Chestnut Lodge Care Home Limited

Chestnut Lodge Care Home

Inspection report

135-137 Church Lane
Handsworth
Birmingham
West Midlands
B20 2HJ

Tel: 01215513035

Date of inspection visit:
17 January 2018
18 January 2018

Date of publication:
28 November 2018

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 17 and 18 January 2018 and was unannounced. This was the provider's first inspection since changes to their registration on 17 January 2018. This inspection found improvements were required across each of the five key questions and the provider was in breach of the regulations.

Chestnut Lodge Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is registered to provide personal care and accommodation for up to 15 older people. At the time of our inspection, there were 12 people living at the home and one person on respite stay.

We found concerns which put people at risk of unsafe care and support. Some areas of the home were not kept clean or well maintained. We identified risks of poor infection control and tripping hazards which health and safety checks had not identified. Recruitment processes were not always completed as required to assess and ensure the suitability of all staff.
We identified some good examples of safe practice and people told us they felt safe. People were supported to take their medicines safely and there were enough staff to meet their needs. Incidents at the home were reviewed to prevent future reoccurrences and help ensure people's safety. Safeguarding training and policies had recently been updated to help all staff become confident on how to recognise and report abuse.

People spoke positively about their care. Staff told us they felt supported and equipped for their roles, although improvements were needed to ensure support remained effective as people's needs become more complex. Most staff were familiar with people's needs and how to support them well although some staff knowledge was inconsistent. Further support and guidance would help build on training provided in relation to people's individual needs. Although the provider was making continued improvements in this area, the design and décor of the home was not always safe or developed according to the needs of some people living with dementia.
We have made a recommendation about dementia care, including activity planning, care planning and the design of the home to help meet all people's needs.

People were offered some choices and the provider had recognised requirements of the MCA. People were supported to have their health needs monitored and to access additional healthcare support as needed. Although people spoke positively about meals at the home, they were not involved in deciding what should be on the menu to ensure this could always reflect their preferences. People told us they had enough to drink and expressed satisfaction with the meals and drinks on offer.

People told us staff were kind and caring, and we saw caring interactions and good relationships between people and staff. However, the approach of some staff, although well intended, did not always promote people's dignity, privacy and independence as far as possible. We also found systems were not in place to

enable people to regularly discuss and make decisions about their care. This did not help ensure people's needs and wishes would always be met. This meant the service was not consistently caring.

We saw good examples of how people's support needs and preferences were met and people's feedback reflected this. However, care planning systems were not in place to review and discuss people's care with them. This did not help ensure people would always receive care and support that was responsive to their needs. Although some people enjoyed spending time as they wished, improvements were also required to the individual and group activities on offer as some people showed and expressed they did not meet their preferences.
People told us they had no complaints about the service and no complaints had been logged. People and relatives told us that any issues they raised were addressed to their satisfaction. Improvements were required to ensure that the complaints process was accessible to all to ensure this was consistently responsive.

The service was not consistently well-led because the provider's systems and processes failed to always effectively assess, monitor and improve the quality and safety of the service. We identified various concerns that these processes had not addressed which put people at risk of unsafe or poor care. The provider's caring approach towards people was recognised and valued by people and relatives. Staff also showed they welcomed the support they were given. The provider was supported by a mentor and had sourced some good practice guidelines to help aid their ongoing development. The provider had developed audits to help support the running of the service, but these were not yet fully effective.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Not all people's risks were managed well. Although health and safety checks were carried out, parts of the home were not safely maintained and presented risks of poor infection control.

Recruitment processes were completed safely to ensure the suitability of new staff employed. However, the provider had failed to ensure that the recruitment checks of existing staff were completed safely.

People told us they felt safe. People received safe support with their medicines and there were enough staff to safely meet their needs.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People spoke positively about their care and we saw most people were well supported. However, people's more complex needs were not always effectively assessed and met. The design and décor of the home were not always suitable or developed according to people's needs.

Positive health outcomes were promoted, for example through access to additional healthcare support. People liked the food available but had not been involved in choosing menus. Improvements had been recommended around ensuring people had ease of access to drinks to remain well hydrated.

People were offered choices and the provider had recognised requirements of the MCA.

Is the service caring?

Requires Improvement

The service was not consistently caring.

Although people were given choices and involved in home routines and activities, they were not always involved in care planning or reviews. This did not ensure their needs and wishes

were always discussed and met.

Improvements were also required to ensure people's privacy and independence was always promoted.

We observed several caring interactions and good relationships between people and staff. People told us staff were kind and caring.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Information about people's needs and wishes had not been gathered to inform care and activity planning and to provide a consistently responsive service.

Some people had poor access to activities of interest and their responses had not been used to improve this aspect of their care.

People spoke positively about their care. We saw positive examples of how people's individual support needs and preferences were met.

People told us they had no complaints and that any issues they had were addressed. Improvements were required to ensure the complaints process was accessible to all.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The provider did not have effective systems in place to assess, monitor and improve the quality and safety of the service. Concerns we identified had not always been identified and addressed by the provider and this put people at risk of unsafe and poor care.

People, relatives and staff spoke positively about the provider and their experience at the home. The provider was referring to the support of a mentor and good practice guidelines to further their personal and professional development.

Chestnut Lodge Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 17 and 18 January 2018 and was unannounced. The inspection was conducted by an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was dementia care.

As part of our inspection planning, we reviewed the information we already held about the provider under their previous registration with the Commission for this location. Providers are required to notify the Care Quality Commission about specific events and incidents that occur, including serious injuries to people receiving care and any safeguarding matters. As part of our inspection planning, we sought feedback from commissioners of the service. At the time of our inspection, commissioners were continuing to work closely with the provider towards the completion of the provider's action plan to address a number of improvements required. We also checked whether any information was available from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used this information to plan our inspection.

During our inspection, 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 also spoke with six people living at the home, two relatives, four staff and the provider. We also spoke with two healthcare professionals involved in people's care. We looked at records about three people's care, staff recruitment files and records about the quality and safety of the service including the quality assurance processes.

Requires Improvement

Is the service safe?

Our findings

This was our first assessment of the key question 'Safe' since the provider's new registration on 17 January 2018. We have rated this key question, 'Requires improvement' because the provider had failed to ensure systems were always safe in relation to infection control, recruitment processes and risk management.

People told us the home was clean and well-maintained. However, we observed this was not always so for all areas of the home, although audits regularly checked this. For example, a hallway leading to some people's bedrooms was dusty, dirty and contained excess clutter. The provider assured us they would remove this clutter and keep this area clean. The provider had not always ensured the cleanliness of the home and good infection control in line with current guidelines and had no infection control audit in place to assess this. For example, there was no suitable and designated storage for people's laundry, clean or otherwise, and surfaces where people's clothes were kept before and after washing were partially stained with rust and dirt. Only one hand hygiene gel was available for people, staff and visitors to access, which did not promote good infection control and hygiene. After the inspection, the provider requested an infection control audit from an external service to help address this and other concerns we had brought to their attention.

We checked whether staff had been recruited safely, for example whether the provider had completed references checks and staff had undertaken checks through the Disclosure and Barring Service (DBS). Staff told us they had completed safe recruitment processes before starting in their roles and checks we sampled for staff recruited in recent months had been completed satisfactorily. However, people were not protected by consistently safe recruitment processes. The provider had not ensured all staff were suitably recruited and assessed for their roles. For example, one staff member had never completed a DBS check with the provider and the provider had not taken other necessary action to assess this staff member's suitability. The provider had not always taken appropriate action to ensure the suitability and safety of all staff employed to help always protect people living at the home.

We saw that many risks people might experience were well managed, for example, one person was safely supported to move by two staff as needed. Staff were aware of how to keep the person safe and communicated well with the person to help them move at a suitable pace. Safety incidents were recorded appropriately and reviewed to identify how the incident had occurred and how to prevent reoccurrences. However, improvements were required to ensure risks were always appropriately managed. The design of the home did not always promote people's safety and independence as far as possible along with obstacles and clutter observed in some areas of the home. Staff tried to respond to this to keep people safe when walking around the home, however this practice was not consistent and did not always promote people's independence. For example, one person was asked by staff to wait before they entered the lounge, until staff had moved items on the floor out of the way and asked other people to mind their feet, to prevent any trips or falls. Insufficient space in one lounge area meant some people could not keep their mobility aids nearby to use as needed and to reduce their risk of falling. On two occasions, one person had already walked across the lounge before staff identified they didn't have their mobility aid they needed to remain safe.

We saw examples of good practice and people told us they felt safe. One person told us, "I just feel safe and they're all a good load of people, I'm not worried about anything." Safeguarding training and policies had recently been updated. The majority of staff were able to describe the types of abuse people could experience and how they could identify and report safeguarding concerns. Further guidance would help embed this learning for all staff to ensure they could always confidently recognise and report abuse. The provider had systems to help ensure people's monies were stored securely and one person commented, "My personal belongings in my room [are] always safe, I leave my door open."
One person told us fire drills were done regularly to help people become familiar with this. The fire service attended the home during our inspection to check that fire safety equipment in place remained suitable. The provider completed their own fire safety checks regularly alongside this and had assessed how people could be kept safe in the event of a fire. The provider advised they would start to regularly remind staff of fire safety procedures during meetings and supervision to build on some training provided in this area. Systems were in place to help protect people in the event of a fire.

Staffing levels were safe to meet people's needs. Feedback from people and staff reflected this. One person told us, "Staff are very good, if anything goes wrong everyone has a buzzer in their room. If I don't feel well I buzz, and they always come." A staff member commented, "We're not that busy, it depends on [the number of people living at the home] and [the provider] is here every day." We observed that staff often responded to people's needs in a timely way and the provider had a hands-on approach, supporting people and staff as needed which helped ensure people's needs were met. There were enough staff available to support people safely.

We looked at how people were supported with their medicines. People told us they had their medicines on time and for pain relief if needed. One person commented, "It was a while ago I was in pain. Staff came to check, I told them [and had painkillers]." People were supported with their medicines in communal areas, for which staff told us they had sought their consent. People stored prescribed creams and lotions in their own rooms and were satisfied with how staff supported them with these. People were supported safely with their medicines. The provider had recently introduced competency assessments to build on refresher medicines training provided, to help ensure staff supported people safely with their medicines.
We brought to the provider's attention that used medicines sharps were not always stored safely which they addressed shortly following our inspection. People's medicines were otherwise stored securely and records were completed accurately and according to people's needs. We sampled medicines stock levels at random and found they corresponded with medicines records observed. The provider's medicines audits supported this practice.

Requires Improvement

Is the service effective?

Our findings

This was our first assessment of the key question, 'Effective', since the provider's new registration on 17 January 2018. We rated this key question, 'Requires improvement' because people's needs and preferences were not always met in line with current good practice guidelines and we identified concerns around the design of the premises.

Improvements were needed to ensure support remained effective as people's needs changed, including through reference to current good practice guidelines for example through the Alzheimer's Society in relation to care planning and dementia care. The provider told us one person living with dementia showed decreased interest in activities. This had not prompted a review of activities offered according to the person's needs or recommended by evidence-based guidance. When this person clearly expressed they didn't want to join in with a game, staff continued to ask them to on a number of occasions, which caused the person some frustration. The provider had not reviewed why this person had become frustrated, or identified those staff approaches were inappropriate and could frustrate this person and others as we observed. Another person had recently developed a habit of biting their finger. We saw this person was regularly discouraged from doing so, and sometimes they responded saying they did this due to boredom. Although the provider had made referrals to healthcare professionals about this person's needs, other suitable action had not been taken, such as accessing dementia care guidance or reviewing this person's care further to identify other possible ways to support them effectively.

Continued improvements to the premises were ongoing and this was welcomed by staff and relatives who spoke positively about new flooring being fitted. People had helped with decorating decisions such as choosing paint colours and the provider told us this would continue as people's bedrooms were decorated. However, the provider failed to maintain basic upkeep of some areas of the home which put people at risk. For example, hallways leading to some people's bedrooms were dark with poor access to lighting and there was no signage to help navigate people. This is not in line with current good practice guidelines such as the Social Care Institute for Excellence (SCIE), particularly for meeting the needs of people living with dementia .We also saw the garden contained excess clutter and several hazardous items which meant people could not access this safely and independently. The design and décor of the home were not always suitably developed and compromised people's safety.

We recommend the provider seeks advice and guidance from a reputable source, to achieve consistently good care, through improvements to dementia care planning and ensuring activities and the design of the home are developed according to the needs of all people living at the home.

People often spoke positively about meals at the home. One person told us, "The dinner's fine. You get sandwiches and tea in the evening and the lunches are brilliant." Although people were given choices of available daily options, their views were not routinely sought around certain foods they wanted to help inform menu planning. One person told us, "It's the same breakfast seven days a week… I think the cook decides what we have." Involving people in menu planning would help improve people's experience further and ensure they always had meals and drinks of their preferences. People's weights were regularly

monitored to help promote their health. A doctor's visit was arranged for one person who had lost weight and staff monitored this. People's identified dietary requirements were catered for with staff guidance and alternative options available.

People told us they always had enough to drink and could ask for one if they wanted. One person told us, "We get a bottle of cordial in the fridge, I believe it's kept there, and they get it for people who ask." We saw it was a routine at the home that people were offered drinks at set times. We saw that people did not have easy access to drinks outside of those times. This did not help encourage good hydration as far as possible and had not effectively addressed commissioners' feedback in June 2017 about ensuring people always had close access to drinks. People gave generally positive feedback about meals and drinks at the home, although we found improvements were required.

People consistently commented that staff were good at supporting them. Many people were independent and received help as needed for example with meals, medicines and getting around the home safely. Staff had recently completed dementia care training and often responded well when some people became confused. For example, a staff member followed one person's conversation and reassured them when they wanted to get a taxi home. Another staff member told us they used distraction techniques on such occasions and commented, "We offer them a drink, to have a drink before leaving." Staff told us they felt supported and had regular supervision which they found helpful. The provider had improved their induction process to meet the Care Certificate standards. The Care Certificate sets out the minimum common induction standards for all staff new to social care. The provider had also introduced a system for monitoring staff training needs and staff had recently completed training relevant to people's needs in areas including diabetes, dementia care and falls awareness. Most staff had supported people over a long period of time and were familiar with their needs and risks. However, this knowledge was not always consistent across the staff group, for example, a senior staff member was aware of who had diabetes and how to support them to remain well, however two other staff could not confidently describe this. Further guidance and improvements to care planning processes would help develop staff understanding of people's individual needs and to embed learning from the training provided.

People told us they had access to additional healthcare support when needed such as the dentist and doctor. One person told us, "A chiropodist comes to see me. The doctor comes here. I don't have pain, but they'd give me tablets if I asked." One person had recently returned from hospital and we saw that staff monitored this person closely and were aware of their risks. A relative's feedback about the home showed their view that one person was 'Healthier now than before living here,' and that they were kept informed of changes to their health as appropriate. Everyone living at the home was registered under the same doctor, and the general practice confirmed people were referred in a timely way and appropriately when unwell. The provider involved healthcare professionals in people's care which helped promote positive health outcomes. One person told us, "They're sorting out sleeping tablets for me, I'm sleeping again now because of the sleeping tablets, so it's better than it was before." A visiting healthcare professional told us their recommendations were followed by staff and supplies were always readily available when they visited to support people. People were supported to remain well with input from healthcare professionals as needed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. People's consent was regularly sought and they were supported to make basic decisions about their care. People often assembled together for activities and meals as a usual routine at the home, although some people's choice to eat at a later time for example, were respected. The provider was aware of the principles of the MCA and the conditions of the four DoLS authorisations in place. Staff understood their responsibility to help keep those people safe whilst promoting their choices. A staff member gave an example of accompanying one person to the shops so they would remain safe, yet holding up options so the person could choose which item to buy independently. People were supported in line with the MCA.

Requires Improvement

Is the service caring?

Our findings

This was our first assessment of the key question, 'Caring' since the provider's new registration on 17 January 2018. We rated this key question, 'Requires Improvement,' because people were not always involved in their care planning and their privacy and independence were not always promoted as far as possible.

Systems were not in place to always involve people in their care. There were no regular opportunities for people to discuss their care with a designated staff member, beyond informal chats with staff or during residents' meetings. Residents' meetings regularly took place where people discussed plans and ideas for the home. One person told us they were happy at the home and that staff checked this was so, however, they also commented, "People don't ask you what you like to do." The provider and staff told us they each checked people were happy. We observed occasions where some people expressed reluctance or little interest in partaking in the activities made available to them. These comments and responses were not identified or addressed by staff or the provider, to help inform activity planning or explore other views that people held. Although care plans were regularly updated in relation to people's changing needs, care plan reviews were not routinely held with people as an opportunity for them to talk about and review their care and support. This did not ensure all people's needs and wishes were discussed and met. Although relatives were asked to complete questionnaires to offer their views and feedback about the service, people were not given questionnaires to complete or the opportunity to give feedback in another accessible format. Systems were not in place to ensure people's preferences and needs were met and that they were involved in care planning and decisions as far as possible.

We saw occasions where some people's independence and privacy was not promoted as far as possible. For example, on one occasion when a person wanted to go to the toilet, staff initially discouraged the person, explaining to them that they did not need to move as they had a catheter fitted. This did not promote the person's dignity or independence as far as possible. The person insisted and they were then supported as they had initially requested. We also found occasions during our inspection that staff volunteered private information or described what people were doing within earshot of others living at the home. For example, although well intended, staff affectionately talked about people and what they were doing, but did so in the presence of those people and others, without involving them in the conversation or protecting their privacy. Although people were supported by staff who cared for them, the provider had not reviewed staff approaches to ensure these were always appropriate and promoted people's privacy, dignity and independence as far as possible.

Although improvements were required to ensure consistently good practice, we observed several caring interactions and positive examples of care. People told us staff were kind and caring and we observed close relationships between them. One person told us, "Staff are kind really, [one] is really nice. They know me pretty well." We observed that some people chatted together or helped one another with simple tasks, and staff were often caring and encouraging in their approach towards people. One person entered the lounge area and a staff member greeted them saying, "Come on we've been missing you, I was coming to look for you." They looked at into the garden together and chatted to one another about it. This person later told us,

"You feel wanted here. [Another person living at the home] is a great friend, a terror, they occupy me." We observed occasions where people did have the privacy they needed, for example, one person had a private discussion with the provider in their office. Another person told us, "They leave you alone with [a visitor] if you want, and I can go to my bedroom if I wish."

People had visitors when they wished who were made to feel welcome. A relative of a person who had previously lived at the home also visited and we saw they continued to have a good relationship with staff and knew people well. Relatives' questionnaire feedback we sampled was consistently positive about the caring approach of staff. One comment read, 'I've had experience of other homes in the past with other relatives and you are just so different, so personal and caring, it just puts me at so much ease that you are so lovely with [person].' A member of staff told us, "I love to look after people [and check they're], nice and clean and happy, I talk to them.

People were treated with respect and care. We saw an occasion where a staff member helped neaten one person's cardigan and ensured all the buttons were done up before the person were supported to move. People were comfortably and individually dressed to reflect their preferences.

Requires Improvement

Is the service responsive?

Our findings

This was our first assessment of the key question, 'Responsive' since the provider's new registration on 17 January 2018. We rated this key question, 'Requires improvement' because care and activity planning failed to always address and meet all people's individual needs and preferences.

Most people told us they had not completed a care plan review, and we found there was no formal process to involve people in their care planning and decisions. People's care records had been updated regularly however they did not always reflect their current needs or provide guidance that would help inform person-centred care. One person told us they had been involved in care planning, however another person commented they hadn't been asked what was important to them for day-to-day living and activities. One care plan we sampled was generic and had not always captured the person's identity or interests including the personal history and background they had shared with us. Statements in the person's care plan, such as, 'I am frail,' referred to what the person could not do and did not follow current good practice guidelines such as Skills for Care for example, in emphasising the person's assets and capabilities. People did not have a routine opportunity to discuss their care needs. There was no system for involving people in decisions and discussions about their care to ensure this would always be provided and planned in line with their needs, choices and preferences.
The provider took care to support families as people approached end-of-life and kindly paid their respects where some people had passed away. The provider had gathered some people's end-of-life wishes and preferences as these had been expressed and provided. However, the provider had not always proactively explored this aspect of care planning with people to ensure their needs would be understood and met as far as possible. Records we viewed were not always complete or available in relation to this aspect of people's care. The provider told us care planning training was scheduled to help support people as they wished.

Some people's expressed views and wishes were not always considered or used to inform activity planning at the home. We saw some people were encouraged and asked to take part in activities on a number of occasions after they had said they did not wish to. One person's sleep was interrupted when staff again asked them to play when they had already declined, which we saw frustrated this person. Another person stated, 'I'm not one for games." This person later told us, "[I'm] tired of being penned in, I want to [do activity of interest]." We saw that staff tried to find out this person's interests and how they wanted to spend their time. A staff member told us, "We do our part, sometimes people don't want to do anything." We saw that the provider offered a similar view in relation to one person's lack of interest in activities available to them and it was of concern that the provider attributed this solely to the person's dementia support needs. People's needs and preferences had not been reviewed to help inform activity planning at the home. Where people showed less interest in activities, this had not prompted staff or the provider to explore people's interests further and review the activities on offer. People who were more independent felt able to spend their time as they pleased. We saw they carried on with their own tasks and activities of choice such as watching television or colouring. Two people chatted to one another about what they were up to next, and another person left the room when television adverts came on. Two other people played a game in another lounge which we saw they enjoyed and were engaged in, with encouragement from staff. We saw some people had good access to activities of interest to them, however this was not a consistent experience of all

people living at the home. The provider told us this was an area of improvement they had identified and would begin to address through arranging training in relation to dementia care activities.

People gave positive feedback about their care and support and how this met their needs. One person told us, "Everybody does their job. I've got no problem, I'm quite happy, I'm satisfied." Another person told us, "Anything you ask for, [the carer] does," and praised the support this staff member provided. People's choices were respected by staff for aspects of their daily support, for example we saw some people ate and got up at different times to other people based on their own chosen routines. We found examples where care had been taken to help meet people's individual needs. For example, staff supported one person to engage in prayer as they wished. A staff member commented, "[Person has] done prayers with me every day, and she did the counting on her [rosary] beads." Staff had also arranged for a religious book to be made available in large print for this person which they explained had helped maximise on the person's wish to practice their religion.
People were supported to have their communication needs met and staff showed awareness of additional support some people needed. Some staff spoke in the same language as one person whose first language was not English, which helped connect the person well with staff and to express their wishes. Another staff member told us they observed this person's facial expressions and gestures to help understand them and commented, "We normally [help person to eat] and she puts her hand on her chest to say she's happy." The provider also recognised Accessible Communications Standards requirements. One person's communication needs associated with their sensory impairment had been recorded in their care plan and we saw that staff used gestures, written notes and flashcards to aid their communication. People were supported well with their communication needs.

People told us they felt able to complain if they needed to, and that they had no complaints about the service. One person told us, "Any complaint, you see the carers and they do their best to sort it, I suppose. I've got no complaints whatsoever." Some people and relatives who told us they had raised issues said they had been satisfied that their concerns were resolved. This showed that people could raise concerns and have them responded to, however the provider had not ensured the complaints processes was always accessible to all. Staff and the provider told us that people and visitors could complain to them directly or by writing an entry in the compliments and complaints book. This book was accessible to all people and staff which meant people could not complain anonymously to the provider if they wished. A relative had previously given feedback that they did not know where the complaints book was to submit any concerns. We also shared our concern with the provider that one person had expressed some reluctance to complaining and referred to this as "moaning," and "to interfere". Our discussions with the provider found that neither piece of feedback had prompted their review of the complaints process to ensure this was always accessible to all.

Requires Improvement

Is the service well-led?

Our findings

This was our first assessment of the key question 'Well Led' for this service, since the provider's new registration on 17 January 2018. We rated this key question, 'Requires improvement' because the provider had failed to establish effective systems and processes to assess, monitor and improve the quality and safety of the service.

The provider's systems and processes had failed to identify key safety concerns at the service and ensure the premises were always clean, safe and developed according to people's needs. Areas of the home, including communal hallways and the garden presented several hazards and falls risks to people but had not been identified as a concern to the provider. The provider's weekly and monthly audits of the health and safety of the premises had also failed to identify that their storage systems for potentially hazardous items such as medicines sharps and cleaning products were unsafe. The provider had failed to identify requirements of safe infection control and ensure the cleanliness of all aspects of the building. In another example, the provider told us they intended to keep a condemned boiler for back up if the new one could not be used. This did not assure us that the provider had effective systems in place to always recognise and meet basic standards to ensure people's safety.

The provider failed to ensure current good practice guidelines were safely met in relation to recruitment practices. The provider had not audited all recruitment records in relation to staff employed to ensure they had suitable checks in place. We brought it to the provider's attention that one staff member did not have a DBS check in place and that reference checks had not been completed as required for other staff members. The provider had failed to proactively review this information and ensure their recruitment practices were safe.

The provider had also failed to identify and address quality concerns in relation to people's care planning and experience. The provider had highlighted in a quality audit of December 2017 that care plans were, 'Updated and set out in person-centred way.' Our inspection found that although care plans were regularly updated, they were not centred around the individual and were not always accurate in relation to their care needs. The provider had not established a care planning process or other system through which they could assess and monitor people's experience of the service and ensure this was in line with their needs. Where some people expressed negative views in relation to activities on offer, these views were not addressed or acted on by staff or the provider. For example, when people declined the activities on offer, this was not used to help identify preferred activities and they were invited again to take part in the same activity. People's views and feedback were not routinely gathered and used to help assess, monitor and improve the quality of the service.
The provider did not demonstrate a clear direction for how they intended to assess and monitor the quality of the service moving forward. The provider had issued questionnaires in May 2017 to gather relatives' views and experiences of the service. However, they had not included people in this quality assurance process and had no rationale for this decision. Relatives told us they had been kept informed through verbal updates of planned improvements at the home, however, the provider had not analysed or shared overall questionnaire findings with people living at the home or survey respondents, or used this to drive

improvements to the service. The provider told us they did not know when they would next reissue questionnaires.

Failure to establish and operate effective systems and processes to assess, monitor and improve the quality and safety of the service is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives felt that the management of the home was good. One person told us the provider had taught them how to knit, and this had led to the person knitting scarves for staff and a blanket for another person which we saw they used. A relative told us, "She's very lovely, the provider, I've never met someone like her." We saw the provider had a caring and committed approach with people and relatives, and made their own personal efforts to ensure people felt welcome and at home. For example, the provider had arranged for additional television channels to be installed for one person, and for another person's own fish tank to be kept in the home so the person could see them. Relatives also commented that they could approach the provider with ease and that any issues they raised were addressed. Relatives felt aware of the provider's ongoing plans to improve the premises and other developments at the home. We saw staff had also developed good relationships with people and one person told us, "The people that manage it make an excellent job of it." Staff don't distance themselves from the people here, I like the atmosphere." Staff were undergoing further training to support their role development and told us they felt supported. A staff member told us, "[The provider] helps and understands our problems," and included the example of childcare arrangements and flexible working. The staff member said they talked through issues as a team to help respond to people's changing needs. Feedback and our observations often showed the home had a caring and supportive culture.

We saw that the provider had a mentor who they met with at least monthly for guidance and support. The provider had started to refer to good practice guidelines such as Skills for Care and had ongoing plans to further their development and improvements at the home. The provider had audits in place to keep track and ensure their own processes such as care plan reviews and equipment checks were completed in a timely way. We saw that the provider had developed systems for reviewing incidents and safeguarding matters which had helped promote people's safety. These developments were welcoming yet not sufficiently effective to ensure the quality and safety of the service.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to establish and operate effective systems and processes to assess, monitor and improve the quality and safety of the service.

The enforcement action we took:

We served a notice of decision dated 5 April 2018 to impose a condition on the provider's registration in relation to meeting the requirements of this regulation.