Larchwood Care Homes (South) Limited

Chaplin Lodge

Inspection report

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16 November 2016
18 November 2016

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Ratings

Overall rating for this service	Inadequate

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?	**Inadequate**

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 19, 25 and 26 August 2016 and found breaches with regulatory requirements. As a result of concerns relating to medicines management and staff failing to follow their individual responsibility to identify and report abuse at the earliest opportunity and to safeguard people from restraint, warning notices were served on 8 September 2016. The date for compliance to be achieved was 1 and 8 October 2016 respectively. The provider shared with us their action plan on 20 September 2016. This provided detail on their progress to meet regulatory requirements. On 27 October 2016 we found that the provider had not made all of the improvements they told us they would make and had only initially achieved compliance with one warning notice and this related to safeguarding. Following an internal management review meeting it was agreed that a full comprehensive inspection would be undertaken to Chaplin Lodge.

The inspection was completed on 27 October 2016, 16 and 18 November 2016 and was unannounced. There were 56 people living at the service when we inspected. Chaplin Lodge provides accommodation and personal care for up to 66 older people. Some people also have dementia related needs.

The overall rating for this provider is 'Inadequate'. This means that it has been placed into 'Special measures' by the Care Quality Commission. The purpose of special measures is to:

- Ensure that providers found to be providing inadequate care significantly improve.
- Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.
- Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration.

Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and if needed could be escalated to urgent enforcement action.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was a lack of provider and managerial oversight of the service. Quality assurance checks and audits carried out by the registered manager were not robust as they did not identify the issues we identified during

our inspection and had not identified where people were placed at risk of harm or where their health and wellbeing was compromised.

Suitable control measures were not put in place to mitigate risks or potential risk of harm for people using the service as steps to ensure people and others health and safety were not always considered and risk assessments had not been developed for all areas of identified risk.

People did not think that there were sufficient numbers of staff available to meet their needs. Staff did not always have time to spend with the people they supported to meet their needs and the majority of interactions by staff were routine and task orientated.

Suitable arrangements were needed to ensure that staff received regular formal supervision and an annual appraisal of their overall performance. Improvements were required to ensure that where subjects and topics were raised by staff, this was followed up and there was a clear audit trail to demonstrate actions taken.

People and their relatives were not fully involved in the assessment and planning of people's care. Not all of a person's care and support needs had been identified and documented. Improvements were required to ensure that the care plans for people who could be anxious or distressed, considered the reasons for people becoming anxious and the steps staff should take to comfort and reassure them. Care plans for people who were at the end of their life were inadequate. Improvements were needed in the way the service and staff supported people to lead meaningful lives and to participate in social activities of their choice and ability, particularly for people living with dementia.

People and their relatives felt confident that people were safe. Staff knew how to identify potential abuse and report concerns. Suitable arrangements were in place to ensure that people were supported to take and receive their medicines safely.

The registered manager and some members of staff understood the requirements of the Mental Capacity Act 2005 (MCA) and demonstrated how to apply the principles of this legislation to their everyday practice. Staff obtained people's consent before providing any support.

The dining experience was positive and people were supported to have enough to eat and drink. Consideration by staff was evident to demonstrate that the dining experience was an important part of people's daily life and treated as a social occasion. People were supported to maintain good health and have access to healthcare services as and when required.

Suitable arrangements were in place to ensure that the right staff were employed at the service. Arrangements were in place for staff to receive appropriate training opportunities for their role and area of responsibility.

Where appropriate people were enabled and supported to be independent. People were also treated with dignity and respect. Staff knew the care needs of the people they supported and people told us that staff were kind and caring.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe.

Although people felt safe using the service, risks were not suitably managed or mitigated so as to ensure people's safety and wellbeing.

Sufficient numbers of staff were not always available to meet people's needs.

People were supported with their medicines in a safe way.

Effective recruitment procedures were in place to safeguard people using the service.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff did not receive effective support to enable them to carry out their roles and responsibilities. Staff had not received regular supervision or an annual appraisal.

People were asked for their consent before care was given.

Staff supported people to meet their nutritional needs. People were supported to access healthcare professionals when needed.

Is the service caring?

Requires Improvement

The service was not consistently caring.

Although people stated that staff treated them with care and kindness, care provided was often task focused and people said that staff did not have time to sit and talk with them.

People and their relatives were not routinely involved in the planning and review of the care and support provided.

People's privacy and dignity was respected and their independence supported.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People's care plans were not sufficiently detailed or accurate to include all of a person's care needs and the care and support to be delivered by staff. People's care was not kept under regular review to help ensure their needs were consistently met.

Not all people were engaged in meaningful activities.

People were confident to raise concerns and were listened to.

Is the service well-led?

Inadequate

The service was not well-led.

Although systems were in place to regularly assess and monitor the quality of the service provided, quality monitoring processes were not robust and working as effectively as they should be so as to demonstrate compliance and to drive improvement. Not all areas highlighted previously for action had been addressed.

Systems were in place to seek the views of people who used the service and those acting on their behalf.

Chaplin 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 27 October 2016, 16 and 18 November 2016 and was unannounced. The inspection team consisted of one inspector on 27 October 2016 and 18 November 2016, two inspectors on 16 November 2016 and an expert by experience. An expert by experience is a person who has personal experience of caring for older people and people living with dementia.

We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and manager are required to notify us about by law.

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

We spoke with 16 people who used the service, 14 members of care staff, nine relatives, the registered manager, the deputy manager, one person responsible for providing activities to people living at the service, the provider's representative [Area Manager] and a new peripatetic manager that has been employed to oversee the service whilst the registered manager is on maternity leave.

We reviewed 12 people's care plans and care records. We looked at the service's staff support records for six members of staff. We also looked at the service's arrangements for the management of medicines, complaints and compliments information and quality monitoring and audit information.

Inadequate

Is the service safe?

Our findings

At our previous comprehensive inspection to the service on 19, 25 and 26 August 2016, we found that medicines management was inconsistent and unsafe. Suitable control measures were not in place to mitigate risk or the potential risk of harm to people using the service. We also found that staff had not followed their individual responsibility to identify and report abuse at the earliest opportunity. Additionally, people's comments about staffing levels were not positive as they did not always feel there were enough staff available to meet their needs and care provided was routine and task orientated. As a result of our concerns relating to medicines management and staff not following safeguarding procedures, we served warning notices on 8 September 2016. The date for compliance to be achieved was 1 and 8 October 2016 respectively. The provider shared with us their action plan on 20 September 2016. This provided detail on their progress to meet both warning notices and agreed regulatory requirements. On 27 October 2016 we found that the provider had not made all of the improvements they told us they would make and had only initially achieved compliance with one warning notice and this related to safeguarding.

On 27 October 2016, continued non-compliance with medicines management was found and this showed that few improvements had been made since our previous inspection to the service in August 2016. Concerns were noted in relation to medication stock discrepancies. This suggested that people had not received all of their prescribed medication. In addition, not all people had received their prescribed medication as they should as they were asleep and medication was found to be out of stock or could not be located within the medication trolley. Where medication error reports had been completed not all staff involved had received supervision and actions had not been followed-up. Competency assessments and medication training had not been considered as an action and no action plans had been implemented where errors or concerns had been highlighted. We immediately wrote to the provider and were given an assurance that immediate measures would be put in place to address our concerns and to ensure people's safety and wellbeing.

On 16 November 2016 when we returned to complete the inspection, we found that people received their medication as they should and at the times they needed them. Medicines were stored safely for the protection of people who used the service. There were arrangements in place to record when medicines were received into the service and given to people. We looked at the records for 16 of the 56 people who used the service. These were in good order, provided an account of medicines used and demonstrated that people were now given their medicines as prescribed. Specific information relating to how the person preferred to take their medication was recorded and our observations showed that this was duly followed by staff. Observation of the medication round showed this was completed with due regard to people's dignity and personal choice. For example, people were asked if they wished to have pain relief medication and their choice was respected.

Although intuitively staff knew the people they supported and some risks were identified and recorded relating to people's health and wellbeing, such as the risk of poor nutrition, where the person was at risk of falls and the risk of developing pressure ulcers, this was inconsistently applied. Risk assessments did not always include sufficient information on how to manage the risk, suitable control measures were not put in

place to mitigate the risk or potential risk of harm for the person using the service and not all risks were identified. This remained outstanding from our previous inspection. For example, the clinical audit relating to pressure ulcers recorded that one person had pressure ulcers for the period July 2016 to October 2016 inclusive. Although a formal risk assessment tool was in place to provide an estimated risk score for the development of pressure ulcers this had not been updated since August 2016 and no risk assessment relating to pressure ulcers had been completed. Staff confirmed to us that the person had a pressure ulcer and this was being attended to by healthcare professionals at regular intervals. This meant that we could not be assured that the above remained accurate and we could not be assured that the person's pressure management was effective in ensuring the person's safety and wellbeing. Additionally, all other risks identified for this person had not been updated since August 2016. We discussed this with the registered manager and they could not provide a rationale for this omission.

Additionally, risks were not identified for two people admitted to the service following our last inspection to the service in August 2016. Risks relating to specific areas were not identified and suitable control measures were not put in place to mitigate the risk or potential risk of harm for them. One person had a catheter fitted but no risk assessment was completed detailing how to manage the risk and what the potential risks were for the person. For example, the development of urinary tract infections, bladder spasms and leakage around the catheter site which could be a sign that the catheter was blocked. Evidence was available to show that even though the person had experienced pain in relation to their catheter and the catheter had been found to be blocked, a risk assessment had not been formulated. The person told us, "I was in terrible pain when the catheter was blocked." In addition to the above no manual handling assessment was evident for two people despite them requiring a piece of manual handling equipment and two members of staff to assist them with all transfers. There was no moving and handling assessment in place to identify the procedure to be followed by staff for each transfer, how many staff was needed for each procedure and what specific equipment was to be used. We were advised by one person's relative that prior to their admission the person had experienced a number of falls whereby they had fallen out of bed. No thought had been given to consider the use of bedrails or to determine if these were suitable.

This is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's comments about staffing levels were not positive and this remained outstanding from our previous inspection in August 2016. Most people who were able to speak with us felt there was insufficient staff available to meet their needs. In particular people told us that staff did not have the time to sit and talk with them and in some cases people told us that they felt lonely and isolated. One person told us, "The staff are very pleasant but they don't have enough time." Another person told us, "The staff are pleasant enough but they are not able to spend what I would call 'quality time' with you. They come in to your room and then they go. I know they have a job to do and they need to help others, but it would just be nice if they could spare the time and sit and talk with you." People also told us that care and support provided by staff could be rushed as they perceived staff to be under a lot of pressure as a result of their job role and because on occasions staffing levels were not always attained. When questioned as to how people knew that staffing levels were not always attained, they told us that this was often openly discussed by staff in their presence. Relatives also told us that they did not think that staffing levels were always appropriate. One relative told us, "The staff are fine but there aren't enough of them."

The impact of people's comments suggested that the staff response time to answer people's call alarms could be frustrating both during the day and especially at night. One person told us, "The staff are stretched at night." A second person told us, "They [staff] don't come very quickly when I press the buzzer." A third person told us, "I really haven't got any complaints but they [staff] take a long time to answer the buzzer

when they're busy." Staff's comments about staffing levels concurred with what people using the service and those acting on their behalf told us. Staff felt that staffing levels were not always appropriate and that staffing levels were not always maintained. Staff confirmed that this was mainly due to staff sickness at short notice and when the external agency was unable to cover staffing shortfalls. Staff confirmed that the impact of the above could result in people not always receiving a bath or shower at a time and day of their choosing and call alarm bells not being answered in a timely manner.

Although the provider had suitable arrangements in place to determine the basis for the service's staffing levels and our observations during the inspection indicated that the deployment of staff was suitable to meet people's needs, nevertheless the majority of interactions by staff with people using the service were routine and task orientated.

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

Staff told us that they felt people living at the service were kept safe at all times. People and relatives spoken with told us that Chaplin Lodge was a safe place. One person told us, "I'm looked after well and I feel safe." A second person told us, "I feel safe but the staff are too busy." Relatives told us that they had no concerns about their member of family's safety.

People were protected from the risk of abuse. Staff had received appropriate safeguarding training. Staff were able to demonstrate a good understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate any concerns about a person's safety to a senior member of staff or a member of the management team. Staff were confident that the registered manager and deputy manager would act appropriately on people's behalf. Staff also confirmed they would report any concerns to external agencies such as the Local Authority or the Care Quality Commission if they felt that the management team or registered provider were not responsive. The registered manager was able to demonstrate how they and the provider had responded to any concerns raised and had acted to ensure people's safety.

Suitable arrangements were in place to ensure that the right staff were employed at the service. Staff recruitment records for two members of staff showed that the provider had operated a thorough recruitment procedure in line with their policy and procedure. Staff told us that references, criminal record checks and identification checks were completed before they were able to start working in the service and they had an interview to show their suitability for the role. This showed that staff employed had had the appropriate checks to ensure that they were suitable to work with the people they supported.

Requires Improvement

Is the service effective?

Our findings

At our previous comprehensive inspection to the service on 19, 25 and 26 August 2016, we found that improvements were needed to ensure that staff received formal supervision at regular intervals and an annual appraisal. Additionally, on one unit there were insufficient wheelchairs for people's use and one satellite kitchen was not fully operational. The provider shared with us their action plan on 20 September 2016. This provided detail on their progress to meet regulatory requirements. We found at this inspection that the provider had not made all of the improvements they told us they would make. This related specifically to staff supervisions and appraisals.

Staff told us that although they felt supported and valued by the registered manager they did not feel supported and valued by the provider. One member of staff told us, "The home has lost its laughter. We all feel under pressure to get stuff done and the organisation never gives us any praise and we don't feel valued. When head office comes down it's always to tell us off."

Significant improvements were needed to make sure that staff had a structured opportunity to discuss their practice and development and to ensure they continued to deliver care effectively for the people they supported. Where subjects and topics were raised, information was not always available to show that these had been followed up to demonstrate actions taken. Staff did not feel that supervision was a two-way process or feel able to express their views or have a 'voice'. In addition, staff told us that they perceived supervision as an opportunity for the supervisor to 'tell them off' and to only discuss negative themes. One member of staff told us, "My understanding of supervision is that staff should be given an opportunity to express their views, however this is not always the case, my last few supervisions haven been about stuff I might have done wrong." Another member of staff told us, "I have had a couple in the last year but it's always when something is wrong. We (staff) don't see the value of supervision because no one ever deals with the concerns we raise." Staff told us and records confirmed that staff employed longer than 12 months had not received an appraisal of their overall performance for the preceding 12 months. We discussed this with the registered manager and they confirmed that the latter was accurate. This remained outstanding from our inspection in August 2016. The rationale provided was that priority had been given to address the shortfalls relating to medicines management and safeguarding.

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

Staff were trained effectively, which enabled them to deliver appropriate care to the people they supported. Staff confirmed that they received regular training opportunities in a range of subjects and this provided them with the skills and knowledge to undertake their role and responsibilities and to meet people's needs to an appropriate standard. Staff told us that this ensured that their knowledge was current and up-to-date. In most cases records confirmed what staff had told us and showed that their mandatory training was up-to-date.

The registered manager confirmed that all newly employed staff received a comprehensive induction. This

consisted of an 'in-house' orientation introduction to the service and the 'Care Certificate' or an equivalent. Staff told us that in addition to the above they were given the opportunity to 'shadow' and work alongside more experienced members of staff. The registered manager confirmed that this could be flexible according to a member of staff's previous experience and level of competence.

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. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Records showed that where appropriate people who used the service had had their capacity to make decisions assessed. This meant that people's ability to make some decisions, or the decisions that they may need help with and the reason as to why it was in the person's best interests had been recorded. Where people were deprived of their liberty, the provider had made appropriate applications to the Local Authority for DoLS assessments to be considered for approval. Where these had been authorised the provider had notified the Care Quality Commission.

We found that the arrangements for the administration of covert medication were in accordance with the Mental Capacity Act (MCA) 2005. 'Covert' refers to where medicines are administered in a disguised format without the knowledge or consent of the person receiving them, for example, in food or in drink. Records showed that this had been agreed as in their best interests by appropriate people involved in their lives, for example the Pharmacist and GP. However, an assessment had not been considered or completed where people had an alarm mat in place to alert staff when they got out of bed to mobilise. This showed that a management plan had not been completed to confirm that this decision had been discussed with the person using the service, was in the person's best interest and the least restrictive option available.

People were observed being offered choices throughout the day and these included decisions about their day-to-day care needs. People told us that they could choose what time they got up in the morning and the time they retired to bed each day, what items of clothing they wished to wear, where they ate their meals and whether or not they participated in social activities.

People were generally positive about the meals provided. One person told us, "The food is not bad and I get a choice." Another person told us, "I don't mind the food." Observation of the dining experience for people over two days of the inspection was noted to be relaxed, friendly and unhurried; with staff talking with people using the service. People were supported to make choices from the menu provided and received food in sufficient quantities. People were supported to use suitable aids to eat and drink as independently as possible, for example, to eat their meal using a spoon and use of specialist beakers. This showed that people were enabled and empowered to maintain their independence and skills where appropriate. Where people required assistance and support to eat and drink this was provided in a sensitive and dignified manner, for example, people were not rushed to eat their meal and were able to enjoy the dining experience at their own pace.

People told us that their healthcare needs were well managed. Relatives confirmed that they were kept informed of their member of family's healthcare needs and the outcome of healthcare appointments. Each person was noted to have access to local healthcare services and healthcare professionals so as to maintain their health and wellbeing, for example, to attend hospital appointments and to see their GP.

Requires Improvement

Is the service caring?

Our findings

At our previous comprehensive inspection to the service on 19, 25 and 26 August 2016, we found that people's comments about the care and support they received was variable. The majority of concerns related to a lack of availability of bathrooms to meet people's personal hygiene requirements and comfort preferences. The provider shared with us their action plan on 20 September 2016. This provided detail on their progress to meet regulatory requirements. We found at this inspection that the provider had made the improvements as stated.

People told us that they were now able to have a bath or shower as outstanding works had now been completed on all bathrooms within the service. This meant that there were suitable arrangements in place to ensure that people's personal hygiene and comfort needs were able to be met.

People were satisfied and happy with the care and support they received. One person told us, "I think the staff are very good." Another person told us, "I have no complaints with the staff." Relatives told us that they were happy with the care provided for their member of family.

People's preferences and choices for their end of life care were not robust or as detailed as they should be. We found that the needs of people approaching the end of their life and associated records relating to their end of life care needs were either not recorded or contained minimal information. For example, the care plan for one person provided no information detailing the person's pain management arrangements and the care to be provided so as to provide comfort and dignity for the person nearing the end of their life. No information was recorded to identify who may have a few months, weeks or days to live; in order to aid care planning arrangements and discussions with the person and those acting on their behalf. In addition, Preferred Priorities for Care [PPC] documents had not always been completed. This is designed to help people prepare for the future and gives them an opportunity to think about, talk about and write down their preferences and priorities for care at the end of their life. This meant that people's 'end of life' wishes were not recorded, in line with new guidelines issued by the National Institute for Health and Care Excellence [NICE]. The latter places emphasis for a more individualised approach to 'end of life' care. We discussed this with the provider and they confirmed that they were aware of the Gold Standards Framework. This is a joint approach used by all professionals involved in a person's care that ensured they received appropriate and co-ordinated end of life care. We discussed the above with the registered manager and they confirmed that improvements were required and that they were aware of the shortfalls.

There was evidence to show that people using the service or those acting on their behalf had not been involved in the care planning process or consulted. Relatives confirmed that they had not seen their member of family's care plan and had only provided information as part of the initial pre-admission assessment process. One relative stated, "I was not aware that I could see the care plan. None of the staff have told me about this. It would be good because I could check that the information provided was correct." Few people who used the service knew there was such a document that recorded their care requirements.

People told us that their privacy was respected and they were treated with respect and dignity. Our

observations showed that staff respected people's privacy, such as; people's modesty was upheld when personal care was provided as staff ensured that doors to bedrooms, bathrooms and toilets were closed. We regularly observed staff discreetly and sensitively reminding people about their personal care needs. We saw that staff knocked on people's doors before entering and staff were observed to use the term of address favoured by the individual. In addition, we saw that people were supported to wear clothes they liked and that suited their individual needs so as to maintain their self-worth and this included the wearing of jewellery.

People were supported to make day-to-day choices and their independence was promoted and encouraged where appropriate and according to their abilities. For example, several people at lunchtime were supported to maintain their independence to eat their meal and some people confirmed that they were able to manage some aspects of their personal care, for example, to wash their face and hands with a flannel.

People were supported to maintain relationships with others. People's relatives and those acting on their behalf visited at any time. Staff told us that people's friends and family were welcome at all times. Relatives confirmed that there were no restrictions when they visited and that they were always made to feel welcome. One relative told us, "The staff are very nice and always make me feel welcome and comfortable when I visit."

Requires Improvement

Is the service responsive?

Our findings

At our previous comprehensive inspection to the service on 19, 25 and 26 August 2016, we found that care was not always responsive to people's needs as staff's approach was primarily task focused and routine based rather than person-centred. Additionally, care plans were not fully reflective or accurate of people's care needs as they should be. The provider shared with us their action plan on 20 September 2016. This provided detail on their progress to meet regulatory requirements. We found at this inspection that the provider had not made all of the improvements they told us they would make.

Appropriate arrangements were in place to assess the needs of people prior to admission. This ensured that the service were able to meet the person's needs.

Although some people's care plans provided sufficient detail to give staff the information they needed to provide personalised care and support that was consistent and responsive to their individual needs, others were not as fully reflective or accurate of people's care needs as they should be. This meant that there was a risk that relevant information was not captured for use by other care staff and professionals or provided sufficient evidence to show that appropriate care was being provided and delivered. For example, where people were assessed as living with dementia, information relating to how this affected all activities of their daily living was not clearly recorded. Where people were admitted to the service so as to provide their relative with a short term break from caring duties, short break care plans were in place. However, these provided limited information relating to the person's care and support needs and how these were to be met by staff. Some of the care plans we looked at were not person centred and contained limited information about the person's life history, the life the person had led and what was important to them.

Staff told us that there were some people who could become anxious or distressed. Improvements were required to ensure that the care plans for these people considered the reasons for them becoming anxious and the steps staff should take to reassure them. Guidance and directions on the best ways to support the person required reviewing so that staff had all of the information required to support the person appropriately and to reduce their anxiety. Where information was recorded detailing the behaviours observed, the events that preceded and followed this and staff's interventions needed improvement. There was little evidence to demonstrate staff's interventions and the outcome of incidents so as to provide assurance that these were effectively being dealt with and positive outcomes were attained for people living at the service.

The service employed a member of staff who was responsible for the implementation and delivery of the weekly activities programme. They confirmed that there were a number of challenges with the role, particularly as they were primarily on their own. They told us that they tried very hard to support as many people as they could each day with meaningful activities but in reality this was not always achievable. As a result of only one member of staff being employed to initiate and provide social activities, few opportunities were available for people to participate in community based activities at this time. People using the service and their relatives told us that this was disappointing and one area that they would like significantly improved for the future.

There were a variety of planned activities and we saw that a noticeboard within each unit was displayed of both current and future events, such as bingo, chair exercises, games, art and craft projects, 'resident' meetings, church service's and external entertainers. The person responsible for providing activities told us that the programme was subject to change so as to be flexible to meet people's needs. Although they knew people well we noted that in some of the care records we looked at, particularly for people living with dementia, there was limited information on how their dementia affected their ability to participate and to be supported in taking part in social activities. One relative told us, "They [people living at the service] need more stimulating activities." We discussed this with the registered manager and an assurance was given that the above would be reviewed.

This is a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the way the service managed and responded to concerns and complaints. One person told us if they had any concerns, "I would talk to the staff or my family. I can speak up for myself." Another person told us, "I have no complaints about the care here. The staff are very nice. If I had any concerns I would speak to my [name of relative]. Information on how to make a complaint was available for people to access. Since our last inspection in August 2016, complaint records showed there had been one complaint. A record of the complaint was maintained and there was evidence to show that this had been responded to and action taken by the registered manager. A record of compliments was available to evidence and capture the service's achievements.

Inadequate

Is the service well-led?

Our findings

At our previous comprehensive inspection to the service on 19, 25 and 26 August 2016, we found that quality monitoring processes were not robust and working as effectively as they should be so as to demonstrate compliance and to drive improvement. The provider shared with us their action plan on 20 September 2016 detailing their progress to meet regulatory requirements. Although this told us of the actions to be taken to achieve compliance with regulatory requirements, we found that the improvements they told us they would make had not been achieved.

The provider was able to demonstrate to us the arrangements in place to regularly assess and monitor the quality of the service provided. The management team monitored the quality of the service through the completion of a number of audits, including an internal review by the organisation's internal quality assurance team at regular intervals over a 12 month period. In addition to this the use of questionnaires for people who used the service and those acting on their behalf had been completed to seek their views about the quality of the service provided.

Although the above systems were in place, they did not identify the issues we identified during our inspection and had not identified where people were put at risk of harm or where their health and wellbeing was compromised. There was evidence to show that because of this some people did not experience positive care outcomes and the lack of robust quality monitoring meant that there was a lack of consistency in how well the service was managed and led.

Where strategies were in place it was evident that these were either not working or not being followed. There was little evidence to show that the provider's own quality assurance systems effectively analysed and evaluated information so as to identify where quality or safety for people using the service was compromised, to drive improvement and to respond appropriately. For example, although the provider's action plan detailed that all care plans would be reviewed by 30 November 2016, the registered manager confirmed that care plan audits had not been undertaken to ensure that they contained all relevant information about a person's care and support needs. It was evident that had care plan audits been implemented and completed sooner, the shortfalls highlighted as part of this inspection could have been identified and action taken to resolve the issues raised. This referred specifically to records not being properly maintained, such as, in relation to risk assessments, care planning for people permanently placed and those on respite and end of life care plans. Had these audits been completed, this may have alerted the provider sooner so as to ensure these were happening and information recorded was accurate and up-to-date.

A further example showed that few action plans had been completed to evidence the steps to be taken or completed where medication errors, for example, stock discrepancies or poor record keeping on the Medication Administration Records [MAR] were highlighted. Although an assurance was provided In August and September 2016 that this would be addressed, the registered manager and provider had not picked this up or monitored this more effectively to ensure that action plans were devised, implemented and followed up. The registered manager confirmed that all but three members of staff who administered medication had

had their competency reassessed since our inspection in August 2016. However, for six members of staff we found that where they had been given a 'pass' mark in relation to controlled drug medication, their competency had not been assessed as no control drug medication was administered. Once more, the registered manager and provider had not picked this up or queried the findings from the assessments completed.

The provider's action plan also told us that changes would be made in the way that supervisions for staff would be carried out and supervisors would be supported to complete their responsibilities in line with the provider's expectations by 30 November 2016. However, our findings showed that suitable measures were not in place to ensure that staff were appropriately supervised. Supervisory support arrangements were poor and had not been monitored by the provider to ensure that these were being carried out. Several members of staff had not had an annual appraisal. The registered manager and staff confirmed to us that they had not received any training relating to how to conduct supervisions for staff. Despite concerns being raised in August 2016 by us that the service was not consistently well-led and significant improvements were required, the registered manager had last received formal supervision in June 2016. We discussed this with the provider's representative [Area Manager] and were advised on our last day of inspection that a formal supervision had been conducted with the registered manager the previous day as a direct result of our comments. This was confirmed as accurate by the registered manager.

It was evident that the absence of robust quality monitoring meant that the provider had failed to recognise any risk of harm to people or non-compliance with regulatory requirements sooner. Had there been a more effective quality assurance and governance process in place, this would have identified the issues we found during our inspection, identified where improvements were needed or applied learning across the service. On the third day of inspection the peripatetic manager who had been newly employed by the organisation to oversee the service whilst the registered manager was on maternity leave, showed us a revamped audit and action plan relating to falls and accidents and incidents which they had completed following our comments on the second day of inspection. Additionally, they confirmed that following our comments in relation to staff's medication competency assessment on the second day of inspection, four members of staff had been reassessed and a further three assessments remained outstanding. However, an assurance was provided that these would be addressed as a matter or priority.

Staff meetings had been held since August 2016 so as to give staff the opportunity to express their views and opinions on the day-to-day running and quality of the service and to discuss our findings from the comprehensive inspection. Minutes of meetings were viewed and although a record had been maintained, where matters were highlighted for action or monitoring, it was not possible to determine how these were to be checked and the issues addressed.

Staff did not always feel that the overall culture across the service was open and inclusive. Staff told us that communication between each other, senior staff and the management team still required further improvement. Staff's comments about communication were variable with some staff members feeling there was effective communication and others feeling that improvements were required. Staff's comments about morale at the service were variable with both positive and negative comments. Although staff told us that the registered manager was lovely and personable, not all staff felt that the registered manager's management skills were as effective as they should be.

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

As stated at our last inspection in August 2016, the views of people who used the service, those acting on

their behalf and staff had been sought in March 2016. The majority of findings were positive.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Assessments of people's care did not include all of their care and support needs.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured that staff had received on-going or periodic supervision or an annual appraisal of their overall performance.