Bupa Care Homes (ANS) Limited

Market Lavington Nursing and Residential Centre

Inspection report

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Ratings

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

Overall summary

We carried out this inspection over four days on the 12, 14, 17 and 20 March 2015. Our last inspection to the service was in May 2013. During the visit in May 2013, improvements had been made to people's dignity, cleanliness and infection control.

This inspection was brought forward in time, as we had received some information of concern which related to people's care. The information indicated that people were not being adequately supported with their night time routines and were being left in soiled clothing. We conducted the first part of this inspection out of hours to check people's wellbeing in relation to the concerns we had received. We returned to continue with the remainder of the inspection over a period of three separate days.

Summary of findings

Market Lavington Nursing and Residential Centre provides accommodation to people who require nursing and personal care. Some people may have dementia. The home is registered to accommodate up to 87 people. On the day of our inspection, there were 67 people living at the home within two separate units. The residential unit had people's bedrooms on the ground and first floor. There were two lounges, a separate dining room, bathrooms and toilets and a passenger lift to give easier access to both floors. The nursing unit had similar facilities but also contained the main kitchen and laundry facility.

The registered manager has worked at the home for approximately fifteen years. 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. The registered manager was not on duty when we initially arrived at the home on 12 March 2015 at 8.10pm. They came to the home when notified and rearranged commitments so they could be present for the remainder of the inspection. A senior manager was also present for the majority of the inspection.

Staff had not consistently signed the medicine administration record to show they had administered people's medicines as prescribed. During the administration of people's medicines at lunch time, a member of staff left the trolley unattended without securely storing the medicines. This increased the risk of unauthorised access, which impacted on people's safety.

The home was calm and relaxed throughout our inspection. Call bells were answered promptly and people were not waiting for assistance. However, one person had fallen. Staff were not aware of this and were not in the vicinity to offer assistance. The person did not receive timely support. Within the nursing unit, people in their bedrooms received limited stimulation. Some staff told us there were times when insufficient staff were available to meet people's needs effectively. This was particularly apparent when staff went sick at the last minute and their shift could not be covered.

People were encouraged to make decisions and staff gained people's consent before undertaking tasks and interventions. However, documentation within people's care records did not demonstrate a clear understanding of the Mental Capacity Act 2015. Whilst incapacity had been established and a best interest decision had been documented, there were no assessments in place to evidence the decisions made.

Staff had access to a range of training courses to help them to do their job effectively. Whilst staff were up to date with this training, not all were happy with the course's content or the way it was delivered. There were some requests for further training in topics such as end of life care. Some staff told us they received formal supervision and appraisal, which enabled them to talk about their role and future development with their manager. Other staff, particularly in the residential unit did not feel fully supported and felt supervision was generally undertaken if things had gone wrong. There were comments that staff did not see the registered manager regularly and at times, there was a lack of direction and leadership within the unit.

Whilst care plans were up to date, not all were specific and identified the support people required. A new care planning format was in the process of being introduced. It was anticipated that once completed and fully embedded, the new system would be much improved. Care charts to show some people's food and fluid intake or their repositioning to minimise their risk of pressure ulceration, had not been consistently completed. This did not enable effective monitoring or enable staff to have accurate information so they could provide the appropriate care, to meet people's needs.

People told us they felt safe at the home. They were happy with the care they received and the way staff treated them. There were many positive comments about the qualities of the staff team. People looked well supported and told us their rights to privacy, dignity and respect were promoted. Staff spoke to people in a caring, friendly and respectful manner. They involved people in interactions and promoted conversation. Staff spoke about people with fondness and compassion.

Staff were clear about their responsibility of keeping people safe and would immediately report any signs or allegations of abuse. Risks to people's safety had been assessed and plans were in place to minimise any issues

Summary of findings

whilst promoting people's independence. People were clear about the ways they could raise any concern. They felt they would be listened to and their concerns would be satisfactorily addressed.

People told us they liked the food and had plenty to eat and drink. Menus were based on healthy, well balanced fresh foods which were cooked "from scratch". People had a choice and were offered alternatives, if they did not like what was on the menu. Those people at risk of malnutrition were regularly assessed, monitored and offered high calorie foods to promote weight gain.

Comprehensive systems were in place to monitor and assess the quality and safety of the service. However, the audits had not identified the shortfalls we found during our inspection. People were encouraged to give their views about the service they received. More formal systems such as the use of surveys were being reviewed to ensure maximum effectiveness.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe.

Staff did not consistently sign the medicine administration records to show people had taken their medicines as prescribed. Medicines were not always safely secured.

Whilst people looked well supported and were not waiting for assistance, there were varying views as to whether there were enough staff on duty at all times. Some people received little stimulation. One person had fallen without the awareness of staff. Staff were not in the vicinity to give assistance and did not respond to the person's call bell in a timely manner. This placed the person at risk of further harm.

Risks to people's safety such as malnutrition, pressure ulceration and falling had been appropriately identified. Care plans described the support people required to minimise the risks identified.

Robust recruitment procedures were in place, which ensured people were supported by staff with the appropriate experience and character.

Is the service effective?

Requires improvement

The service was not always effective.

Whilst a range of training was in place, not all staff felt the delivery of subjects was conducive to their learning. There were comments that the training did not always enable them to do their job more effectively. Some staff felt they wanted more training in key subjects such as end of life care and dementia.

Not all staff felt supported in their role. The frequency of formal one to one supervision was not consistent. Sessions were predominantly focused on information sharing rather than the staff member's performance and wellbeing.

People told us they liked the meals provided and had enough to eat and drink. People's risk of malnutrition had been assessed and appropriate measures were in place to enhance calorie intake. People had a choice of foods and there was an emphasis on healthy, well balanced meals.

Is the service caring?

Good

The service was caring.

People told us they were very happy with the care they received and the way staff treated them. People described staff as "caring", "kind", "considerate" and "thoughtful". Relatives were equally positive about the staff and the care provided.

Summary of findings

Staff spoke to people in a caring, friendly and respectful manner. There were positive interactions and staff promoted relaxed conversations with people.

Staff promoted people's rights to privacy, dignity, choice and independence. However, on two occasions, they walked in on people without knocking or announcing their arrival.

Is the service responsive?

Requires improvement 

The service was always responsive.

Whilst there were examples of personalised care, not all staff were fully attentive to people's needs. Care charts had not been consistently completed and some care plans were not specific. A new care planning system was in the process of being implemented, which was expected to be easier to follow and more person centred.

People looked well supported with clean, coordinated clothing, freshly brushed hair and clean finger nails. People and their relatives were aware of how to raise any concerns. They felt they would be listened to and were confident that any issues would be satisfactorily addressed.

Is the service well-led?

Requires improvement 

The service was not always well led.

The registered manager spent the majority of their time within the nursing unit as this was where their office was situated. Due to this, there were some comments that the residential unit lacked leadership and direction.

The registered manager was experienced and kept themselves up to date through meetings, reading and researching topics. They had a strong value base and were committed to their role.

There were comprehensive systems in place to monitor the quality and safety of the service. However, these systems had not identified the shortfalls which were found during the inspection. People's views were gained on an informal basis but not regularly documented. More formal systems to gain people's views were in the process of being reviewed to ensure better effectiveness.

Market Lavington Nursing and Residential Centre

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 was unannounced on the 12 March 2015. The inspection continued on 14, 17 and 20 March 2015. The inspection was carried out by two inspectors, a specialist advisor and an expert by experience. The specialist advisor was a registered nurse. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We spoke with ten people living at Market Lavington Nursing and Residential Centre and ten visitors about their views on the quality of the care and support being provided. We spoke with the registered manager, a senior manager and twelve staff including the chef. We looked at people's care records and documentation in relation to the management of the home. This included staff supervision, training and recruitment records, quality auditing processes and policies and procedures. We looked around the premises and observed interactions between staff and people who used the service.

Before our inspection, we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. As this inspection was brought forward in time due to information of concern we had received, the registered manager was not asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We obtained the information that would have been provided on the PIR during the inspection.

Requires improvement

Is the service safe?

Our findings

Within the residential unit, staff had not consistently completed the medicine administration records, to show they had administered people's medicines as prescribed. This did not give an accurate account of the medicine's administration or enable the effectiveness of the medicines to be monitored. Whilst administering people's medicines at lunch time, a staff member left the medicines unattended on the trolley outside of the dining room. The staff member had noticed a particular medicine was not in the trolley and had gone in search of it, without securing the other medicines. Whilst it was acknowledged other staff were in the dining room, leaving the medicines unattended and unsecure, increased the risk of unauthorised access which impacted upon people's safety.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff gave people their medicines in an ordered, unrushed manner. They looked at the instructions on the medicine administration record before dispensing medicines from the monitored dosage system. They ensured people had a drink to take their medicines with and observed that they had been taken. People were asked if they wanted medicines such as pain relief, to be taken as required. The staff member signed the administration record and repeatedly checked that no medicines had been missed. Staff told us only staff trained to do so, administered people's medicines. Access to the rooms where medicines were stored had restricted access to these members of staff. Both rooms were clean, tidy and ordered. Records of the room and refrigerator temperatures were maintained to ensure the conditions for storing medicines were suitable. Appropriate records demonstrated satisfactory receipt and disposal of medicines. All medicines requiring specific storage and administration requirements were being managed correctly. Comprehensive information about people's medicines was available for staff reference as required.

During our inspection, both units were maintained at the usual staffing levels and were calm and relaxed. There was no evidence of excessive call bells or people waiting for assistance. However, one person had fallen in their bedroom at 1.20pm and there were no staff in the vicinity other than a staff member in the corridor, administering people's medicines, to give assistance. We used the person's call bell to summon help and after five minutes, no staff had arrived. We informed this staff member of the person's fall and they told us to use the emergency call bell. They secured the medicines and gave the person assistance. Other staff then responded but this was ten minutes after the call bell had been used to summon help. This lack of response placed the person at risk of further harm. The registered manager told us they would investigate this as they believed the shortfall could have been deployment of staff rather than staff shortages.

Within the upstairs nursing unit, there were six staff on duty during the day. There were four staff on the evening shift and three on the night shift. Staff told us that fifteen of the twenty one people living on the upper floor of the nursing unit required two staff to assist them with their personal care and/or moving safely. This gave high ratios of people to staff which indicated staffing levels were tight and gave little flexibility. Staff confirmed this but they did not feel the unit was unsafe. There was a staff presence throughout the unit although people in their bedrooms, other than being assisted with their personal care, were largely unsupported and received little stimulation.

There were varying views from staff as to whether there were enough staff on duty to meet people's needs effectively. Some staff told us that staffing levels were appropriate and enabled them to spend sufficient time with people. Two staff told us they 'thought' there were enough staff on duty to meet people's needs. One of these staff said they could borrow staff allocated to the other floor of the unit, if it was very busy. Another member of staff said "staffing is ok if everyone comes in".

Other staff felt there were not always enough staff available. They said they found it particularly challenging if a staff member called in sick at short notice and their shift could not be covered. Staff told us that working with a member of staff less, during the day or night was difficult. One member of staff told us this caused them to rush from one person to another, which impacted on people's care. Another member of staff told us "if we are one down, with the dependency of people as it is, it's very difficult to make sure everyone has the care they need". Two members of staff told us they often found it difficult to find time to support those people who required emotional support, as

Is the service safe?

the emphasis was on helping people with their personal care. They said in the afternoons more time was available to do this but if a person became upset or unsettled in the morning, it was difficult to spend time with them. Another member of staff told us they did not normally have time to provide one to one social support with people in their bedrooms, as they were too busy. Two of these staff told us they had raised concerns about staffing levels but they did not feel listened to and they got "brushed off".

This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were generally positive about the numbers of staff available to assist them. One person said "they're very good. You ring your bell and they're there. I can't complain. I've not had any problems". Another person told us "they come to you quickly. You rarely have to wait. If there's an emergency that might be different but generally, they're very good." There were some comments about staff being busy. These included "they're up against it here. They don't stop" and "they do work hard. They're on the go all the time". Two relatives agreed with this saying "the staff can be a bit stretched at times" and "the carers are always very busy but do look through the door as they pass by". The registered manager and the senior manager agreed that staff were often busy but they said this did not impact on people's care.

The registered manager and a senior manager told us that staffing levels were regularly reviewed and currently sufficient to meet people's needs. They said they had regular discussions about staffing and if there was ever any evidence which suggested people were not being adequately supported, staffing levels would be reviewed and increased accordingly. The registered manager and the senior manager told us that people's frailty and complexity on admission had increased significantly in recent years. They said this had impacted on staffing levels and their need to ensure a flexible approach when deploying staff. The registered manager told us that as a result of the current complexity of people's needs, they were maintaining occupancy with a high number of vacancies within the home. They said the vacancies ensured existing staffing levels were sufficient to provide people with safe, effective care. Any new referrals involving very high dependency needs were being carefully considered and would probably be declined until the needs of people in the home lessened. Both managers confirmed that arrangements were in place to increase the number of bank staff available to the home. They said this was intended to address the difficulties of not being able to cover staff at short notice. However, whilst expecting staff to be busy as it was a busy job, the senior manager and the registered manager told us that they would further review staffing levels, based on our feedback.

People told us they felt safe. One person told us "having staff around makes me feel safe, as I know they will come if I need them". Another person told us "I don't have to worry about anything. There's staff here 24 hours a day and they're so kind." One person told us how they felt safe during the intervention of staff moving them with a hoist. Relatives told us they had no concerns about their family member's safety. One relative told us they could now sleep at night without worrying as they knew their family member was safe and well cared for. Another relative said "I can walk away knowing they will be ok. I don't need to worry at all".

Staff told us they had received safeguarding training. They were knowledgeable about recognising possible signs of abuse. Staff told us they would immediately report any suspicion or allegation of abuse to the registered manager or the most senior member of staff on duty. If they felt their concerns were not being taken seriously or if the issues were about the registered manager, staff told us they would speak to a senior manager or other agencies such as CQC. Staff were aware of the policies and procedures in place to keep people safe. Information including the organisation's "Speak up" policy and the local authority's safeguarding protocol were displayed in the home.

Risks to people's safety had been identified and addressed. These included people's risk of malnutrition, falling and pressure ulceration. Care plans were in place to show the action in place to reduce the identified risks. Risk assessments had been undertaken to enhance the safety of the environment and the various tasks, staff were to undertake. The registered manager told us priority was given to ensuring people were safe but this was also balanced with enabling people to be as independent as possible. They explained that careful consideration and discussion with all interested parties were undertaken when assessing and managing risk. The registered

Requires improvement

Is the service safe?

manager told us they aimed to promote a culture which was safe but not 'risk adverse' as they did not want over restrictive practices to control people's lives. Risk assessments had been regularly reviewed so remained up to date.

Robust recruitment procedures were in place, which ensured people were supported by staff with the appropriate experience and character. All applicants were subject to a formal interview and their previous employers were contacted to provide details about their past performance and behaviour. Applicants provided evidence of his or her identify and their right, if applicable to work in the United Kingdom. Disclosure and Barring Service (DBS) checks were undertaken. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people. All applicants undertook a formal induction which included discussion and reflection, a variety of training and shadowing more experienced members of staff. Applicants were subject to a probationary period, which ensured they were suitable for their role.

Requires improvement

Is the service effective?

Our findings

There were varying views from staff about their training and the support available to them. Some staff told us they had undertaken a range of recent training. They said this helped them to do their job more effectively. These staff said they were up to date with topics such as manual handling, infection control and safeguarding vulnerable people. One member of staff told us they had completed training in tissue viability. They said they had asked for this training and had found it very helpful. Another member of staff told us training was available for them to update their clinical skills such as venepuncture (the collection of blood from a vein).

Other staff said they had completed training but they did not find it very helpful. They said they were often given a booklet to complete, which they then had to return for marking. Staff told us the booklet was not conducive to their learning and the topics were not covered in sufficient depth to increase their knowledge. Another member of staff told us they questioned the quality of multiple choice questionnaires, which were used as a training tool. One member of staff said that they felt the training undertaken in this way was more of a tick box exercise to show it had been undertaken, rather than enhancing staff's learning and practice. Staff commented that they felt much of the training they undertook did not apply to specific situations or areas of their work. This included health care conditions such as dementia, the management of behaviours and end of life care. One member of staff told us they felt there could be more training offered around understanding dementia. Another member of staff told us they had not completed any training in mental capacity and they felt they would benefit from this.

Records showed that staff had undertaken recent training in a range of mandatory subjects. This included fire safety, nutrition and hydration, behaviour that challenges and pressure ulcer management. The training matrix was ordered and clearly showed the training staff had completed and the topics which had been assigned but not yet undertaken. The registered manager told us the system used to record staff training, highlighted when staff required refresher training. They said this enabled easier, overall management of staff training and ensured updates could be arranged in an organised manner.

Not all staff, particularly in the residential unit felt well supported. They said they did not receive regular staff meetings or formal staff supervision sessions or appraisal, where they could discuss their performance, training needs and general wellbeing. One member of staff told us they generally received formal supervision when they had done something wrong, if they had missed something or if there had been a complaint. Another member of staff told us "we generally have supervision if there's something they need to tell us. It's not really about our development". Staff told us they generally received their support from within the staff team rather than from management. This particularly applied after the death of a person. One member of staff said they felt this area was very difficult and emotionally draining although they felt they were required "to get on with everything else without any time to reflect". They explained that there had been a high number of recent deaths due to people's frailty and this had been particularly challenging. The staff member did not feel they were always given sufficient time or support from management to ensure their own wellbeing, after a person's death.

Staff told us there were regular handover meetings at the start of each shift, which kept them up to date with people's needs. Other staff told us they received formal one to one supervision with their line manager and participated within group supervision. They said group supervision enabled practice to be discussed and shared within the session.

Records did not show a consistent approach to formal supervision which focused on staff's ongoing development and wellbeing. Sessions involved informing staff of information such as the importance of window restrictors and checking equipment before use. There were no action points or plans which were reviewed at the next supervision session. The frequency of supervision sessions were inconsistent with records showing one member of staff had received three sessions in January 2015. Some personnel files did not contain any records of formal staff supervision. This did not evidence that staff had been given the time and opportunity to discuss and develop their role.

This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Requires improvement

Is the service effective?

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are an amendment to the Mental Capacity Act 2005, which allow the use of restraint or restrictions but only if they are in the person's best interest. Staff were aware of encouraging people to be involved with making day to day choices and decisions. This included people choosing what they wanted to wear, what they wanted to eat and where they wanted to spend their time. One member of staff told us they offered people choices around personal care and who they wanted to support them. They said if a person was unhappy with a staff member assisting them, they would always offer someone else.

During the inspection, staff asked people's consent to undertake a variety of tasks. This included a staff member asking a person if they could assist them with a wash, if they could close the door and go through to the bathroom. One member of staff told us of an occasion when they were supporting a person who would have benefitted from bed rest, in order to promote their skin integrity. This intervention was detailed in their care plan but the person wanted to get up, ignoring the care which had been agreed. The member of staff told us that they respected the person's wishes as they had capacity to make decisions, even if they were considered unwise. The member of staff confirmed that they would discuss on-going refusal with the registered manager, to ensure the safety of the person.

The registered manager had taken the Mental Capacity Act 2005 into account for some people who did not have the capacity to make certain decisions. This included an application to restrict a person leaving the building unsupported. However, documentation within people's care records did not demonstrate a clear understanding of the legislation. Decisions had been made which stated some people were unable to contribute to their care plan. There was no assessment in place although incapacity had been established and a best interest decision had been documented. The decision had enabled the person's family to take responsibility for the person's care plan or staff to do it on their behalf. Without the powers to do so in the form of a Lasting Power of Attorney, this practice was not lawful. Another care plan stated that the person could not make decisions because they had dementia. Staff had assumed the person did not have capacity because of their condition, which conflicted with the principles of the Mental Capacity Act. Within people's records, not all consent forms for care and treatment were signed or dated.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2010), which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they liked the food and they had enough to eat and drink. One person told us "the food is ok, there is plenty of it and you can choose. If you don't like something you get something else which is nice". Another person said "the foods alright, they offer choice and you always get something you want". Another person said "it's usually good. There's a good selection so you're not eating the same thing all the time. They try to accommodate people's likes and dislikes". There was a choice of two main dishes for lunch. At breakfast there was a choice of cereals, porridge, toast or a cooked breakfast. At tea time there were sandwiches and/or a hot snack. A separate snack menu enabled people to order food at any time during the day or night. People told us they could always ask for an alternative if they did not like the main meal. On the second day of our inspection, people had scampi, chips and peas for lunch. One person told us they had ham, egg and chips instead, as they did not like fish.

Those people at risk of malnutrition were regularly assessed and monitored. They were weighed at intervals which related to the level of risk or weight loss. Staff encouraged these people to have high calorie foods and snacks between meals. Staff told us that when new people were admitted to the home, they were able to meet the chef. This gave people or their relatives the opportunity to discuss dietary requirements and personal preferences. Staff told us the kitchen staff had a list of people's dietary requirements so they were fully aware of what foods were required. There was a four weekly rotational menu which was based on variety and good nutritional content. Staff told us all meals were cooked 'from scratch' with meat, vegetables, milk and bread sourced fresh and locally.

The dining rooms were pleasant although the tables in the nursing unit did not have condiments readily available. Staff were attentive to people and made general conversation. Staff asked people if they were happy with their meal and if they wanted any assistance. Some people chose to have their meal in the communal lounge or in their bedroom. Some people were given full staff assistance to eat. This was undertaken in a sensitive, unrushed,

Requires improvement

Is the service effective?

attentive manner. People were offered regular drinks and had jugs of juice or water in their rooms. At lunch time, people were offered a choice of drinks and were given regular 'top ups'.

People told us they were able to see health professionals where necessary, such as their GP or community nurse. One person told us they had been experiencing on-going pain and they were expecting to see their GP later in the day. They said they had been prescribed antibiotics the previous day but had requested another visit. Another person told us they only needed to ask to see their GP and staff would call them. Staff told us people received good support from the two local surgeries which were used. They said GP's visited weekly, as a matter of routine and were available for advice and to visit as required. During our inspection, a member of staff called the surgery to check a person's medicines. They received a quick response within fifteen minutes of their call. Staff told us they were able to request a visit from specialised services such as a diabetic nurse or a tissue viability specialist when required. They said they worked closely with the local hospice, if required to gain support and advice regarding end of life care. Chiropodists, dentists and opticians regularly visited the home. Clear records were maintained of appointments with health care professionals. Records showed any intervention, advice and follow up action.

Good

Is the service caring?

Our findings

People told us they were happy with the care they received and the way staff treated them. One person told us they had originally stayed at the home for a period of respite to convalesce but had decided to stay. They said staff looked after them very well. Another person told us "I love it here. It's home from home without the worry. I can do what I like, they bring me my meals, they help me with whatever I want, it couldn't be better". Another person told us "the staff are lovely they look after me very well, I have no complaints. The staff are friendly and we have a laugh, they are very good and they let me do things by myself. I used to get frustrated and the staff understood how I felt". Another person told us "Staff are lovely especially at night, you push the bell and they come quickly". Other people described the staff as "caring", "kind", "considerate" and "thoughtful".

People told us they were able to make choices about their daily routines. This included what time they got up and went to bed. Some people told us staff respected the fact they wanted to remain in their bedroom at all times. They said there was no pressure to join in with the home's social activities if they did not want to. One person told us they appreciated staff informing them about activities although they rarely wanted to be involved. People told us the home was relaxed and welcomed visitors at any time. One person appreciated staff telephoning their family member if they had not visited for a while. People told us their visitors were offered refreshments and they were able to entertain in their own room or in one of the communal areas. There was a welcome pack in people's rooms which gave information about mealtimes, menus and catering arrangements. This enabled people to be informed and involved in the general running of the home.

Relatives were equally positive about the care their family member received. One relative told us "mum is happy enough and staff are very kind". Another relative said "staff are caring and considerate in the way they treat him". Another relative told us "I can't thank them enough. They do a wonderful job and I'm not just saying that. They're really good – all of them".

Staff spoke to us about people with respect and compassion. They interacted with people in a caring and kindly manner. One member of staff supported a person with their mobility by walking alongside them. They were unrushed and undertook general conversation as well as giving reassurance. Another staff member assisted a person to sit in an armchair. They encouraged the person to turn around and to ensure they felt the back of the chair with their legs before sitting down. The member of staff encouraged the person to hold on to the arms of the chair and lower themselves down slowly. They gave the person time, reassurance and focused attention. The member of staff then asked the person if they were comfortable or if they needed anything before they left.

Staff showed a caring approach towards people. At lunchtime, a member a staff supported a person to eat. They gave the person their meal and informed them what it was. They asked if they wanted support and offered them a clothes protector. The member of staff ensured the person was well positioned so that they ate safely. They sat with them at the same height to maintain good eye contact. The member of staff offered a mouthful of food and waited for the person to finish before offering more. They offered encouragement and asked what food they wanted next. The interaction was focused, relaxed and unrushed. After the person had finished eating, they were asked if they wanted a drink or if they wanted to wait until later. The person's response was respected. Another staff member was serving mid-morning drinks. They gave people choices and encouraged people to help themselves to biscuits. They made comments such as "go on, take another, keep your strength up, they'll do you good". One person was walking with their walking frame, holding a cup precariously in their hand. A member of staff noted this and said "here, let me take that for you. Where would you like it?" The person thanked the staff member for the help and said "you are kind".

People told us their rights to privacy and dignity were promoted. They said staff always knocked on their bedroom door before entering or called out to alert their attention. They said their personal care was delivered in private with curtains and doors closed. One person told us how staff assisted them with a bath when they wanted one. They said staff did this in a sensitive and discreet manner. Another person told us they were generally supported with a bath by the same staff member to reduce anxiety. Two people told us staff appropriately covered them, to promote their dignity whilst undertaking intimate personal care.

Staff were confident when explaining how they promoted people's rights to privacy, dignity, choice and

Good

Is the service caring?

independence. They spoke about treating people as individuals and thinking about how it must feel like to be supported. One member of staff told us about a person who had been unwell and was hallucinating. The member of staff explained how they had been encouraged to think about not knowing where they were, but seeing a long, unrecognizable corridor in front of them. They said it helped them understand how the person might have been feeling. Staff told us they tried to promote independence and enable people to do as much as they could for themselves. Another member of staff recognised the importance of developing relationships with people. They said they talked to people about their past lives and looked at photographs to build a rapport and overall relationship.

There were two occasions when staff did not knock on people's doors before entering. This involved a bedroom and a washroom. The staff member asked the person "have you finished?" whilst they closed the washroom door behind them. This did not promote the person's dignity. Other staff knocked on people's bedroom doors and called out whilst entering. Staff greeted people and were friendly in their manner. Some staff explained who they were and asked people about the assistance they wanted. There were positive comments to people and staff often said "you're welcome" after being thanked for interventions. One member of staff was singing with a person in their room. The person was responding in a jovial manner. There were friendly exchanges between people and members of staff within the residential and nursing units.

Requires improvement

Is the service responsive?

Our findings

Not all staff were fully attentive to people's needs. One person had requested their meal in their bedroom as they did not feel like getting up. The meal had been placed on an over-bed table on the opposite side to their slippers and their walking frame rather than being positioned within easy reach. The person had fallen whilst getting up to have their meal. Another person was agitated and attempting to leave the building. They were frustrated that they could not do this and became upset. Some staff gave brief reassurance but did not engage the person in any stimulation to minimise or distract their distress. Within one care plan, it was identified the person was nursed in bed and should have classical music playing in the background. Only once during our inspection was this noted.

Another person was being assisted by staff to eat a pureed meal. The staff member did not know what the food consisted of so they were not able to tell the person what they were eating. The staff member told us they had to be careful, as the person was prone to choking. They said the person struggled with mashed potato but there was mashed potato on the plate, in addition to the pureed food. If the member of staff had not known this risk, the person may have been given it, increasing their risk of harm. The member of staff told us that the person needed to drink slowly to avoid coughing and they might have their drinks thickened in the future. Another member of staff told us the GP did not want to refer this person to the Speech and Language therapist and the family did not want any intervention. The person was offered a drink and immediately started coughing. Whilst acknowledging attempts had been made to address the risk of choking, without further intervention, the person's wellbeing was compromised.

People were involved in developing and updating their care plan. Whilst up to date, not all plans were sufficiently detailed to identify the support people required. For example, whilst health care conditions were identified, the impact of the illnesses on people's daily lives was not explored. One record detailed the person could be physically and verbally aggressive. There was no detail as to what this meant in practice or any information about potential triggers and the de-escalation of such behaviours. Not all information within care plans was specific. One care plan stated "ensure X has good foot care". Another care plan stated "encourage X to change their position regularly throughout the day". This did not enable a consistent approach and placed people at risk of inappropriate or unsafe care. Care plans were not always applied in practice and some contained conflicting information. One record indicated a person required support and supervision whilst mobilising but they were walking on their own with a walking aid. Another care plan stated the person slept well but in their daily notes, staff had recorded that they were unsettled and walked into people's rooms during the night due to disorientation.

Not all care charts were consistently completed. This included food and fluid, repositioning, bowel management and behavioural charts. The lack of effective recording did not enable the charts to be used to monitor the support being provided and whether it was sufficient to minimise risk and meet people's needs. One care chart showed the person had not been assisted to change their position for six and a half hours. Their care plan stated they needed assistance to change their position every three to four hours. During our inspection, the person remained in the same position for much of the time. This increased their risk of developing pressure ulceration.

The registered manager and a senior manager told us they had recognised some issues with the care planning format. As a result, a new format was being introduced. They said the new system was more concise and person centred and had a better flow of information. The registered manager and the senior manager told us that staff were in the process of changing over to the new documentation. Whilst this was time consuming, both managers felt that once embedded, the care planning process would be much improved.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they were happy with their care and the service they received. One person told us about their care plan and said that staff had done a marvellous job with a wound they had. Another person told us their confidence was improving due to the support staff gave them with their mobility. Another person told us they felt settled and content.

Requires improvement

Is the service responsive?

Relatives were equally positive about the care their family members received. One relative told us "they're doing really well since being here. They're settled, putting on weight and look healthier". Another relative told us the staff managed aspects of their family member's personality well. They said "the staff know how to deal with him and they know what works and what doesn't". Another relative told us "mum has been here a while and that's down to the care she gets". Relatives told us staff were knowledgeable when asked questions about their family member. They said staff kept them informed of any issues. One relative told us "they look after me as well as mum. It's like a family". Another relative told us they thought the skill mix of staff was good.

People looked well supported. People had clean, coordinated clothing, freshly brushed hair and clean finger nails. Some people wore jewellery to match their outfit. There was no evidence people were in soiled clothing. However, four staff commented that there had been occasions when they had found people soiled at the beginning of their shift. They said this had been raised in the past but not addressed. Other staff told us they had not had any experience of people being in soiled clothing. They said people would be supported immediately, if they required attention. Within two care records, it was documented that the person had been soiled on occasions, at a similar time in the evening. The records lacked detail which did not enable clarification about the reasons for this or any timings for monitoring purposes. The registered manager told us they were not aware of any concerns in this area but would monitor people's care and immediately address any shortfalls.

There were various examples of personalised care. This included a light hearted, humorous approach from staff to a person who repeatedly walked without their walking aid. Staff asked another person "which medicines would you like today?" This promoted the person's independence and control. Staff assisted another person to be correctly positioned to have their meal. They gained assurance that the person was comfortable and would be able to reach everything. The staff member asked the person if they wanted their meal cut up and which way they wanted their plate placed. Another person had hearing difficulties. Staff communicated with the person by writing things down and they had subtitles on their television. One person was receiving end of life care. They looked comfortable, peaceful and pain free.

People were able to participate within an organised programme of social activities seven days a week. Activities were advertised on the notice board and people received a newsletter detailing events. These included armchair exercises, art and memory games Staff told us people were encouraged to share ideas for activities and alternatives were undertaken if the planned activity was not wanted on the day. During our inspection, there were quizzes and people watched a military ceremony on television. Staff told us individualised activities took place for those people who did not enjoy group activities or for those people who chose to spend time in their bedrooms. One member of staff told us they enjoyed talking to people and reminiscing. They recognised the importance of building relationships with people. There were two staff allocated to social activity provision within the home. One of these staff told us the attitude towards activities from other members of staff was good. They said staff assisted people to the lounge if they needed help, so they could participate accordingly.

People were clear about how to raise a concern or make a formal complaint. People told us they would raise small issues with a member of staff. If their concern was more serious or about a particular member of staff, they said they would speak to the manager. One person told us "I wouldn't be here if I didn't like it". Another person told us "I wouldn't stay if I wasn't happy and if things weren't right I would complain – loudly". Another person told us "I have nothing to complain about but if I did I would tell them. They would sort it out". One person told us they would be happy to raise a concern or complain again, feeling that staff were caring enough to listen and to try to resolve things. They said however, they would probably tell their family and "let them sort it out".

People were confident their concerns would be addressed appropriately. One person told a member of staff that they had been woken up in the night by noise. The member of staff told the person they would inform the senior on duty to see if they could find out what had caused the noise and whether it could be resolved. Another person told us they had mentioned a particular food, which they felt had not been cooked properly. They said they were happy with the staff's response and were offered an alternative straight away. People's relatives were equally positive about the management of complaints. They said they would have no

Requires improvement

Is the service responsive?

hesitation in raising any concerns if they needed to. Relatives told us they felt they would be properly listened to and they believed staff would seek to resolve any issues as quickly as possible.

Staff told us that they would immediately try to address any concern which was raised with them. If the issue was more serious, they said would inform a senior member of staff. There were some comments that staff were not confident in raising concerns themselves, as they did not feel they would be listened to or that action would be taken. One member of staff told us "if it was serious or anything to do with the wellbeing of a resident I would say but otherwise I probably wouldn't. Some things have been said time and time again, so what's the point?" Another member of staff told us "it's been an on-going issue that things are said but nothing changes. It doesn't encourage people to raise things because if you don't feel listened to or if there's an excuse given, people won't say". The member of staff continued to tell us "being told 'we always do it this way' is not helpful. It doesn't resolve anything then people don't say anymore". The registered manager told us they aimed to promote an open culture and encouraged staff to find solutions for issues. They said they would give further consideration to this area, as they felt encouraging staff to take responsibility for actions, may have been misinterpreted.

The complaints procedure formed part of the welcome pack which was given to people when they first moved to the home. Details about making a complaint were displayed in some areas on notice boards. The registered manager regularly monitored complaints, to assess whether there were any particular themes or emerging trends. Details of complaints were forwarded to senior managers for monitoring purposes. The registered manager told us they aimed to ensure any issues were addressed quickly so they did not escalate. There was a record of complaints but such issues, which were addressed informally on a day to day basis, were not documented. This did not enable actions taken as a result of concerns, to be evidenced.

Requires improvement

Is the service well-led?

Our findings

Staff within the residential unit told us the location of the registered manager's office meant they did not see the registered manager regularly. They said this impacted upon the leadership of the unit and there were occasions when direction was limited. There were some feelings that not all staff were committed to their work as much as they should be and this was going unnoticed by management. Not all staff felt valued and they believed management were not aware of the difficulties their role presented. They said regular staff meetings were not held so the sharing of information was sometimes limited. Some staff told us information sharing was generally undertaken when something had gone wrong and they were being reprimanded. One member of staff told us "we are very much left to our own devices down here. It's got its advantages but staff can also get complacent and things aren't picked up". Another member of staff told us "it does seem sometimes we're left and then things drift and before you know where you are, routines are established which might not be good". Staff told us they found some people challenging and their resistance to care difficult to manage. One member of staff told us "it does worry me, as it looks like we're not doing what we're supposed to be doing. There's no direction or clear plan about how we should be managing behaviours".

The registered manager told us that due to the location of their office, they did spend more time in the nursing unit. They appreciated that this and the deployment of registered nurses in the nursing unit, ensured tighter leadership than what was present in the residential unit. The registered manager confirmed that in addition, they believed staff meetings were not as frequent as they could be. The registered manager and the senior manager told us that enhancing leadership in the residential unit would be looked at and measures taken to improve any shortfalls identified. They said they had already identified staff required more support to assist them with managing people's increasing dependency needs. In response to this, a new post of a "Person First Lead Nurse" had been developed. This was practice based and enabled staff to talk about specific people or practices they found challenging. Staff told us this staff member and their role was invaluable and had helped them tremendously. They said the only difficulty was they were not always available due to sharing their role with another service within the organisation. The senior manager told us they were hoping to secure more hours following review of the post.

The registered manager had worked at Market Lavington Nursing and Residential Centre for approximately fifteen years. They told us they were well supported by senior managers and kept themselves up to date by various meetings, reading care journals and researching topics on the internet. They said they were passionate about their role and enjoyed the privilege of working with people, particularly at the end of their life. In addition to senior managers, the home was also supported by other departments within the organisation. This included human resources, staff training, health and safety, estate management, finance and quality auditing. This enabled the registered manager to focus specifically on the day to day management of the home.

The registered manager told us they had a good team of hard working, skilled, caring, experienced and committed staff across the home. They said "I take my hat off to them. They do a great job". The registered manager told us that the ethos of the home was to give high quality, compassionate, individualised care in a home from home environment. They said they liked to see the home as "a village in a village". They said this was cascaded to the staff team through training, discussion and role modelling. Staff told us they enjoyed their work and wanted to do a good job. One member of staff told us the ethos of the home was good care and healthy living. Another member of staff described the values and ethos of the home as "giving the best care we can and valuing people as individuals".

There were comprehensive systems in place to monitor the quality of the service. There were monthly audits of key areas such as medicine management, infection control and care planning. Action plans highlighted any issues to be addressed. However, the audits had not identified shortfalls which were found during the inspection.

Monthly analysis took place in relation to accidents, incidents, pressure ulceration, falls and complaints. A senior manager told us they regularly visited the home and audited particular areas. This included talking to people and staff, observing practice and assessing documentation

Is the service well-led?

such as care planning. They explained they corroborated evidence rather than looking at one area in isolation. They confirmed this ensured a more robust auditing system which improved standards.

The registered manager told us there were many systems to ensure the safety of the environment. This included regular testing of the fire alarm systems and small portable electrical appliances. The maintenance staff regularly checked the temperature of the hot water to ensure it was within safe parameters. Staff recorded the temperature of the water when assisting a person to have a bath to minimise the risk of scalding. They said kitchen staff took the temperature of foods before serving to ensure they were sufficiently hot to minimise food poisoning.

However, during the first evening of our inspection, toilets were not clean with brown drip marks on the seats and brown debris on the inside of the toilet bowls. The floors were sticky as if they had not been recently cleaned. Staff told us some areas of the home were difficult to keep clean due to the frequency required. They said there was usually one housekeeper working on each floor during the day, although this was not always sufficient in relation to the work required. Within the housekeeper's communication book, there was an entry which stated "X's room needs cleaning from two days worth of urine." Staff told us this was because there had not been any housekeeping staff available to ensure a deep clean of the area. The registered manager told us they were aware of the issues with unpleasant odours and were in the process of submitting a request for laminate flooring rather than carpet in specific areas.

Particularly within the nursing unit, the environment was showing its age with chipped and worn paintwork. This had been identified in a recent environmental audit. The registered manager told us the home had been refurbished approximately six to seven years ago and was beginning to show it needed further work. They said bedrooms were being painted but staff could not continue to shampoo the same carpet indefinitely as in time it would need to be replaced. The senior manager told us they would discuss refurbishment with the registered manager and then would discuss works with the estate management department.

Staff told us they informed the maintenance team if they noted the environment or a piece of equipment required attention. They said issues were usually addressed quickly. We asked staff who were in the office in the residential unit, what could be undertaken to improve the service. One member of staff told us "more pagers". The staff told us there were only two pagers in operation, which meant that it was a challenge to quickly identify who was ringing their call bell. This increased people's risk of harm as they could be summoning assistance without staff awareness. The registered manager told us staff had not informed them there were only two pagers in operation, so they were not aware of the situation. Once aware, the registered manager ordered more, without delay. These were in place by the end of our inspection.

The registered manager told us people's views about the service were gained on an informal and formal basis. They said they regularly spoke to people and their relatives although these discussions were rarely recorded. The registered manager told us there were regular changes to the menu as a result of people's views and the garden had been made more secure with more seating areas.

There was a compliments file, which contained a range of positive comments, generally from relatives of people who had died at the home. These included "his life was made so much more bearable by all the kindness which you gave him" and "the support you gave us is highly appreciated".

There were minutes of resident and relative meetings and more formally, surveys were sent out to people to gain their views about the service. These were sent on an annual basis from within the organisation. The registered manager told us they were then forwarded a report of the correlated feedback received from people. This was in the form of percentages in comparison to other services within the organisation, with specific views of people sent at a later date. The senior manager told us they would be able to show us last year's results and would forward us this year's feedback on completion. They said the system for gaining people's views was under review in response to on-going development and to ensure it was the most effective way of achieving maximum involvement.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Management of medicines, which corresponds to Regulation 12(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff had not consistently completed the medicine administration records, to show they had administered people's medicines as prescribed. Not all medicines were not stored securely whilst being administered.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Whilst people looked well supported and were not waiting for assistance, there were varying views as to whether there were enough staff on duty at all times. Some people received little stimulation. One person had fallen without the awareness of staff. Staff were not in the vicinity to give assistance and did not respond to the person's call bell in a timely manner. This placed the person at risk of further harm.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing

This section is primarily information for the provider

Action we have told the provider to take

This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Whilst staff were up to date with their training, not all staff found the course's content or the way it was delivered useful in order to develop their practice. Not all staff felt well supported or had access to regular staff meetings or formal supervision, to discuss their role and on-going performance.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Documentation within people's care records did not demonstrate a clear understanding of the Mental Capacity Act 2015. Staff had not assumed capacity which was integral to the legislation and best interest decisions had been made without clear assessments of capacity.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Planning and delivery of care was not always done in such a way to meet people's individual needs and ensure

This section is primarily information for the provider

Action we have told the provider to take

their safety and welfare. Care charts were not consistently completed, which did not enable effective monitoring or provide evidence that people were being properly supported.