a compliment to the service. They said, "It was refreshing to see the choice and independence the service user was given in relation to activities which are important. My experience at Bramble lodge care home was very positive and reassuring. I observed truly person-centred care taking place."

People told us they had the freedom to spend their time how they wished and staff were always on hand if they needed them. One person told us, "I can ask them [staff] to do anything I want. They do it for me or go and get me what I asked for." Another person told us, "The staff are marvellous and take good care of me. I don't have to do anything in here. They see to my clothing. I do what I can manage and they help me with the rest." The person went on to tell us, "I'm happy with everything in here."

We observed staff spending time with people. We could see staff knew about people's likes and dislikes and past histories because of the topics of their conversations. For example, one staff member spent time with one person chatting about the person's children and looking at photographs which helped the person to reminisce about different events in their life.

We observed staff speaking loudly to people who had difficulty hearing and people were given the time they needed to respond. Staff were pleasant when they were speaking with people. We observed staff protecting and maintaining people's privacy and dignity throughout our inspection. People confirmed staff took reasonable steps to maintain their privacy and dignity and gave examples, such as knocking on their doors and ensuring they remained covered during personal care.

Not everyone we spoke with was sure if they were involved in making decisions about their own care and care records did not always evidence this. However people spoke positively about the care they received and told us they were happy living at the service. We observed staff seeking people's permission before assistance with care and support was given.

Staff told us that they encouraged people to talk to their relatives about their care when decisions needed to be made. They told us they also signposted people to local advocacy services and we could see this had been evidenced in people's care records. Information about advocacy was on display at the service. We could see that some people had accessed these services when they needed support. Advocacy is a means of accessing independent support to assist with decision making.

People told us their relatives were free to visit them whenever they wanted. We saw relatives visiting during

our inspection and could see they spent time in people's rooms and in communal areas. We could see positive interactions between relatives and staff.

Requires Improvement

Is the service responsive?

Our findings

There were gaps in care records. Care plan evaluation summaries were not up to date and did not reflect the information contained in care plans. Care plan and risk assessment reviews had not been carried out each month as identified in the care records. We found they had been missed completely or had been carried out at six weeks. For example, a care plan for vision and hearing had been reviewed on 27 October 2016, but not again until 15 January 2017.

Following inspection, a monthly holistic evaluation was implemented to ensure all care plans are regularly reviewed. This had been included in an action plan which the registered provider had sent to the Commission after the inspection.

Where people had a DoLS in place, there was no reference to this in their care plans. This information is relevant because it informs staff about people's capability in each of their identified areas of need and their ability to consent. The registered manager told us people did have a care plan for DoLS in place which must have been archived. They told us they would take action to ensure this information was included into people's care plans.

Prior to our inspection, a safeguarding alert for neglect had been upheld following a safeguarding meeting on 23 May 2016. The alert was upheld in respect of record keeping because staff had failed to collect the information they needed when a person using the service had transferred from another service. We spoke with the registered manager about this and they told us changes had been made to preadmission records and supervision had been carried out with staff to reduce the risk of this type of incident from occurring again.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (regulated activities) regulations 2014.

We found some care plans contained detailed information and these linked with people's healthcare appointments and any new recommendations. For example, a care plan for vision and hearing stated that the person had experienced deterioration in their eyesight and hearing and now wore glasses and hearing aids. The care plan informed the last dates people had an assessment in these areas which meant staff could book new appointments when they were needed. In another person's care plans, we found detailed information about the person's life history and how this linked into their current health condition. This information informed staff about the level of support the person needed when they well and when they experienced deterioration in their health condition. This meant staff only provided the care the person needed and encouraged them to remain independent.

Improvements had been made to the quality of daily records. We found they were regularly completed and contained information about each person. Each person spoken to during inspection spoke positively about the activities provided at the service. One person told us, "[Activities staff member] is very good and very energetic. Just what we need." Another person told us, "[Activities staff member] is fantastic."

We observed activities taking place at the service, these included armchair aerobics and a sing-a-long. During the sing-a-long, we observed people and staff actively participating and observed people laughing and smiling. We saw staff were full of enthusiasm and people spoke positively about them. Activities staff told us they spent time planning activities around people's preferences and included one-to-one and group activities. They also told us they arranged for external organisations to visit the service to provide activities and arranged for people to attend external events within the local community.

People told us they regularly went out into the community. People told us they went to the local pub, garden centre, bowling club and park. We saw that some people accessed the local community to go for a walk or to go to the shops.

Overall, people told us they were happy with the quality of activities on offer at the service and could choose about whether they wanted to participate. Each person spoken to told us the activities staff would cater activities to their individual needs.

During the inspection, we observed people and relatives regularly interacting with staff. We also observed people speaking with the registered manager. Everyone spoken to, told us they could raise any concerns which they had and told us they felt confident that action would be taken. We could see people had a good relationship with the registered manager.

At the time of inspection, no-one had any concerns or complaints which they wanted to raise with us. People told us they had confidence in the management team and had been taken seriously when they had raised concerns previously. Records were in place to show when a complaint had been made and the action taken to resolve complaint including an outcome. Information relating to complaints was shared with the registered provider and this was used to make changes where appropriate.

Requires Improvement

Is the service well-led?

Our findings

Regular audits had been carried out at the service, these included health and safety, infection prevention and control, catering, dining experiences and nutrition. We could also see that the registered provider regularly visited the service to carry out a quality audit. We could see that the results of these audits and information relating to safeguarding alerts and accidents and incident was shared with the registered provider.

Although we could see that audits had been carried out, we found they had not highlighted the concerns which we had during this inspection. We found that reviews of 'Malnutrition universal screening tools' had taken place, however they had failed to identify the discrepancies which we identified and we found some figures in the audits were inaccurate. We also found gaps in the quality audits carried out by regional managers. We found that these audits had failed to identify our concerns with record keeping, topical creams, DoLS and best interest decision making.

At the last two inspections carried out during 2015, we identified breaches to the Health and Social Care Act 2008 in respect of records during both inspections. We had also highlighted the same breach in records during this inspection. We could see that some improvements had been made to the quality of records at the service in some areas, but not in all areas. We wrote to the registered provider after inspection to outline our concerns. They responded to our concerns and included an action plan to show the action they planned to taken to become compliant with the regulations. We were confident that improvements would be made.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (regulated activities) regulations 2014.

Staff spoken to told us they felt supported by the registered manager and felt able to go to them if they needed to. One staff member told us, "It's good in here. The management are really supportive." Another staff member told us, It's good here, The management are really supportive." Another staff member told us, "[Registered manager] is very supportive." People and relatives we spoke with during inspection also told us they felt the registered manager was approachable and had an open door policy.

The registered manager was aware of their responsibilities and had notified the Commission of events which had occurred at the service when they were required to do so. The local authority commissioning team and safeguarding team along with the clinical commissioning group told us the registered manager and staff at the service worked closely with them and provided information when required to do so.

Staff told us they attended regular meetings and felt they were kept up to date with any changes occurring at the service. Staff told us they had access to the minutes of all meetings. Staff told us they felt able to voice their opinions and felt meetings were a place to have positive discussions with their team.

Surveys had been carried out in January 2017. We were shown copies of relative satisfaction questionnaire. One relative commented on the questionnaire, "Staff are very friendly, caring and professional. My [person

using the service] is always content, well fed and well looked after. Their medicine needs are promptly dealt with. I would happily recommend this care home."

From speaking with people, their relatives and staff, we could see the service had good links with the local community. Relatives and friends were free to visit people at the service whenever they wanted to. Relatives and the local community had been invited to Christmas events and fundraising activities. People told us they went out into the local community on their own, with staff or with their relatives to access local amenities.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent People's care records did not show if they were subject to a 'Deprivation of liberty safeguard,' (DoLS). Care plans did not contain any information about people's capacity to consent or their level of understanding in each of their identified care needs. Staff displayed limited knowledge and understanding of DoLS and best interest decision making had not been carried out when needed.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance There were continued gaps in records in all areas looked at. Audits had not highlighted any of the concerns which we found during inspection. Staff completed records for people when they had not been involved in their care and care records were not completed in a timely manner. A safeguarding alert for neglect had been upheld in respect of record keeping.

The enforcement action we took:

We issued a warning notice.