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St Andrews Lodge

Inspection report

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Date of inspection visit:
25 October 2016

Date of publication:
11 January 2017

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

We inspected St Andrews Lodge on 25 October 2016. St Andrews Lodge is a small care home without nursing, for up to seven people with mental health needs. At the time of the inspection there were five people living at the home. People required support to manage their mental health and other medical needs.

The building was a large detached house arranged over two floors, with a large garden at the back of the property. The home is situated in a residential area of Burgess Hill and local shops and services are within walking distance. The home had a registered manager who was also one of the registered providers. 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.

At the last inspection in December 2015 we identified six breaches of the regulations. The provider sent us an action plan in March 2016 to confirm the actions they would take to address these breaches. At the inspection of October 2016, we checked whether the provider had made the necessary improvements to address these breaches. We found that whilst some improvements had been made, there remained continued breaches in three areas and one new breach of regulations. You can see what action we told the provider to take at the back of the full version of the report.

Risks to people were not always assessed, reviewed and managed and staff did not always have the guidance they needed to keep people safe from avoidable harm. Risks associated with changes in one person's needs had not been identified or assessed, and there was no plan in place to reduce the risk.

A system and process for managing infection control issues within the home was not established and operating effectively. This meant that people were exposed to risk of infection through poor practice in infection control procedures and unhygienic conditions within some areas of the home. Some areas of the home were found to be in a poor decorative state. The provider was taking action to make some improvements at the time of the inspection and there were plans to address some of the issues we had identified. However, there were not appropriate standards of hygiene and maintenance in many communal areas of the home.

Staff were not being effectively supported through formal supervision to identify their development needs and ensure they had the skills and knowledge to support the people they were caring for. Staff told us they were able to speak to the registered manager on the telephone when they needed support. One staff member said, "I can discuss any concerns or questions with the manager at any time. If I need support I only have to contact them."

The registered manager did not have systems and processes in place to monitor and evaluate the quality and safety of the service provided and to drive improvements. This meant that the registered manager did

not have effective overview of the quality of the service.

People were not always involved in decisions about developments within the home. For example people told us that they had not been asked about the redecoration of the hallway that was in progress during the inspection. One person said, "I don't know what the colour scheme will be, I knew it was going to be redecorated though." Another person said, "We haven't been asked about the colour, I expect it will be brown or neutral colours."

People's care was not always personalised and responsive to their needs. Care plans did not always contain information about people's preferences. One person told us they missed spending time outdoors. They said "I have had to adapt to being an indoors person now."

People told us they felt safe living at St Andrews Lodge and that they had developed positive relationships with the staff. One person said, "They are supportive, kind and friendly," another person told us, "All the staff are nice, but I have one favourite because they make me smile." Recruitment procedures showed that staff had received the required checks to ensure they were suitable to work with people. Staff and people told us that there were enough staff to look after people safely.

An activities programme had been introduced and people told us they had more to do since the last inspection. They spoke enthusiastically about the activities on offer. One person said, "I swim regularly now and I enjoy it." People knew how to complain and said that they would feel comfortable to make a complaint if they needed to. People spoke highly of the staff and of the registered manager saying, "They are a nice person," and "They are very caring."

People were happy with the food at St Andrews Lodge and said they had enough to eat and drink. Staff were proactive in supporting people to access health care services and people told us staff accompanied them to appointments if needed. One person said, "I have regular appointments and the manager makes sure I don't miss them." People received their prescribed medicines safely.

Staff understood their responsibilities with regard to safeguarding people from abuse. They knew people well and were able to tell us about people's individual needs and preferences. One staff member said, "There's a good bond, we know each other really well."

Staff sought consent from people before providing care in line with the Mental Capacity Act 2005 (MCA). People told us that they felt their privacy and dignity was respected by staff. One person said, "They do understand if I need some space or want to be quiet."

The registered manager said that they were committed to delivering high quality care and would continue to seek sources of advice and support to improve the service.

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 consistently safe.

Risks to people were not always assessed, reviewed and managed and staff did not always have the guidance they needed to keep people safe from avoidable harm.

Infection control procedures were not operating effectively, some areas of the home were not clean and well maintained.

People's medicines were managed safely. Recruitment procedures included checks to ensure that staff were suitable to work with people.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff did not receive regular support through formal supervision and appraisals to ensure they had the knowledge and skills to support people effectively.

People's consent to care and treatment was sought in line with the MCA .

People received sufficient food and drink and had access to health care services.

Is the service caring?

Requires Improvement ●

The service was not consistently caring.

People were not always supported to make choices and their views were not always sought.

People's privacy and confidentiality were respected.

People and staff had developed positive caring relationships.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

People did not always receive care that was personalised and responsive to their needs.

People were supported with a range of activities.

People knew how to complain and felt comfortable to do so.

Is the service well-led?

The service was not well- led

The registered manager did not have effective systems in place to monitor the quality of the service and drive improvement.

Record keeping was not robust and systems for managing risks were not always effective.

Policies and procedures had not been updated to ensure that staff were clear about their responsibilities and to provide a framework for their practice.

Requires Improvement 

St Andrews Lodge

Detailed findings

Background to this inspection

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

This inspection took place on 25 October 2016 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection we reviewed information we held about the service including previous inspection reports, any notifications (a notification is information about important events which the service is required to send to us by law) and any complaints that we had received. We looked at the action plan that the provider had sent us following the last inspection in December 2015. This told us how the provider intended to make improvements to ensure they were no longer in breach of the regulations. The provider had also submitted a Provider Information Return (PIR) in January 2016. A PIR asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. This enabled us to ensure we were addressing relevant areas at the inspection.

We spoke to four people who use the service. We interviewed two members of staff and spoke with the registered manager. We looked at a range of documents including policies and procedures, care records for five people and other documents such as, incident and accident records, medication records, communication and quality assurance information. We reviewed staff information including recruitment, supervision and training information as well as staff rotas. We also looked at notes from meetings.

The last inspection of 22 December 2015 identified six breaches of the regulations.

Is the service safe?

Our findings

At the last inspection in December 2015 the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there was not a robust system for assessing, recording and mitigating risks to people's health and safety. The provider's action plan detailed how this requirement would be met by September 2016. At this inspection we found that the provider had failed to make the necessary improvements and there remained a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risks to people were not always assessed, reviewed and managed. In order to address the previous concern the provider had developed an action plan. The provider's action plan stated that 'The individual risk assessment will be reviewed twice a year and arrangements to review more frequently based on the individual's changing needs. The time used to review individual support plans will be combined with their risk assessment review.' We could find no evidence that this had happened. For example, one person told us that they had been ill and taken to hospital earlier in the year with a suspected stroke. They explained that they had been more unsteady on their feet since this incident. They said "My leg's ok now, but it was a worry to begin with. I have pain in my other leg too and that's been difficult. I find stairs a bit awkward." This person's care plan and risk assessment had not been reviewed following this period of ill health and there was no indication that risks to their mobility had been reassessed or that plans were in place to support them. The registered manager said that this was because there had been no change in their needs. However, a recent letter from a health care professional asked that they be accompanied by a member of staff to future appointments and stated that this was needed due to their 'unsteadiness since their stroke.' The person told us that they had to change their health care provider recently. They said this was because there were concerns that they might fall on the stairs at their previous health care provider. There was no risk assessment to indicate that risks associated with visits to this health care professional had been assessed and there was no care plan to guide staff in how to support the person when using the stairs.

The person told us about two occasions when they had fallen since their suspected stroke, once in the garden and once at the bottom of the stairs. There was no record of these accidents in the provider's accident log. The registered manager confirmed that they were aware of both these incidents, but said they had happened 'some time ago' and the person had not needed any medical assistance following the falls. The registered manager said that these incidents had been recorded in their daily care record, but was unable to find these entries. As recording of these incidents could not be found it was not possible to be sure when they had happened. There was no evidence that risks to the person's mobility had been reassessed following these falls. This meant that there were no measures in place to ensure that risks were minimised and no guidance for staff about what support should be offered.

One person told us that they had been diagnosed with diabetes in April 2016. We noted that the MAR chart had been amended with the introduction of a medicine for diabetes. It had been noted in the daily record for the person that they had been diagnosed with diabetes, however there was no indication in their care plan that they were diabetic. There was no risk assessment and no care plan to indicate how they should be supported to manage their diabetes. This meant that staff did not have the information they needed to

ensure that any risks associated with diabetes were effectively and consistently managed. The registered manager said that staff were all aware that this person had diabetes because this had been communicated to them through the handover process, however they acknowledged that a care plan and risk assessment should be in place to ensure a consistent approach and to demonstrate how their needs were being met.

We noted that some environmental risk assessments were in place and checks had been undertaken regularly. This included a risk assessment for radiators and the use of hot water taps. Regular checks on gas and electric installations were completed by an external contractor. We saw that fire safety inspections had been undertaken regularly by an external contractor and regular fire drills were documented. However, the previous two fire inspections noted that a fire risk assessment was needed. We could not locate a current fire risk assessment, this meant that potential fire risks had not been identified and there was not a plan in place to reduce such risks. There were no individual Personal Emergency Evacuation Plans (PEEPs) in place. This meant that people's ability to evacuate the building in the event of a fire had not been considered, risks had not been identified and there was no clear plan for staff to follow.

Failure to assess, record and mitigate risks to people's health and safety is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (regulated Activities) 2014.

At the last inspection in December 2015 we identified a number of concerns with regard to the poor decorative state of some areas of the home and inconsistent standards of cleanliness around the home. We also identified some infection control concerns relating to one person and found the lack of risk management associated with this to be a breach of regulation 12 of the Health and Social Care Act 2008 (regulated Activities) 2014. At this inspection we found that little had been done to address these concerns and this has now become a more widespread issue incurring a breach of Regulation 15 of the Health and Social Care Act 2008 (regulated Activities) 2014.

We noted unpleasant odours in some parts of the house. The downstairs toilet was found to be covered in faeces, staff told us that it had been clean at the start of the day, but it had not been cleaned since it was used. The toilet bowl was subsequently cleaned, but we noted that there remained faecal matter on the tiles surrounding the toilet. The switch pull cord for the light was also dirty as was the toilet flush handle. The toilet upstairs had been cleaned, but there was evidence of ingrained dirt and staining around the toilet bowl and the skirting board. There was a free standing toilet frame that was dirty on the undersides and appeared not to have been cleaned for a long time. The extractor vent in the bathroom was clogged with dust and the toilet brush was dirty and needed to be replaced. These poor standards of hygiene presented a potential risk of infection for any person using these facilities.

We asked the registered manager about infection control procedures, they said these were contained within their policy and procedures. However, we were unable to locate a specific infection control policy or procedure. Staff did not have written guidance on how to ensure infection control risks were identified, assessed and managed at the home. Staff had not received training in infection control procedures and there was no written guidance for them to follow. There were cleaning schedules for the home, but staff had not completed these for many years. The registered manager said the schedules were used as a reference to guide staff in what needed to be done. We asked the registered manager what systems were in place to ensure that standards of hygiene were maintained. They said that they monitored this by a regular walk around the home. However, they said they had not noticed the poor standards of hygiene that we had observed and felt this was because it had been dark when they last checked the toilets and bathroom.

Although there was a written list of cleaning tasks to be undertaken the registered manager had not established an effective system to check that this was happening and that the required standard of

cleanliness was being consistently maintained. A system and process for managing infection control issues within the home was not established and operating effectively. This meant that people were exposed to risk of infection through poor practice in infection control procedures and unhygienic conditions within some areas of the home.

The main lounge downstairs was in need of redecoration. The wall paper was coming away from the wall in places and was marked and dirty. The paint work was chipped and dirty and the carpet was stained. The covers on the settee were also stained and ripped in places. Staff told us that this room had previously been used as a smoking area and there was evidence of nicotine staining around the ceiling and walls. The dining room was also in need of redecoration with dirty walls, a badly worn radiator and stained seat covers on the chairs. The kitchen was generally clean, however the area around the serving hatch was dirty and there was paint peeling on some walls and gaps in the flooring that trapped dirt. This did not create a pleasant environment in which to live.

There was evidence of water damage in the downstairs toilet, the downstairs hall ceiling and one lounge ceiling which had some mould growth. Staff told us this was due to a leak from the upstairs bathroom. On the day of the inspection the downstairs hall was in the process of being redecorated. Staff told us about the redecoration programme and explained that the bathroom was due to be refurbished, but due to the water damage caused by the leak they would prioritise redecoration downstairs first.

Standards of hygiene and maintenance in relation to the premises were not appropriate and this was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe living at St Andrews Lodge. One person said, "I can ask the staff for help if I need to," another said, "It is secure, I feel safe, nobody can get in here." A third person said, "There is someone around if you need them."

The staff rota showed that there was usually one member of staff on duty. The rota was covered by three members of staff and the registered manager. The registered manager said "We do have enough staff to meet people's needs. We never use agency staff, because we can always manage." We asked how people were supported to go out if they needed staff support. The registered manager said that staff were always able to support people for appointments. We noted that care records confirmed that people were supported to attend planned appointments. We asked a staff member if they felt there were enough staff. They said, "The manager is always available on the phone so it's fine. People are able to manage most things themselves, so there are enough staff." People told us that they felt there were enough staff at St Andrews Lodge. One person said, "Everyone is nice here, they help us with things if we need it and we all get along." Another person said, "If I need to go to the doctor or something they make sure someone can take me." We asked staff what action they would take in an emergency situation arose with only one staff member on duty. They told us they could phone the registered manager at any time for advice and support. One staff member said, "This did happen recently, I called the emergency services on 999 and then phoned the manager."

Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role. This included obtaining proof of identity, employment references and employment history as well as a criminal records check with the Disclosure and Barring Service (DBS).

Staff had the knowledge to identify safeguarding concerns and told us they would feel confident to report any concerns to ensure that people were kept safe. A copy of the local safeguarding policy was accessible

for staff to refer to if they needed to check the local arrangements. A staff member said, "I would talk to the manager if I had any concerns or if necessary I would contact the CQC."

There were safe medication administration systems in place and people received their medicines when required. Medicines were stored safely and all staff had completed training in administration of medicines and were assessed by the registered manager as competent to give the medicines. Medication Administration Record (MAR) charts were accurate and there were no gaps in recording. One person said, "I get my tablets about the same time every day, there's no problem with that." Another person said, "The staff will give me a pain killer if I need it." We saw that some people were prescribed medicines that were given when required (PRN) and staff recorded this accurately.

Is the service effective?

Our findings

At the last inspection in December 2015 the provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there was not a clear process in place for ensuring that people's rights were protected when consenting to their care. The provider's action plan detailed how this requirement would be met by September 2016. At this inspection we found that the provider had now addressed these concerns. Staff had received training and were aware of the importance of ensuring that they acted in line with the legislation and guidance.

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. We checked whether the service was working within the principles of the MCA.

Two staff members had now attended training on MCA and staff demonstrated an understanding of their responsibilities with regard to MCA. One staff member said, "I have to help people to understand things, so they can make a decision. If they can't make a decision then we need to make a decision in their best interests." People had MCA assessments in their care records for example, one person had an MCA assessment that indicated they had capacity to decide whether they wanted to remain living at St Andrews Lodge. Another person had decided that they would prefer to have their medicines administered by staff and this was noted in their care record. We noted that people had signed their care plans and given consent for their information to be shared in certain circumstances. People told us that staff asked them prior to assisting them and we observed this happening during the inspection. For example, people were heard being asked if they would like to join in with an art activity.

At the last inspection in December 2015 the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff had not received appropriate induction, supervision and training. At this inspection we found that the registered manager had addressed some of the concerns, but had failed to ensure that staff received regular supervision, appraisals and specific training relating to the needs of people they cared for.

People told us that they felt supported by the staff and that they understood their needs. One person said, "They do understand if I need some space or want to be quiet." Staff told us that they had the knowledge and skills they needed to provide care to people who were living with mental health needs. Records showed that staff had completed some training including MCA awareness and one staff member had completed their level 3 NVQ (National Vocational Qualification) in health and social care. The registered manager told us that staff were due to refresh some essential training. We could not check when this training was due, as their certificates were not available, however the registered manager said that this was arranged for the following week.

Not all staff had completed training specific to the needs of people they were caring for. The registered manager told us that training about mental health needs was planned, but had not yet happened. They said that there were opportunities for discussion with staff about people's mental health needs as and when required. We checked if staff had received manual handling training to equip them in the event that someone had difficulty with mobilising or had fallen. This had not been arranged.

Supervision can be a formal meeting where training needs, objectives and progress for the year are discussed. These meetings provide staff with the opportunity to raise any concerns or discuss practice issues. We asked a member of staff if they felt supported. They told us "I can discuss any concerns or questions with the manager at any time. If I need support I only have to contact them." Staff were not receiving formal supervision on a regular basis. The registered manager said that they spoke with staff regularly, but there was no record of these discussions. The staff rota showed that there was usually only one person on duty and there was little overlap with the registered manager. This made it difficult to see when staff would have the opportunity to talk with the registered manager. As part of supervision, one staff member had been observed giving medicines and providing care to one person, however no other formal supervisions or appraisals were recorded. This meant that the registered manager was not monitoring and supervising staff and could not therefore, be assured that staff were being supported and had sufficient skills to be effective in their roles. There was no clear strategy for developing staff knowledge and skills and supervisions were not scheduled regularly. Staff had not received the support, supervision, professional development and training as is necessary to enable them to carry out the duties they are employed to perform. This is a continued breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they liked the food at St Andrews Lodge and that they had enough to eat and drink. The menu was set over a two week period and had remained unaltered since the previous inspection when we had identified that people were not always effectively involved in making choices about food. We had identified this as an area that needed to improve. The registered manager told us that she had spoken to people about making some changes to the menu. We saw this discussion reflected in notes from a meeting in August 2016. The plan was to offer more options for people to choose from each day. The registered manager said that she would be renewing the menu as soon as possible.

Staff told us that people could have snacks between meals if they were hungry saying "It's up to them, everything is available in the kitchen." We asked if fresh fruit was available for people to help themselves and staff said it was included on the menu regularly, but nobody had asked for more. We noted that some people were choosing to buy their own fruit and snacks which they kept in their rooms. One person told us, "I get hungry sometimes, but I have a bit of fruit, that's why I have it in my room" Another person said that they usually ate out at a café and a third person said they liked to buy their own snacks. The registered manager said "If someone buys their own supplies that is their choice, not because we don't supply it."

People's health needs were supported and monitored. A Malnutrition Universal Screening Tool (MUST) was used to identify if anyone was at risk of malnutrition and people were weighed regularly. One person had a weight loss of 5kg recorded between June and September 2016. There was no indication in their care plan that this was a planned weight loss. The person told us that they had not been actively trying to lose weight. The registered manager said it was due to the person becoming more active and enjoying an opportunity to swim regularly, but this was not noted as part of their health monitoring.

Weight loss of 5kg was recorded for another person between April and Sept 2016. There was no indication in their care plan that this was planned weight loss. The registered manager said it was a planned weight loss due to a change in diet since being diagnosed with diabetes. The registered manager said that they had

discussed this with the diabetic nurse, however this information was not yet in the person's care record. This meant that staff did not have the information they needed to ensure that this person's dietary needs were met. This is an area of practice that needs to improve.

People told us that they were supported to access health care services. One person said, "The staff make appointments for me if I need them," another said, "I had the district nurse visiting me regularly," and a third person said, "I have regular appointments and the manager makes sure I don't miss them." People's daily records confirmed that people had access to a range of health and social care professionals including GP's, district nurses, opticians, chiropodists, dentists, a diabetic nurse, and social workers. We noted that one person with a serious health condition had been supported over months with numerous appointments for treatment to regain their health.

Is the service caring?

Our findings

People spoke highly of the staff and the care they received. One person said, "Staff know all the people here well and put us first." Another person said, "The staff are kind," and a third person said "They are supportive, kind and friendly." Despite these positive comments some aspects of care did not promote choice and involvement.

People were not always involved in decisions about developments within the home. For example, people had not been consulted about the redecoration of the hallway. One person said, "I don't know what the colour scheme will be, I knew it was going to be redecorated though." Another person said, "We haven't been asked about the colour, I expect it will be brown or neutral colours." Notes of meetings held with residents gave no indication that the views of people had been sought regarding the redecoration.

One person told us that the television in the main lounge area was always on the same channel and although there was a television in the person's bedroom this was not working. This meant that this person was restricted to viewing one channel only. We asked staff about this and they said that people preferred to keep the lounge television on one channel because everyone liked it. Most people had their own televisions in their bedrooms too. We asked why one person had a television in their room that was not working. The registered manager said it was not connected, but they could arrange this if the person wanted them to do so. They also said that they felt it was better that the person watched TV in the communal lounge to avoid becoming isolated in their room. This was not identified as an assessed need in their care plan, which stated 'Needs own space.' This did not support the autonomy and independence of the person who had purchased the television themselves, in order to have an opportunity to watch television in their room if they wished to do so. Promoting choice, and involvement for people is an area of practice that needs to improve.

People told us that they had developed positive relationships with the staff. One person told us, "All the staff are nice, but I have one favourite because they make me smile." A staff member said, "We understand each other here, as long as the service users are happy, that's what's important." They went on to say, "There's a good bond, we know each other really well." They could describe the care needs of people they were caring for including their interests and preferences. For example, they told us that, "One person loves to talk and asks a lot of questions, they enjoy board games and they always compliment the food." A staff member was also able to describe how they would recognise deterioration in a person's mental health. They told us "I know them very well and know the signs to look for. They sometimes hear voices in their head and if I notice they are talking to themselves more frequently, then that's an indication that they are not well. I would record that and let the manager know."

People told us that they were included in developing and reviewing their care plans. Records confirmed this, for example one care plan review stated, 'Art class is no longer running, however (person's name) says that they prefer to do art at St Andrews.' Another review stated ' (person's name) says that they prefer to have their medicines given by staff.' The registered manager told us that they had been testing some new care plan formats and had individual meetings with people to discuss their care needs. This was described as work in progress, as not all the care plans had been reviewed.

Staff told us that they understood the importance of promoting independence. A staff member described how they supported someone to keep their room tidy saying, "It's important to encourage people to do as much as they can for themselves. For example, I show them what needs to be done and prompt and encourage them to put things away, so their room remains tidy. I also support them with the laundry because they need some help." One person was being supported to manage their finances more independently. A log book was kept showing how they were being supported to manage their money on a weekly basis. Another person was supported to use the kitchen and regularly cooked the main meal for everyone at the home. This was something that was identified in their care plan and they told us that they enjoyed cooking.

Staff described the importance of respecting people's privacy and told us that people needed their own space and were able to find peace and quiet in the home whenever they needed to. One staff member said, "I will always check on people if they have been in their room on their own for a while. I will try and encourage them to join the others, but sometimes they just need space."

People's personal information was kept securely to ensure their confidentiality was maintained. People told us that staff respected their privacy, one person said, "Staff always knock on the door, they are very respectful." People told us they were able to have visitors at the home and staff confirmed there were no restrictions on visitors.

Is the service responsive?

Our findings

At the last inspection in December 2015 the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there was a lack of personalisation in care plans and people did not receive personalised care and support based on their assessed needs which reflected their preferences or wishes. At this inspection we found that the provider had made some improvements by introducing a regular activity programme and by undertaking regular quarterly assessments to review people's progress against expected outcomes in their care plans. This meant that they had met the requirements of the previous breach. However some aspects of care were not always personalised and we have identified this is an area of practice that needs to improve.

People told us they had more to do since the last inspection and spoke enthusiastically about the activities programme that had started. An activity planner included regular opportunities to go to a local swimming pool, to undertake exercises in a group, an art club and sensory therapy as well as gardening or walks and a games club. One person said, "I swim regularly now and I enjoy it," another person said, "We go on our own to the pool now, once a week." Another person told us about a regular exercise group that the registered manager was running. One person said, "I really enjoy it, it's good fun." Another person said, "Quite a few people join in, it does make you feel much better afterwards. I think it gives me more energy, its invigorating." Notes from a meeting with people recorded positive feedback about the exercise group, peoples comments included, 'I liked it a lot, you can feel it working, ' and 'It made me feel brighter,' and 'I felt relaxed.' The registered manager said they were pleased with the progress and would continue to work on developing the activities programme. We asked how people were included in the choices of activity and how people's existing interests were incorporated. They explained that most of the activities had been identified by staff initially and that people had been reluctant to try new things. However, the registered manager said that they had been surprised by how quickly people had taken to the programme. For example, to begin with the registered manager had accompanied people to the swimming pool, but as people's confidence grow they had been able to make the journey unaccompanied and now attended independently.

We observed two people taking part in an art activity during the inspection. A third person had chosen not to take part, but remained in the room to watch the activity. The people were clearly enjoying the art session and were pleased with the results. One person said, "I think I will carry on and add to this next time." Another person told us that they enjoyed spending time in the garden and had undertaken some sweeping up and other chores. Other people told us they were able to go out into the community independently and two people went out during the inspection.

Despite these positive improvements, some aspects of people's care was not always personalised and responsive to their needs. Care plans did not always contain information about people's preferences, their background and personal history or things that interested them. This meant that staff did not always have the information they needed to provide personalised care that was responsive to people's needs. For example, one person's care plan stated that staff should 'Ask me to join in games and other activities,' however there was no indication of what activities would be interesting or relevant to them. Another person's care plan contained information about hobbies they had previously enjoyed including angling. We

asked the person if they were able to continue this interest, but they said it had never been mentioned and they didn't think it would be possible because they would need support and staff did not have time. This person said they missed fishing and spending time outdoors. They told us "I have had to adapt to being an indoors person now." This showed that people's care did not always reflect their preferences and was not always personalised. This is an area of practice that needs to improve.

We noted that the registered manager undertook regular quarterly assessments to review people's progress against expected outcomes. This provided a useful overview of progress that people were making. For example, one person's quarterly assessment demonstrated how the support provided was in line with the care plan stating that they had made progress with socialising and maintaining their personal grooming. Changes that had taken place were also noted, but any actions required were not indicated. For example one care plan guided staff to prompt a person to go out daily to buy their newspaper. This strategy was to combat depression, encourage them to remain active and to not become isolated. The quarterly review reported 'Has been staying in bed in the morning and not going out for the newspaper.' There was no analysis of whether this change in behaviour indicated a change in the person's needs. The care plan had not been amended to identify how staff should respond to the change. A subsequent quarterly review showed that the person had been enjoying visits to the swimming pool and engaged with aqua exercise. Their care plan had not been updated to identify how staff should support this person to continue this activity. The person told us that they enjoyed the opportunity to swim regularly and felt it had improved their mental and physical health. This showed that staff had been responsive in supporting the person although the documentation in the person's care plan was not reflective of this.

The provider had a complaints log in place and people told us that they would feel comfortable to complain if they had any concerns.

Is the service well-led?

Our findings

At the last inspection in December 2015 the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there was not an adequate process for assessing and monitoring the quality and safety of the services provided and there was not adequate managerial oversight. At this inspection there were continued concerns about failures in management oversight and the lack of systems and processes to monitor care provision and drive improvement. This constituted a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were not effective systems in place to provide the registered manager with oversight of the service. For example, lack of effective quality assurance systems meant that the registered manager had failed to identify on-going concerns with regard to infection control. The registered manager did not have an effective process for ensuring that individual risks were identified, managed and reviewed, and there was no process in place to ensure that staff were supported with supervision and training. Lack of appropriate systems and processes meant that the registered manager had failed to identify, assess and manage risks relating to the health and safety of people.

The registered manager had not established effective systems and processes to ensure good governance of the service, and to evaluate and improve practice. The registered manager had limited contact with staff and they were not being regularly supervised to confirm the standard of their practice. The registered manager was not completing any internal audits relating to the running of the home. Two external quality audits were in place, an audit of medicines by a pharmacist and a fire safety audit. However, identified improvements that were suggested were not consistently carried out. For example, following fire safety audits, a recommendation to complete a fire risk assessment had not been implemented, despite being highlighted consistently in a number of fire safety audits.

The registered manager told us that they had oversight of incidents and accidents that occurred in the home and an accident log was in place. However, the registered manager had not ensured that all accidents were recorded and logged accurately. This meant that there was not an effective system in place that allowed the registered manager to evaluate accidents and incidents to identify any emerging patterns and take action to mitigate further risks and drive improvements.

We asked the registered manager how they could be assured that care was consistently delivered to a high standard. They said, "I use visual observations during my walk about in the home. Also I speak to people individually and in a group, and ask them about their views on the care. They tell me that it is good. We also have the questionnaire now. I talk to staff about the care too."

The lack of systems for monitoring quality meant that the registered manager could not be assured of the quality, safety and consistency of care provided. Quality monitoring was not consistently effective in identifying concerns or in driving improvements.

The registered manager had not ensured that there was clear guidance available for staff to refer to. The provider's policies and procedures were dated 2005. A note on the front sheet dated 30-6-2015 stated that they were under management review. The registered manager said that updating policy and procedures had not been a priority. This meant that the policies and procedures did not reflect current guidance or recognised good practice. Staff did not have an effective framework within which to work and were therefore reliant on verbal instructions or written communication from the registered manager. We looked at the communication book and found that this predominantly provided staff coming on duty with a list of tasks to be completed. The staff rota indicated that opportunities for staff to meet face to face with the registered manager were limited. This meant that the registered manager had few opportunities to provide face to face guidance and leadership. This, together with the lack of up to date written policies and procedures meant that staff did not have resources available to them to reference how to deliver the service appropriately.

The registered manager did not have a system in place that ensured that people's records were complete, and included a record of the care provided and decisions taken in relation to people's care. The registered manager told us that discussions were held regularly with staff about people's needs and how best to care for them. No records were kept of these conversations and this meant that the registered manager did not have a complete record of decisions made and care provided for people. For example, when someone had a change in needs the registered manager said that staff had been informed verbally, however there was no record that this had happened. The registered manager said that they had regular discussions with staff relating to the mental health needs of people they cared for. These discussions were not documented and any decisions or guidance for staff in providing effective care were not recorded.

There were not effective systems in place to ensure that all care records contained up to date, accurate information. Some care plans had not been reviewed and updated regularly. One person's care plan had been reviewed, but not updated since July 2014. Another person's care plan had been reviewed in October 2015, but had not been updated to reflect subsequent changes in their needs during 2016. A further care plan had been reviewed but had not been updated to reflect a change in the person's behaviour. This meant that the provider had failed to maintain complete, accurate and contemporaneous records in respect of each person.

The registered manager did not have an effective process in place to support the management and development of the service. For example, there was no process in place to identify when training for staff was next due. An action plan had been produced following the previous inspection. This indicated how the registered manager would meet the requirements of the regulations within a specific time frame. They had not been consistent in following their action plan and a number of planned improvements had not been achieved. The registered manager said that this was, in part, due to poor planning and that they had needed more time to make the required changes. This lack of effective systems and poor planning demonstrates inadequate management and leadership.

These concerns regarding lack of systems and processes to monitor and improve the quality of services, the assessment and management of risks and failure to maintain accurate, complete and contemporaneous records is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff and people spoke highly of the registered manager. People's comments included, "They are a nice person," and "They are very caring." Staff told us that they were able to speak to the registered manager whenever they needed to and that they felt they were well supported in their role.

The registered manager had followed their action plan and re-instated the use of a quality assurance

questionnaire since the previous inspection. This was used to capture the views of people living at St Andrews Lodge, their relatives and the views of professionals involved in the care of people. Results from the questionnaire were mostly positive. Notes recorded in the meetings book indicated that during March, April and May 2016 the registered manager had not held residents meetings. This was noted to be because they were spending time making improvements to care plans. The note said that the registered manager was instead speaking to people individually and recorded that 'all service users are happy with their care.' Subsequent entries in this book showed that the registered manager regularly sought people's views and feedback about the activities programme that had been introduced and their general views on the standard of care at the home.

The registered manager was also the provider and as such was not receiving support to improve their practice. They had not been able to identify other sources of support to ensure that they kept up to date with current practice to enable them to evaluate the delivery of care against current guidance. The registered manager said that they were committed to delivering high quality care and would continue to seek sources of advice and support to improve the service.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Continued failure to assess, record and mitigate risks to people's health and safety

The enforcement action we took:

warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment Standards of hygiene and maintenance in relation to the premises were not appropriate

The enforcement action we took:

warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Continued lack of systems and processes to monitor and improve the quality of services, and assess risks and failure to maintain accurate, complete and contemporaneous records.

The enforcement action we took:

warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Continued failure to develop staff knowledge and skills and failure to supervise staff.

The enforcement action we took:

warning notice