

Larchwood Care Homes (South) Limited

Rose Martha Court

Inspection report

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11 August 2017

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Inadequate ●

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 ●

Summary of findings

Overall summary

At our previous comprehensive inspection to the service on 30 June 2016, 1 and 4 July 2016 five breaches of regulatory requirements were made in relation to Regulation 9, Regulation 12, Regulation 14, Regulation 16 and Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider shared with us their action plan in August 2016 and this provided detail on their progress to meet the required improvements. At this inspection we found not all of the above regulations had been complied with, namely Regulations 12 and 17.

Rose Martha Court provides accommodation and personal care for up to 76 older people and people living with dementia.

This inspection was completed on 10 and 11 August 2017 and there were 60 people living at the service.

A registered manager was in post. 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.

Whilst improvements were noted since our last inspection in relation to some aspects of care provision, care planning arrangements, people's nutritional and hydration needs and complaints management; quality assurance checks and audits carried out at service level were not as robust or effective as they should be. The registered manager had not recognised the issues we identified during our inspection including where people were put at risk of harm or where their health and wellbeing was compromised. The registered manager was unable in some instances to demonstrate how they identified where improvements to the service were needed and lessons learned.

Suitable measures were not always in place to mitigate risks or potential risk of harm for people using the service as steps to ensure people and others health and safety were not always considered. Significant improvements were required in relation to medicines management so as to ensure the supply, administration and recording of medication was appropriate. Robust procedures and processes that make sure people are protected from abuse and improper treatment had not at all times been considered and followed by the registered manager of Rose Martha Court.

Where staff's care practices and performance required improvement, suitable arrangements were not always in place to ensure staff received refresher updated training. Improvements were needed to ensure where appropriate newly employed staff completed the 'Care Certificate' or an equivalent robust induction, particularly where newly employed staff had limited experience within a care setting or had not attained a National Vocational Qualification. Suitable arrangements were not in place to ensure staff received regular supervision and an appraisal of their overall performance.

Although people's comments about staffing levels were variable, our observations showed that the deployment of staff was suitable to meet people's needs. Appropriate arrangements were in place to recruit staff safely so as to ensure they were the right people. Staff were able to demonstrate a good understanding and knowledge of people's specific support needs.

Where people lacked capacity to make day-to-day decisions about their care and support, we saw that decisions had been made in their best interests. The registered manager was working with the Local Authority to make sure people's legal rights were being protected.

The dining experience for people was generally positive and people were complimentary about the quality of meals provided. Where people were at risk of poor nutrition or hydration, this was monitored and appropriate healthcare professionals sought for advice and interventions. People told us that their healthcare needs were well managed; however improvements were required to ensure staff followed advice provided by healthcare professionals.

People and their relatives told us that if they had any concern they would discuss these with the management team or staff on duty. People were confident that their complaints or concerns were listened to, taken seriously and acted upon. People using the service and those acting on their behalf told us that staff were kind, caring and the care provided was appropriate.

You can see what actions we told the provider to take at the back of the full version of the 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?

Inadequate ●

The service was not safe.

Not all risks were appropriately managed or mitigated so as to ensure people's safety and wellbeing.

The management of medicines was not safe as staff did not always follow medication policies and procedures in line with current legislation and guidance. This referred specifically to the supply, administration and recording of medication.

Robust arrangements were not in place to protect people from abuse and improper treatment.

The deployment of staff was suitable to meet people's care and support needs. Suitable procedures were in place to recruit staff safely.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff did not receive a robust induction and improvements were required to ensure that appropriate arrangements were in place for staff to receive formal supervision and an appraisal of their overall performance. Improvements were also required to ensure staff received appropriate updated refresher training where concerns were raised about their practice.

The service was compliant with legislation around the Mental Capacity Act [2005] and the Deprivation of Liberty Safeguards [DoLS].

The dining experience for people was positive and people were supported to have adequate food and drinks throughout the day.

People's healthcare needs were met and people were supported to have access to a variety of healthcare professionals and services as required, however staff did not always follow professionals advice.

Is the service caring?

Requires Improvement ●

The service was not consistently caring.

Whilst care by staff was generally seen to be good, other arrangements as detailed within the main text of the report were not as effective as they should be and this could potentially impact on the delivery of good quality care.

People and their relatives were positive about the care and support provided at the service by staff. We observed that staff were friendly, kind and caring towards the people they supported.

Staff demonstrated a good understanding and awareness of how to treat people with respect and dignity.

Is the service responsive?

The service was not consistently responsive.

People were not always engaged in meaningful activities or supported to pursue pastimes that interested them and improvements were required.

People's care plans were sufficiently detailed and suitable arrangements were in place to assess people prior to their admission to the service.

Concerns and complaints were taken seriously and responded to in good time.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

The provider's systems to check the quality and safety of the service required improvement because it had not identified the areas of concern that we found or ensured that the principles of good quality assurance were followed to ensure a proactive approach.

Requires Improvement ●

Rose Martha Court

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 checked 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 inspection took place on 10 and 11 August 2017 and was unannounced. The inspection team consisted of one inspector. On the 10 August 2017 the inspector was accompanied by an expert by experience. An expert by experience is a person who has personal experience of caring for older people and people living with dementia.

Before our inspection we reviewed the Provider's Information Report [PIR]. This is information we have asked the provider to send us to evidence how they are meeting our regulatory requirements. We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and manager are required to notify us about by law. This inspection was prompted in part by a serious untoward incident which had compromised one person's safety and wellbeing.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 14 people who used the service, four people's relatives, five members of staff, the hairdresser, the person responsible for providing activities, the registered manager and the regional manager for the service.

We reviewed six people's care plans and care records. We looked at the staff personnel records for four members of staff. Additionally we looked at an additional four members of staff's supervision and appraisal records and the service's training data and statistics. We also looked at the service's arrangements for the management of medicines, safeguarding, complaints and compliments information and quality monitoring and audit information.

Is the service safe?

Our findings

At our previous comprehensive inspection to the service on 30 June 2016, 1 and 4 July 2016, we found that risks were not suitably managed or mitigated so as to ensure people's safety and wellbeing. Additionally, sufficient numbers of staff were not always available to meet people's needs and this impacted on the quality of care people received. As a result of our concerns a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was made. Minor improvements were also required in relation to medicines management. The registered provider shared with us their action plan in August 2016 and this provided detail on their progress to meet the required improvements. At this inspection we found not all of these improvements had been made. This related specifically to the management of risk and medicines management.

Prior to our inspection we were advised that the service had recently reverted back to using a hand written paper based medication administration record from an electronic based system as a result of continued risks that could not be mitigated despite the registered provider's efforts. However, although people told us they received their medication as they should and at the times they needed them, the provider's arrangements for the safe management of medicines required improvement. We looked at the records for 16 of the 60 people who used the service. We found a number of discrepancies relating to staff's practice and medication records.

The Medication Administration Record [MAR] for three people showed they had not always received their prescribed medication. For example, one person was prescribed a transdermal patch for the prevention of nausea, vomiting or vertigo symptoms and this was to be applied every 72 hours. The MAR form showed this was not administered on two consecutive occasions. The rationale recorded on the reverse of the MAR form was not documented for one omission; and the other entry recorded, 'not available'. However, in relation to the latter the medication had been received at the service 12 days earlier. The MAR form for another person showed they had not received one of their medicines on one occasion. The rationale on the reverse of the MAR form recorded 'not available'; however the medication was seen to remain in the blister pack and staff had signed to state they had administered it. Additionally, the MAR records for two people did not tally with stock balances available. The latter suggested that people had not been given their medication, nonetheless the MAR form had been signed by staff to state otherwise.

Where people were prescribed an emollient and/or topical cream, improvements were required in relation to the records. It was difficult to determine if staff had failed to apply the topical cream or solely failed to record the administration as records were incomplete and people using the service were unable to tell us if these emollients and topical creams had been applied. For example, in the case of one person their topical cream record suggested this was omitted on 14 out of a possible 28 occasions. A rationale for this was not always recorded, however some records stated this had not been applied as it could not be located within the medication trolley. On the day of inspection the topical cream was readily available but had not been opened and used. This meant that the medication had been available but not applied as required.

On one occasion staff had failed to send a person's 'time critical' medication with them whilst they attended

a hospital appointment. Although the person suffered no obvious ill-effects related to the missed dose of medication, the potential impact of this could have been serious and made them feel unwell. We discussed this with the registered manager and were assured that the person received their medication as soon as they returned to the service.

Not all risks to people's safety and wellbeing had been identified, and suitable control measures had not always been considered and put in place to mitigate the risk or potential risk of harm for people using the service. Prior to the inspection a safeguarding concern had been raised with us by the registered provider and Local Authority in relation to a serious untoward incident which had compromised a person's safety and wellbeing. Although the person did not suffer any physical injury as a result of the incident, they confirmed to us at the time of the inspection that they had been "shaken up" by the experience. Information gathered as part of the inspection process and following further correspondence with the registered manager after the inspection, confirmed no risk assessments or management strategies had been considered or put in place to manage the circumstances surrounding the events that took place. However, the registered manager confirmed appropriate steps and measures had been taken to ensure the person's care would now be provided in a safe way and lessons had been learned. An apology was also provided by the registered provider and registered manager to the person for the distress caused.

Records showed that one member of staff had undertaken a manual handling procedure using an incorrect item of equipment and this had resulted in the person using the service experiencing pain to their legs. Their supervision record stated they needed to undertake refresher manual handling training as an outcome of the incident investigation; however the registered manager confirmed and records demonstrated this had not yet been provided. We discussed this with the registered manager and no rationale could be provided as to why this had not been followed up placing people at continued risk. An assurance was provided that this would be undertaken as a priority.

These failings were a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The staff training information provided to us showed the majority of staff employed at the service had up-to-date safeguarding training. Staff were able to demonstrate a good understanding and awareness of the different types of abuse and how to respond appropriately where abuse was suspected. Staff confirmed they would report any concerns to external agencies such as the Local Authority or the Care Quality Commission without hesitation.

Although the above was positive we found that following concerns about one member of staff's conduct whilst employed at one of the registered provider's 'sister' homes, robust procedures and processes that make sure people are protected had not been considered and followed by the registered manager of Rose Martha Court. Although the member of staff was transferred to Rose Martha Court and actions and recommendations were recorded as part of the outcome of an investigation pertaining to their conduct, no evidence was available at this inspection to ensure further poor practice or abuse was not repeated. This was despite the registered manager of Rose Martha Court having been the lead investigator.

Information at this inspection showed that lessons had not been learned and the member of staff had again acted inappropriately towards a person using the service by verbally abusing them and treating them in a manner that could be interpreted as degrading. Our findings showed there had been a lack of preventative actions undertaken by the registered manager to keep people safe and to ensure that the member of staff concerned did not repeat previously known poor care practices. No management plan had been put in place to monitor the member of staff's performance so as to ensure people were protected from abuse and

improper treatment. Furthermore their first supervision was only undertaken six weeks after they transferred to Rose Martha Court. This demonstrated that neither the provider nor registered manager fully understood their associated responsibilities in relation to preventing abuse of people using the service and to keep them safe. However, it was noted that suitable actions had been taken without delay by the registered provider and registered manager at Rose Martha Court in relation to the staff performance pertaining to this member of staff and the above incident.

This is a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Environmental risks, for example, those relating to the service's fire arrangements were in place and these included individual Personal Emergency Evacuation Plans (PEEP). The registered provider and registered manager had received a recent letter from the Local Authority and Care Quality Commission regarding the provider's legal duties with respect to fire safety following a recent nationally reported major fire incident in June 2017. A fire risk assessment was in place and the services' Business Continuity and Emergency Plan had recently been reviewed and updated. The latter is a document that ensures the service can cope with the effects of an unforeseen emergency or crisis. The registered manager confirmed that appropriate fire detection, warning systems and fire fighting equipment were in place and checked to ensure they remained effective. These ensured that the registered provider was able to respond effectively to fire related emergencies that may occur at the service. Staff spoken with were aware of the service's fire procedures and knew what to do in the event of an emergency. Fire drills within the service were completed at regular intervals for staff.

We asked people whether they felt safe living at the service. People confirmed to us that staff looked after them well, their safety was maintained and they had no anxieties or worries. One person told us when asked if they felt safe living at the service, "I feel safe here. I trust the staff to look after me." Another person told us, "Yes, I feel safe here. I'm sure if I didn't they [staff] would do something about it." One relative told us, "Overall I feel they [member of family] are safe here. They [staff] do ring me if anything happens or they are not quite themselves."

In general people told us that staffing levels at the service were appropriate in meeting their needs. One person told us, "The staff are there if you need them." Another person told us, "They [staff] come quickly if I call them, I am well cared for." A third person told us, "They [staff] don't take too long to answer normally." Whilst the above was positive, we received conflicting comments about people's call alarms. This referred specifically to some people feeling that staff were not always as responsive as they should be and others stating their call alarm facilities were not always placed within reach. One person told us, "My bell is always within reach, I've never had to call it though." Other comments included, "Occasionally they [staff] forget to give me the call bell. If so, I just hope they [staff] come back to me. Sometimes I wait a long time. Sometimes they [staff] say to me we're rushed off our feet" and, "They've [staff] given me one today, but I've never had to press it before. It's the first time they've [staff] given it to me."

Although the latter comments were made, our observations indicated the deployment of staff was suitable to meet people's needs. Current staffing levels ensured their care and support was provided in a timely manner and staff were able to respond to the changing needs and circumstances of people using the service. Furthermore, people's call alarm facility was close to hand and within reach.

Staff recruitment records for four members of staff appointed within the last six months showed that the registered provider had operated an appropriate recruitment procedure in line with their own policy and procedure and regulatory requirements. Relevant checks were carried out by the provider before a new

member of staff started working at the service. These included the attainment of references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service [DBS]. However, minor improvements were required to ensure that references requested and received were acquired from an applicant's most recent employer. This would ensure the prospective employer had the most up-to-date information relating to their employment and conduct.

Is the service effective?

Our findings

At our previous comprehensive inspection to the service on 30 June 2016, 1 and 4 July 2016, we found that staffs training was not as effective as it should be and the dining experience across the service was variable. As a result of our concerns a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was made. The registered provider shared with us their action plan in August 2016 and this provided detail on their progress to meet the required improvements. At this inspection we found not all of these improvements had been made. This related to some aspects of staff training.

Staff were complimentary about the quality of the training provided. Staff confirmed they received regular training opportunities in a range of subjects and this provided them with the skills and knowledge to undertake their role and responsibilities and to meet people's needs to an appropriate standard. Staff told us this ensured their knowledge was current and up-to-date. Statistical data showed that staff received both 'face-to-face' and on-line training and overall 78% of training for staff was up-to-date. Where training statistics were low, this specifically related to first aid and basic life support, information governance, person centred care, recording and reporting. However, the registered manager provided additional evidence to show that this training was booked to take place between August 2017 and November 2017.

However, although the above was positive, information provided prior to and during the inspection demonstrated that some members of staff's manual handling practices had been inappropriate and unsafe. These had been raised as a safeguarding concern with the Local Authority and investigations completed. While some staff had received refresher up-dated training so as to fulfil the requirements of their role safely and to an appropriate standard, this had not been completed for one member of staff and remained outstanding since April 2017.

The registered manager confirmed that all newly employed staff received a comprehensive induction. This related to both an 'in-house' orientation induction and completion of Skills for Care 'Care Certificate' or an equivalent. Information available showed only one out of four newly employed staff had commenced and completed an 'in-house' orientation induction and/or Skills for Care 'Care Certificate' or an equivalent. Improvements were required to ensure the 'Care Certificate' or equivalent was completed, particularly where newly employed staff had limited experience working within a care setting and did not have a National Vocational Qualification at Level 2 or above. No rationale was provided by the registered manager as to why this had not been completed.

Although staff told us they felt supported by the registered manager and some members of the senior management team, staff confirmed and records showed that not all staff had received regular formal supervision. For example, one member of staff had not received formal supervision since September 2016. Where subjects and topics were raised, there was not always sufficient information available to show these had been followed up to demonstrate actions taken. Staff told us and records confirmed that staff employed longer than 12 months had not received an appraisal of their overall performance for the preceding 12 months. For example, three members of staff had not received an appraisal since 2014, 2015 and 2016 respectively. The registered manager confirmed that the above information was accurate and that

steps would be taken to address this for the future.

This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes 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.

Staff were able to demonstrate a basic knowledge and understanding of MCA and Deprivation of Liberty Safeguards (DoLS). Information available showed that each person who used the service had had their capacity to make decisions assessed. This meant that people's ability to make some decisions, or the decisions that they may need help with and the reason as to why it was in the person's best interests had been recorded. Where people were deprived of their liberty, the provider had made appropriate applications to the Local Authority for DoLS assessments to be considered for approval and where these had been authorised the registered manager had notified the Care Quality Commission.

From our discussions with people using the service, we were assured that staff understood the importance of giving people choices and respecting their wishes and how to support people that could not always make decisions and choices for themselves. People were observed being offered choices throughout the day and these included decisions about their day-to-day care needs. People told us that they could choose what time they got up in the morning and the time they retired to bed each day, what items of clothing they wished to wear, where they ate their meals and whether or not they participated in social activities. One person told us, "I can choose the times I get up and go to bed and where I sit."

Peoples comments about the quality of the meals provided were variable. One person told us, "The food is very good, hot and tasty". Another person told us, "The meals are not bad, I have no complaints." Where comments were less favourable these included, "They always give me far too much, and how can I eat all this". The person told us that the large plate of food was overwhelming and put them off eating their dinner. They further stated that staff always gave them too much food despite knowing they found this to be off-putting. Another comment included, "I think the food could be improved if I'm honest. I have to be careful what I eat." When questioned further the person told us they did not like all of the vegetables provided each day; however as a replacement they were just given extra potatoes. This showed that although staff knew the needs of the individual person, proactive measures were not always considered to meet the individual's needs.

The dining experience within the service was noted to be positive during both days of the inspection. People were able to choose where they ate their meal, for example, at the dining table, while some people remained in their lounge chairs with tables placed in front of them and others were able to eat in the comfort of their room. Two people told us, "We're happier eating here [lounge]. To be honest, it's a chance for some peace and quiet. We always eat together just the two of us". One of the two people further stated they were very grateful that staff understood their need to eat in the lounge and not in the dining room with everyone else.

Where people required assistance from staff to eat and drink, this was provided in a sensitive and dignified manner, for example, people were not rushed to eat their meal and positive verbal encouragement to eat and drink was provided. Staff knew people's individual likes and dislikes; for example one of the meal choices was sausages and onions. Staff remembered for one person that they did not like onions. Hot and cold drinks and snacks were readily available throughout the day and not just at set times. One person told us, "They're [staff] always reminding me to drink. They [staff] tell me how important it is, especially when it's hot."

The nutritional needs of people were identified and where people who used the service were considered to be at nutritional risk, referrals to a healthcare professional such as GP, Speech and Language Therapist and/or dietician had been made. Where instructions recorded that people should be weighed at regular intervals, such as, weekly or monthly, this had been followed.

People told us that their healthcare needs were well managed. One person told us, "If I wasn't well they'd [staff] soon notice. They look after me." Another person confirmed that staff were responsive to their healthcare needs as and when required. People's care records showed that their healthcare needs were recorded and this included evidence of staff interventions and the outcomes of healthcare appointments. Each person was noted to have access to local healthcare services and healthcare professionals so as to maintain their health and wellbeing, for example, to attend hospital and GP appointments, District Nurse and Community Dementia Nurse Specialist. Relatives confirmed they were kept informed of healthcare issues relating to their member of family. However, not all healthcare professionals were complimentary about the service. Concerns were raised that instructions and guidance provided were not always followed by staff and that improvements were needed in relation to communication.

Is the service caring?

Our findings

Whilst care by staff was generally seen to be good, other arrangements as detailed within the main text of the report were not as effective as they should be and this could potentially impact on the delivery of good quality care for people using the service. This referred specifically to our concerns relating to medicines management, risk management strategies and lessons not being learned in relation to one member of staff's known poor care practices. Additionally, where one staff member's manual handling practices had been inappropriate and unsafe; refresher training had not been provided at the time of this inspection and this could place people at risk of not receiving good care.

People were satisfied and happy with the care and support they received. One person told us, "I think the staff are caring, they're very good. It was hard for me coming here and they [staff] really helped me to settle." Another person told us, "I like being here. The staff treat me very well, they're kind and caring and generally very friendly. I'd say I live quite a nice life here." A third person told us, "Staff treat me beautifully. I'm really happy here. They [staff] listen to us and that makes all the difference." The majority of relatives spoken with confirmed they were happy with the care and support provided for their member of family.

We observed that staff interactions with people were positive. For example, where people were given assistance by staff to transfer from a comfortable chair to a wheelchair and vice versa using a hoist, staff allowed the person to take their time and provided verbal encouragement and reassurance where necessary. Whilst walking past one person's door we overheard a member of staff talking with them. The member of staff had noted that the person's feet seemed a little cold and promptly assisted the person to cover their feet so as to keep them warm. The person in question was very appreciative, stating how much better they felt. The member of staff replied, "You're very welcome, now before I go would you like me to find something more interesting for you to watch on the television?" The member of staff was noted to spend a lot of time taking the person through the television channels until they had chosen something suitable to watch. This demonstrated kindness, patience and understanding by the member of staff of what was important to the person.

The atmosphere within the service was observed to be relaxed, calm and friendly throughout both days of the inspection. Staff were noted to have a good relationship and rapport with the people they supported and there was much good humoured banter during the inspection which people enjoyed and appreciated.

Staff understood people's care and support needs and the things that were important to them in their lives, for example, members of their family and their individual personal preferences. People were encouraged to make day-to-day choices and their independence was promoted and encouraged where appropriate and according to their capabilities and strengths. For example, where appropriate people were encouraged to maintain their independence with eating and drinking and with some aspects of their personal care. One person told us, "I'm still independent. I don't need help with washing and dressing." Another person told us, "I get myself up and dressed. I need help with a shower though and they're [staff] happy to do that when I want one."

Staff were able to verbally give good examples of what dignity meant to them, for example, knocking on doors, keeping the door and curtains closed during personal care and providing explanations to people about the care and support to be provided. Our observations showed that staff respected people's privacy and dignity. Staff were observed to use the term of address favoured by the individual. In addition, we saw that people were supported to maintain their personal appearance so as to ensure their self-esteem and sense of self-worth. People were supported to wear clothes that they liked, that suited their individual needs, were colour co-ordinated, including jewellery and were appropriate to the occasion and time of year. However, improvements were needed to ensure that people's fingernails were kept clean. Several people's fingernails were seen to be dirty and long. Additionally, some people's fingernails which had been clearly polished with nail varnish some time ago were now chipped and required repainting.

People were supported to maintain relationships with others. People told us their relative and those acting on their behalf were able to visit them at any time. Relatives confirmed there were no restrictions when they visited and that they were always made to feel welcome by the registered manager and staff. Visitors told us they always felt welcomed when they visited the service and could stay as long as they wanted. One relative told us, "They [staff] never make me feel I'm being a nuisance for keep coming or for asking questions."

Is the service responsive?

Our findings

At our previous comprehensive inspection to the service on 30 June 2016, 1 and 4 July 2016, we found that people's care plans were not sufficiently detailed or accurate and people using the service were not always engaged in meaningful social activities. Additionally, we found that improvements were required in relation to complaints management. The registered provider shared with us their action plan in August 2016 and this provided detail on their progress to meet the required improvements. At this inspection we found that not all of the improvements had been made. This related specifically to social activities for people using the service, in particular for people living with dementia.

People's comments about the social activities provided at the service were variable. One person told us, "I'd like more entertainment. I'd join in with anything they [staff] organised." Another person told us, "If I'm honest, I would like a bit more to do here." A third person told us, "There's no quizzes or games here, every day's the same. I miss my sailing days. I had a boat and used to love the water." Others stated they were quite happy to just sit and either watch the television or listen to the music playing. One relative told us, "Look the TV's stuck on all the time in here [Lavender Lounge]. They [people who use the service] don't watch it. Why don't they [staff/person responsible for activities] put some appropriate music on? [Name of person using the service] loves music."

On the first day of inspection several people were seen to enjoy a routine visit with the hairdresser and a visit from others who lived at another nearby care home. The person responsible for activities told us that both care homes took it in turn each Thursday to visit one another for afternoon tea and a chat. People told us and our observations showed that people enjoyed this once weekly engagement. The atmosphere within the communal lounge was lively and sociable. In addition to this we were told that external entertainers were booked and attended the service once monthly.

This was in contrast to our observations on the first floor. Social activities for people living with dementia on the first floor were inadequate on the first day of inspection. People were observed to be either asleep or disengaged with their surroundings for the majority of the day. Our observations showed there was an over reliance on the television and even if people had wanted to watch and listen to this the volume was not always audible and the majority of people were unable to request this to be turned up.

After lunch several people had been placed in their wheelchair by staff in front of the television and were waiting for staff to transfer them to a comfortable chair. However, people were placed very close together and each person had their back to the television, which blocked the view of the television for those sitting on the other side of the communal lounge. In addition to this two people throughout the day were observed to walk up and down the corridor, often experiencing signs of distress and anxious behaviours. Staff did not always provide reassurance or support at these times. For example, one person looked weary as they walked up and down the corridor. We asked them if they would like to sit down and offered them our hand. They took our hand and walked with us to the communal lounge and sat down. Although staff were present, no-one welcomed the person in to the communal lounge, spoke to them or offered any social stimulation as a means of distraction for their distress and anxious behaviours. Staff spoken with told us they did not

always have the time to sit and talk with people using the service or to initiate social activities.

The activity planners for all four units were viewed for the period 7 August 2017 to 13 August 2017 inclusive. These showed that whilst activities were planned for people living on the ground floor seven days a week, no activities were planned for people living with dementia on the first floor for three out of the seven days. A 'note to carers' was recorded on the activity planners and this stated when there were no people responsible for activities available, it was the expectation that staff would implement these.

On the second day of inspection preparations were underway for the impending 'Pets Day' and a barbeque. On the second day of inspection staff's interactions with people on the dementia units was much better. Staff spent time sitting next to people and talking with them, the television was easy to hear and watch. One of the people responsible for activities undertook activities on the dementia unit during the morning which people appeared to enjoy.

Suitable arrangements were in place to assess the needs of people prior to admission to the service and they and their relatives were involved in this process. This ensured that the service were able to meet the person's needs and provide sufficient information to inform the person's initial care plan. Although people using the service and those acting on their behalf told us they had been involved with the above process, not all had been involved with the development of their care plan. One relative told us, "They [staff] never really speak to me about my relative's care. I'd like to be involved more and know what is going on with them."

People's care plans included information relating to their specific care needs and how they were to be supported by staff. Care plans were regularly reviewed and where a person's needs had changed these had been updated to reflect the new information. However, improvements were required to ensure people's social care needs past and present were recorded and sufficient information provided as to how these were to be met and delivered by staff.

We found that suitable arrangements were in place for people if they had a concern or were not happy with the service provided to them. The registered provider had a complaints policy and procedure in place and this included the stages and timescales for the process. Complaint records showed there had been nine complaints since our last inspection in June 2016. A record had been maintained of each complaint and there was evidence to show that each one had been responded to and/or appropriate action taken by the registered provider. A record of compliments was available to evidence and capture the service's achievements.

Is the service well-led?

Our findings

At our previous comprehensive inspection to the service on 30 June 2016, 1 and 4 July 2016, we found that the provider's quality assurance systems were not effective or robust. As a result of our concerns a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was made. The registered provider shared with us their action plan in August 2016 and this provided detail on their progress to meet the required improvements. At this inspection we found that although work had been done to improve the quality of the service provided, for example, improvements to care provision, care planning arrangements, the nutritional and hydration needs of people using the service and complaints management, further improvements were still required. This referred specifically to the management of risk, the safe management of medicines, protecting people from abuse and improper treatment; ensuring staff employed at the service received a robust induction, regular supervision and appraisal.

The registered provider was able to demonstrate to us the arrangements in place to regularly assess and monitor the quality of the service provided. The registered manager confirmed they also monitored the quality of the service through the completion of a number of audits at regular intervals. Additionally, this included a review by the organisation's internal quality assurance team to identify shortfalls and to help drive improvement. In addition to this the use of questionnaires for people who used the service and those acting on their behalf had been completed to seek their views about the quality of the service provided. This showed that the registered provider and registered manager were aware of the need to have quality assurance processes and arrangements in place so as to help drive continuous improvement within the service.

Although the above arrangements were in place, we found the registered provider's quality assurance arrangements and processes which assessed, monitored or improved the quality of the service still required improvement. Systems for improving the service through auditing and monitoring were not as effective as they should be and had not identified all of the issues we found during our inspection, in particular where people were placed at risk of harm or where their health and wellbeing was compromised. There was evidence to show that because of this people did not always experience positive care outcomes and the lack of robust quality monitoring meant there was a lack of consistency in how well the service was managed and led.

At this inspection poor medication practices were noticed which impacted on people using the service. However, medication audits since April 2017 depicted a very different picture which suggested the service was compliant with medication; despite regular stock discrepancies, poor record keeping and people not receiving their prescribed medication. Additionally, actions had not always been taken to protect people from harm and lessons had not been learned. Where concerns had been highlighted in relation to staff's practice, not all staff had received refresher training and not all newly employed staff had received a robust induction. Improvements were still required to ensure staff received regular formal supervision and an appraisal of their overall performance. Social activities for people using the service required reviewing and significant improvement, particularly for people living with dementia.

While the above was found, the regional manager who represented the organisation was on site at the time of our inspection to complete an internal audit review. It was apparent from our discussions and following feedback of our inspection that they too had identified a significant number of shortfalls that replicated a number of our findings as highlighted within the main text of this report. An assurance was given by the regional manager and registered manager that all of the issues raised as part of this inspection process would be addressed and an action plan devised and implemented.

Staff's comments about communication was variable with some staff members feeling there was effective communication and others feeling this required further improvement. Staff told us they received good support from the registered manager and they were always available should they need help and guidance. One relative told us, "If I see anything that concerns me, or I need to know something, I talk to the manager. I always feel he wants to know what's going on and if he says he'll do something, it's usually done." However, staff spoke of their frustration with the lack of consistency and support provided by the deputy manager and some senior members of staff. Staff confirmed they did not always feel able to express their views openly with some members of the senior management team and that they found this difficult to deal with. People using the service, those acting on their behalf and staff confirmed the regional manager was visible and very approachable. A copy of the last inspection report and the service's current rating were displayed in the service to provide people with information in an open and transparent way.

The views of people using the service, those acting on their behalf and staff were last undertaken in September 2016, and a report compiled. However, the number of responses received was low as responses received were from two people using the service, one visitor and nine members of staff. Although the majority of responses received were positive, where areas for corrective action were needed, a summary of actions to be addressed was not recorded.

Staff meetings had been held so as to give staff the opportunity to express their views and opinions on the day-to-day running and quality of the service. Minutes of meetings were viewed for the period January 2017 to July 2017. Although a record had been maintained, where matters were highlighted for action or monitoring, it was not always possible to determine how these were to be or had been monitored and the issues addressed. For example, concerns had been highlighted in relation to communal lounge areas being monitored more effectively to ensure people using the service received the right care and support. The meeting minutes detailed that senior members of staff should monitor to ensure the above was happening. No information was recorded to detail how this was to be done or the outcome of monitoring undertaken to date.

This is a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although we noted some improvements since your last inspection the Commission has requested to meet with the registered provider to seek their assurances that robust improvement plans were being implemented to ensure compliance with the fundamental standards and that regulatory breaches were being addressed so as to ensure continued and sustained good and safe delivery of care.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Not all care and treatment was provided in a safe way for people using the service. Risks were not always mitigated to ensure people's safety. Improvements were required in relation to medicines management.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Not all people using the service had been protected from abuse and improper treatment.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance People who use services were not supported by the providers systems and processes to assess and monitor the quality of service provided. The arrangements in place were not effective in identifying where quality or safety were compromised.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff did not receive on going or periodic supervision or an appraisal to ensure that their competence was maintained and their performance assessed. Not all staff had

received a robust induction and improvements were required to ensure effective systems were in place for staff to receive training.