Coverage Care Services Limited

Montgomery House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**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 8 and 10 May 2018. The first day of our inspection visit was unannounced.

Montgomery House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Montgomery House is registered to provide nursing and personal care to a maximum of 90 people. It provides a service to older people and younger adults who may have dementia, learning disabilities or autistic spectrum disorder, mental health needs, physical disability or sensory impairment. At the time of our inspection 75 people were living at the home.

Montgomery House accommodates people across five separate units, each of which has separate adapted facilities. Two units specialise in providing care to people living with dementia, one of which is nursing. Two units support people who require nursing care and one unit provides residential care.

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

At the last inspection in June 2017, we rated the service as Requires Improvement. This is the second consecutive time the service has been rated Requires Improvement.

The provider's quality systems had not ensured records relating to people's care, medicines and safety were always accurately maintained. Risks to people who used the service were assessed but these did not always give information on how the risk was to be safely managed and records were not always accurately maintained. Environmental risks were not always minimised and we found areas of the home that should have been kept secure for people's safety were not. This gave people access to areas with equipment and substances which could pose a risk to their health and safety. Food fridge temperatures were not monitored as per the provider's procedures and this meant the provider could not be confident that foods were fit for consumption.

There were not always sufficient staff to meet people's needs and to help keep them safe. Agency staff were used to cover shortfalls in staffing levels. However, staff were kept busy and could not always ensure people received a person centred approach to their care and support. As a result people did not always feel confident with the staff that supported them.

People did not always feel listened to when they raised concerns about their health. Not all staff understood people's specific needs, despite receiving the training they needed.

Staff did not always demonstrate positive interactions and engagement with people and people felt they were too busy to spend quality time with them.

People's experiences of the support they received to eat and drink differed throughout the home. Staff did not always maintain accurate records of what people had to drink in line with their care plans. This placed people at risk of not having enough to drink to promote their health.

People and their relatives were able to express their views on the service and to participate in care planning and reviews. Staff worked with outside professionals to help ensure the effectiveness of care provided.

Staff asked people's permission before they helped them with any care or support. Staff respected people's right to make their own decisions and supported them to do so. Where people were unable to make their own decisions systems were in place to ensure decisions made were in their best interests.

Staff understood their individual responsibility to protect people from potential abuse. The provider had safe recruitment systems in place to ensure staff employed were suitable to work with the people who lived at the home. Measures were in place to protect people from the risk of cross infection. Systems were in place to ensure lessons were learnt from accidents and incidents.

People had support to participate in social and recreational activities, although the opportunities for them to do so were limited.

People and relatives had the opportunity to talk about their wishes regarding end of life care.

People's and relatives concerns and complaints were responded to and used to help improve the service. Their views and opinions were sought through various methods, including meetings. The provider had procedures in place to ensure complaints were recorded, investigated and responded to.

We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulations 17 Good governance. You can see what action we told the provider to take at the back of the full version of this 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 always safe.
There was not always sufficient staff to meet people's needs. Risks to people and the environment were not always closely monitored. People's medicine was not always safely managed by staff.

Staff understood their safeguarding responsibilities to keep people safe. Safe recruitment procedures were in place and followed. Systems and practices were in place to reduce the risk of cross infection.

Is the service effective?

Requires Improvement

The service was not always effective.
People did not always feel listened to when they raised concerns about their health and well-being. Staff received the training they needed, although did not always fully understand people's limitations. People's experiences of the support they received to eat and drink differed throughout the home. Records with regards to how much people drank to promote their health were not accurately maintained.

Staff worked with other professionals to help ensure the effectiveness of care provided. Staff respected people's right to make their own decisions and supported them to do so.

Is the service caring?

Requires Improvement

The service was not always caring.
People were not always cared for by staff they were familiar with. Staff did not always demonstrate positive interactions and engagement with people and people felt they were too busy to spend quality time with them.

People felt involved in their own care and treatment. Staff respected people's privacy and dignity when they supported them.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Staff practice sometimes focused on the task to be completed rather than being person centred. People had opportunities to be involved in social activities but felt more could be done.

People and relatives were provided with opportunities to give feedback, to make comments or raise complaints about the care they received.

Is the service well-led?

Requires Improvement

The service was not always well-led.
The provider's quality assurance systems had not ensured staff always maintained accurate records or followed procedure.

Relatives were welcomed and the staff were friendly towards them. Most relatives and staff had confidence in how the home was managed. Ideas and suggestions made by people and relatives had been used to improve the service provided.

Montgomery House

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.

The inspection team consisted of two inspectors, two Experts by Experience and a specialist nurse advisor who was a specialist in dementia care. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The inspection was prompted in part by information we received regarding inadequate staffing at the home. These concerns had been shared with the provider prior to our inspection.

Before the inspection visit, we reviewed the information we held about the service, including any statutory notifications received from the provider. A statutory notification is information about important events, which the provider is required to send us by law. We also contacted the local authority and Healthwatch for their views on the service.

Over the course of our inspection, we spoke with 15 people who used the service and 14 relatives. We spoke with staff which included care and support staff, nursing staff, assistant managers, agency staff, the deputy manager, activities co-ordinator and the registered manager. We also viewed 16 records relating to people's care and support, medicines records, incident and accident reports, three staff recruitment records, staff training records, complaints records, staff rotas, nurse registration records and records relating to how the service was managed.

We observed people's care and support in the communal areas of the home and how staff interacted with them. 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.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection in June 2017 we found the service was not consistently safe and had rated the safety of the service as requires improvement. At this inspection we still had concerns about the safety of the service.

We received mixed comments from people who used the service, relatives and staff about the staffing levels provided. Some people and relatives told us they thought there was not enough staff to support people's needs safely. Whereas others felt there were sufficient staff to support people's needs safely. One person said, "I can't move without help. When I press my (alarm) pendant it takes between 10 to 30 minutes to be answered, they're so short-staffed and there are lots of agency workers." Another person spoke about the impact on them when staff were busy and being supported by agency staff. They told us having to wait a long time for staff support meant they were incontinent. This meant their dignity had been compromised. Other people we spoke with did not have any concerns with regards to the staffing levels or the support they received.

All the people and relatives we spoke with told us staff were rushed which impacted on the quality of care and support provided. One person told us, "A lot of residents need support when eating meals but it's not there because of staff shortages." One relative told us their family member needed help to eat but there were not enough staff about to give support all the time. We saw staff sit with people to support them with their meal then have to leave them as they needed to support others.

We shared people's concerns about the staffing levels with the registered manager and that this had been a concern at our last inspection. They told us they used a dependency assessment tool which assessed staffing levels in line with people's current care and support needs. They confirmed that because the home was not at full occupancy, they were currently overstaffed. However, due to current staff vacancies and short notice of staff absence, agency staff were used on a daily basis. The provider had recently introduced the role of peripatetic care staff. These staff worked throughout all of the provider's homes to provide staff cover as and when needed. The registered manager acknowledged the use of agency staff was not ideal. They told us, "We're aware of concerns around the use of agency staff. We wouldn't use them if we didn't need them." They told us that since they had been in post they had prioritised the action needed to address the staffing issues. These were currently being resolved and they were recruiting for new staff to fill the vacancies.

We saw staff did not always follow good practice guidance and the provider's policy in respect of Health and Safety. On the 'nursing with dementia unit' we saw one person walk into a store room next to the kitchenette. The door closed on this person and we went to inform a member of staff where this person was. This store room contained items and substances that could place the person at risk of harm. The member of staff confirmed this store room door should be kept locked at all times and duly locked it. On the second day of our visit we checked this store room door and found it was again unlocked. Within the kitchenette area of one unit we found a cupboard was unlocked which contained substances deemed to be hazardous to health, such as cleaning substances. A sign on the cupboard door instructed staff to keep the cupboard locked. We also found the kitchenette fridge temperatures on all units in the home had not been safely

monitored and excessive temperatures not reported by staff. Staff had not recognised where temperatures were outside of safe parameters or followed provider's procedures in reporting this. This placed people at risk of eating foods that were not fit for consumption, which could place their health at risk. Once the registered manager was made aware action was taken quickly to ensure the thermometers were working correctly and fridges at the correct temperature.

The risks associated with people's care and their environment were not always monitored or kept up to date. People's care files included risk assessments relating to moving and handling needs, continence care, nutrition and skin integrity. Some of these needed improvements to ensure risks were managed safely. One person's mobility had deteriorated to the point they required a hoist to help with their mobility. Neither their risk assessment nor care plan had been updated to reflect this. Staff confirmed this should have triggered a re-evaluation of the person's mobility risk assessment but this had not been done. Therefore, staff did not have access to accurate information about how to support this person with their mobility safely. However, staff were aware of the deterioration and risk to the person's mobility and how to assist them. One staff member told us about a person who exhibited behaviours that needed to be managed to safeguard the individual and others who lived at the home. When we looked at the person's care records, there was no information to guide staff as to how the person's behaviour could be managed. The registered manager later confirmed this care plan had been archived by mistake. The provider could therefore not be assured staff would provide a consistent approach to mitigating risks associated with people's care and support.

People's medicines were not always managed safely and improvements were needed with regards to the recording of people's prescribed medicines. One person told us, "Any delay with my tablets causes my symptoms and pain to worsen considerably. Three times in the last month my tablets have been very late, sometimes over two hours late." This person went on to tell us their medicine had been late that day, "I spoke to the manager this week about this and they insist this is all written in my care plan. However, the staff on the unit told me yesterday it is not written up. My tablets keep me even, when I don't have them I am thrown back to square one, I feel mummified. I have pain from my feet right up past my knees like burning nettles." We looked at this person's care record and did not see a medicine care plan. This meant staff did not have access to information about how and when to administer the person's prescribed medicines. There was also no information to state the timing of their medicine had changed. We looked at this person's medicines administration records and found we could not see the exact time they had received their medicines. This was because the electronic medicine records did not have the facility for staff to record the actual time this person had received their medicine. Staff told us when medicines were late it was recorded in another document so staff were aware at shift handover. However, no entry could be found for that day. Therefore, the provider could not be assured that people who required time sensitive medicines received them when they needed them. This placed people's health at risk, as their medical condition may be exacerbated or uncontrolled. After our inspection the provider and registered manager told us, "This is not the case, the system has that facility and it is regularly used by the deputy [nurse] manager who monitors the administration of medication in the home."

We observed people receiving their medicines and saw they received the support they needed to take their medicines. However, they did not always know what the medicine was for. One person said, "I get my tablets on time, I don't know what they're for, I just accept what I'm given, they don't explain what they are." Another person told us, "I get my tablets, they just give them to me, and I don't know what they're for." Staff told us they had received training in the safe management of medicines and administration of people's medicines. There were clear audit trails of medicines held at the home, including those received from the pharmacy and those which had been destroyed.

The provider had safe recruitment practices in place. Records we viewed confirmed potential new staff did

not start work at the home until pre-employment checks had been completed. These checks helped to ensure the suitability of each potential staff member before they were employed. We saw relevant references, employment histories and identity checks including Disclosure and Barring Service (DBS) checks, which checks if people have any criminal convictions, had been obtained. Records of checks with the Nursing and Midwifery Council (NMC) to check nurses' registration status were available from the provider and were up to date.

People who used the service and their relatives told us they or their family members were safe living at the home and felt their possessions were safe. Staff we spoke with understood their role and responsibilities with regards to protecting people from abuse and harm, and they had received training in safeguarding. Staff told us they felt confident to report any concerns and would refer to the provider's whistleblowing policy. We discussed any concerns received since our last inspection and the actions that had been taken to address them. The registered manager was aware of when to share an allegation of abuse with the local authority to enable further investigations to be carried out if needed.

Systems and practices were in place to reduce the risk of cross infection. Staff confirmed they received training in infection control. We observed staff had access to sufficient supplies of personal protective equipment (PPE) such as disposable gloves and aprons. We saw staff used PPE where required and discarding of it safely. The appropriate use of PPE helps to reduce the risk of cross infection. Hand wash areas were located around the home to promote regular hand washing.

Fire safety systems were checked regularly and Personal Emergency Evacuation Plans detailed the support people would need if the building had to be evacuated. We did note one person did not have one in place. The provider had systems in place to make sure equipment was maintained and serviced as required.

Records of accidents and incidents were maintained. All accidents and incidents were regularly analysed which helped to identify any traits and actions needed to reduce the risk of reoccurrence. The registered manager told us learning from incidents across all of the provider's homes was shared at the provider meetings with other home managers.

Requires Improvement

Is the service effective?

Our findings

At our previous inspection in June 2017 we found the service was not consistently effective and had rated the effectiveness of the service as requires improvement. At this inspection we still had concerns about the effectiveness of the service.

Staff received on-going support and development in their roles and had access to a range of training. Staff we spoke with were positive about the training they received. One staff member said, "The training is good. The new manager encourages you to speak up if you want more training." Another staff member told us, "I've had loads of training and feel able to meet people's needs." At our previous inspection staff told us that one to one supervision sessions were infrequent. However, people and relatives did not feel that all staff knew or understood people's individual needs. One person told us staff would tell them to move their legs as they supported them. However, this person told us their medical condition meant they could not move their legs easily. They said, "The staff just don't understand (medical condition). They tell me to move my legs and I can't. They don't understand my physical limitations." One relative told us they worried because sometimes there was no "dementia trained staff" working on the unit their family member was living on and they did not feel all staff understood how to support them. We spoke with the registered manger about what we had been told. They told us they had plans to improve staff training and had already identified that some staff needed training in people's specific needs, such as Parkinson's Disease and diabetes.

During our inspection we observed examples of inconsistent practice and approaches to the support given to people, which indicated not all staff were aware how to support people's specific needs. One person had communication difficulties and their care plan encouraged staff to use simple questioning, give them time to get across what they want to say and to be patient. Their care plan was also clear that this person needed time to express their thoughts which could make them anxious. We saw staff did not use a consistent approach when communicating with this person and they became increasingly frustrated because they could not communicate to staff what they wanted. We saw some staff use a simple and effective process of elimination to establish what the person wanted. However, this information was not in the person's care plan for all staff to follow.

People were offered enough to eat and drink but we found people's experiences at mealtimes varied throughout the home. People were supported to the dining table but then some were left seated without food whilst staff supported people in their bedrooms to eat their meals. We saw there were long gaps between people having their main meal and their desert. Staff were rushed and some people were not offered choices for drinks, accompaniments or portion size. "It's chaotic at mealtimes as agency workers don't know where anything is like where plates are kept, so everything is slowed down. A few days ago another resident commented that lunch was like being in a zoo, and then for dessert staff threw us a banana." We saw one staff member sat in between two people and spooned desert into their mouths alternatively. We also saw some people received very little or no interaction from staff whereas other people received individual and attentive support from staff whilst they supported them with their meals.

Although systems were in place to assess and monitor risks associated with people's eating and drinking,

these were not always followed by staff. One person's risk assessment identified they required their fluid intake to be monitored by staff and we found this had not been done on a consistent basis or monitored for effectiveness. The person's risk assessment showed they were at risk of dehydration and prone to urine infections. The most recent records showed the person's fluid intake varied from "sips" to 650ml in a 24 hour period. Staff could not tell us how much fluid the person should have each day and were not aware the person was prone to urine infections. On the second day of our visit we found staff had discontinued the fluid monitoring chart. This was despite no previous accurate records being maintained. The person's risk assessment still showed they were at risk but these had not been reviewed or updated. This information was shared with the registered manager who agreed to review the person's care.

We saw staff worked with other organisations to help ensure people received the care and equipment they needed and any on-going healthcare support. People had access to healthcare services and the care plans we viewed showed that people saw health care professionals when needed, such as GP's, district nurses, speech and language therapists and physiotherapists. However, two people told us they had told staff about their health concerns but nothing had been done. We spoke with a staff member who assured us they would make the necessary health referrals. One person said, "Today is the first time they have listened to me and rung the doctor. The staff are always so busy." People also saw professionals to meet specific health needs such as diabetes, Parkinson's disease and mental health needs.

The environment was designed to meet the needs of people in terms of accessibility, privacy, security and sufficient communal areas. All corridors had handrails and were wide enough to allow free movement, especially with wheelchairs and hoists. Communal areas in the units did not contain items of interest or anything for people to interact with, such as rummage boxes or reminiscence aids, until staff bought these for people. No visual aids were seen which would help to orientate people to their own bedrooms, especially those living with dementia. The registered manager told us this was one area they wanted to make improvements to, so the home had a more dementia friendly environment.

We also found people had not been able to access outside space directly from the individual units. Each unit within the home had doors which gave direct access from the lounge to either the garden or a balcony. Unfortunately, these doors were locked and 'no entry' signs informed people these were not to be used. Access had been prohibited since July 2017, when problems with the home's balconies had been detected. Staff told us access to the gardens was through one downstairs unit or a door close to the reception area. They told us most people had to wait for a staff member to take them outside but they did not often have time to do this. One person, who needed assistance to visit the garden, told us, "Sometimes I go in the garden, but don't very often get asked." The registered manager told us they did not know why the repairs were taking so long and acknowledged this was not ideal for people. They confirmed they would speak with the provider to ensure this was prioritised.

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 make 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 saw the registered manager had made applications for DoLS authorisations based upon an individual assessment of people's capacity and their care and support arrangements. Applications to lawfully deprive people of their liberty had been

submitted and in accordance with the MCA. Most staff demonstrated an appropriate understanding of people's rights under the MCA, and their associated responsibilities. We saw MCA capacity assessments and best interest decisions were used where decisions needed to be made on behalf of people. Three staff we spoke with were not aware if anyone had an authorised DoLS in place. One staff member told us they made decisions about people's day to day care but did not understand the principles of making these decisions in people's best interests. We spoke with the registered manager about this and they told us they would review staff training in this area.

People's care and nursing needs had been assessed prior to admission to the home and plans were in place to guide staff in how to support people. One person told us, "The manager came to visit me at home and asked what I needed help with. They also asked me about my likes and dislikes. So far I have not been disappointed."

Staff worked with and followed guidance and input from GPs and the local speech and language therapy (SLT) team where needed. One care record showed that a person had lost weight. The provider had taken action to monitor and record what the person ate and drank. One nurse confirmed they followed the National Institute for Clinical Excellence (NICE) guidance for nutrition support and used recommended risk monitoring tools and dietary guidance. NICE provides national guidance and advice to improve health and social care.

At our previous inspection staff told us that one to one supervision sessions were infrequent. At this inspection visit staff confirmed they were now receiving regular supervision sessions. Supervisions are one to one meetings with the staff member's line manager where they receive feedback on their work performance and identify any additional support or training they may require. This helps to ensure staff have the skills to provide a safe and effective service.

People told us they enjoyed the food at the home. One person said, "The food is ok. There is plenty to eat and plenty to drink and there are choices too." Another person told us, "They feed me well. The food's very good actually." Throughout the day we observed people were offered regular refreshments. The registered manager told us a member of the kitchen staff went round each unit to speak with people about the quality of meals and choices available. Care and nursing staff identified if there were any special dietary requirements for people and this information was fed back to the kitchen staff.

Requires Improvement

Is the service caring?

Our findings

At our previous inspection in June 2017 we found the service was not consistently caring and had rated this key question as requires improvement. At this inspection we still had concerns.

Although people told us they felt staff on the whole, adopted a caring approach towards their work, two people felt staff did not listen to them. Other people felt it was difficult when they were supported by agency staff because they did not know them and the agency staff did not know them or their needs. One person also told us they found the home noisy. They said, "It's very noisy most of the time, especially at mealtimes because people have to wait so long for their food." However, one person said, "The staff are very nice. Very kind." Another person told us, "At night I can't always sleep and if I ask them the night staff they will bring me a cup of tea. I've never been refused."

All relatives we spoke with described staff in terms of lovely, excellent, friendly, caring and super. Relatives made a clear distinction between the provider's permanent staff and the agency staff used, with all giving favourable comments only about permanent staff. However, most relatives told us although staff were lovely, they felt staff were too busy to spend quality time with their family members. They told us this impacted on the relationships staff were able to build with their family members, especially those living with dementia. One relative said, "Staff are all caring and friendly, but too pushed to stop to talk." Another relative said, "The staff are very good but [person's name] would be valued more if they had more permanent staff. There are agency staff here today and they don't know [person's name]."

People and relatives we spoke with were satisfied with the support and opportunities they and their family members had to express their views, and to participate in making decisions about their care and support. Where needed people were supported by advocates to express their views and ensure their rights and views were respected.

We observed most staff interacted with people in a kind and respectful manner. However, we also observed some negative interactions and a lack of engagement from some staff towards people. One person was ignored by a staff member when they could not understand what the person wanted. Throughout our visit we saw staff completing domestic tasks in the kitchenettes or completing paperwork in communal areas with no interaction with the people who were sat close by. We saw people walking around the units, with no interaction from staff, who would often just walk by them. Staff told us they felt too rushed and busy to be able to take time to stop and talk with people.

One relative said, "The staff are great and they are taking good care of [person]. They are in the best place and very well looked after. I never leave here worried about them." We saw positive interactions and engagement between a staff member and three people whilst they used photographs to encourage memory, conversation and as an aid for reminiscence. Most staff showed good insight into people's personalities and individual needs.

People's rights to privacy and dignity were respected by staff. One person said, "I have to have help with

going to the toilet but the staff are very respectful. They make sure I am alright and then they will wait outside the door." Another person who lived at the home said, "They [staff] asked me once if I minded if a male carer helped me. I said I didn't mind but it was nice they asked." Staff knocked on people's doors before entering. People were offered assistance with personal care in a discreet manner and in the privacy of their bedroom.

Relatives told us they could visit when they wanted to and were always made to feel welcome by staff. A person who lived at the home said, "My relative visits several times a week and is always made to feel welcome. There's a room you can use if you want some privacy and don't want to go to your bedroom."

People's care records and personal information were kept securely and the provider had a confidentiality policy in place. Documents were kept in locked cupboards or on a password protected computer. Therefore people could be confident personal and confidential information about them would not be accessed by unauthorised persons.

Requires Improvement

Is the service responsive?

Our findings

At our previous inspection in June 2017 we found the service was not consistently responsive and had rated the responsiveness of the service as requires improvement. At this inspection we still had concerns about the responsiveness of the service.

People's care was not always delivered in a person centred way and there was a lack of consistency in staffs' understanding of people's physical, emotional and social needs. We found care was sometimes focused on the task which needed to be completed, which could impact on the wellbeing of people and especially those living with dementia. One relative said, "The problem is there are so many staff changes so staff don't really know [person's name] or their needs." The provider had recently introduced a 'whole home approach' to staffing where staff worked throughout the home rather than just on one unit. Staff told us they understood the whole home approach to staffing and that staff needed to work where there were staff shortages. However, they felt it was difficult when they had not worked on a unit for a while because they were not up to date with people's needs, preferences or knew their personalities as well as they wanted to. They told us this was further compounded when they were then paired to work with an agency worker, who may also be new to the unit.

Each person had a care plan in place. These care plans contained information about what was important to the person, their family, and friends and how they liked to spend their day. This information would help staff to support people in a way that met their needs and respected the person's wishes. One person said, "The staff are nice to me and my [relative] and they took time to get to know me when I came here. All the staff know me and my family well now and I like to have a chat with them." Relatives told us they were kept up to date with any changes in their family member's care and were satisfied with their current level of involvement in care planning and other decision-making. One relative told us, "They [staff and management] keep me very well informed."

We looked at how people were supported to follow their interests and take part in activities which were appropriate for them. We saw people's experiences and engagement with activities differed on each unit. The provider employed two staff whose role was to organise and get people involved in activities. There was also an 'activities room' within the home. On three units we did not see any activities for people to participate in and people were left sat in the lounges or walking around the units for most of the day. One staff member spoke about people at the home who had learning disabilities. They said, "They don't do anything to help their independence like going to the supermarket to get their own toiletries. Staff can't take them because we don't have time." On one of the ground floor units, one person told us, "They have activities here but you have to go upstairs. I went to a lovely church service last Sunday." Another person told us, "At Easter, one day I decorated an Easter hat, and there was rock and roll music and country and western music all on the same day. It was marvellous. It's all or nothing here. More regular activities are needed."

One person told us before they came to live at the home they were involved with charity work within the community. They went on to say, "I now just sit here all day long doing nothing. I've not had the chance to

go out. At a previous place I went on bus trips but not here. There is no-one to do errands, so I have to go without. I go to the lounge for company but I would like to do more to be occupied, the days are so long."

All providers of NHS and publicly-funded adult social care must follow the Accessible Information Standard. The Accessible Information Standard aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand. Although the registered manager had not heard of the Accessible Information Standard we found consideration was given when people required information in alternative formats. However, this was not specifically identified during care assessment. The registered manager told us that now they were aware of these standards they would ensure these were reviewed and fully embedded into service delivery.

People told us they would be confident to speak with staff or managers about any complaints they may have. One person said, "I don't have any complaints but I would definitely go to the manager if I did." Another person told us, "I'm very happy with everything. If I wasn't I would report it and I'm sure it would be dealt with." Most relatives felt they had a good relationship with staff and management which meant they were able to share their views and concerns with them at any time. Some relatives we spoke with had not had cause to make any complaints, but felt assured they would be dealt with. However, relatives gave us mixed views about how their concerns and complaints had been dealt with when they had raised them with staff and unit managers, whilst others were happy with this. Some relatives had raised concerns with staff or the registered manager and were happy with the outcomes; whereas some had not been reassured improvement would be made. One relative told us, "I've had a personal meeting with the registered manager and came away satisfied with their response and future plans."

At the time of our inspection, the registered manager confirmed no one living at the home was receiving end-of-life care. The provider had procedures in place to identify people's wishes. People's care plans contained information about their wishes regarding end of life care and their wishes after their death, such as, who they want to be contacted at the end of their life and their funeral arrangements.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection in June 2017 we found the service was not consistently well-led and had rated this key question as requires improvement. At this inspection we still had concerns.

At our last inspection we had concerns that staffing had an impact on the quality of care people received and we found this was still a concern. One relative told us they had raised concerns with staff and managers. They said, "I feel these are teething problems, and the registered manager is getting on top of things. But I feel we need to keep airing our concerns to get it right." Despite these concerns being identified and raised at our last inspection, we found the provider had not taken sufficient and timely action to make the required improvements. This meant that people's experience of living at the home was still impacted by staff not providing a consistent quality of care across the home.

Although the provider had systems in place to manage risk and ensure the safety of people, the premises and equipment, we found these were not always followed by staff. Staff did not always follow the safe systems of work which had been implemented. Staff had not recognised or reported, in accordance with the provider's procedures, that food fridge temperatures were outside of acceptable parameters. Staff also failed to keep doors, designed to protect people from the risk of harm, locked. This placed people at an increased risk of harm.

The provider had systems in place to ensure information relating to people's medicines was recorded appropriately. However, we found instances where medicine records were missing. We shared this information with staff who were responsible for the management of medicines but they were unable to find them. Some people were prescribed medicines on a, 'when required' basis, such as pain relief. Not everyone who required this type of medicine had a written protocol in place to give information to staff regarding how this person may express pain and when pain relief should be offered. Although staff and the registered manager assured us these protocols had been written, these could not be found for the people whose care records we looked at. This placed people at an increased risk of harm as medicine may not be given when people require it.

Plans to manage risks associated with people's care were not always fully recorded. Where people required the assistance of a hoist their care plans did not always inform staff which hoist or sling to use to maintain their safety. People's care plans did not always reflect their current needs and one person did not have an up to date care plan in place since they had been re-admitted to the home six days earlier. The deputy manager told us any changes to people's medicines was inputted onto the electronic medicines system by two staff members. They confirmed this should be done for any new, discontinued medicines or when medicine administration times change. However, as previously reported, we found this had not been completed for one person who required time sensitive medicine. We found the provider's quality systems and processes had not been effective in identifying where records were not kept up to date, completed as required or available.

The provider's quality systems had not been effective in identifying where staff were unable to provide

person centred support. Most people, relatives and staff felt the home had a positive culture. We saw staff were busy throughout our visit which did directly impact on the person centred care they could give to people. One person told us they had been incontinent whilst waiting for staff to answer their call bell, other people felt staff could not spend any quality time with them because they were rushed. All people and relatives we spoke with agreed staff worked hard but were always busy. They felt the high use of agency staff impacted on their family member's care. One relative said, "Continuity is so important, but there are too many agency staff. [Person's name] knows what they want and won't respond to those they don't know." During our inspection relatives told us staff told them the home was short staffed and this worried them.

These issues are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives had opportunities to express their views about the quality of the service they received. The registered manager told us they had introduced meetings for people and relatives to enable them to tell the provider about their experience of using the service. These were also a way of keeping them involved and sharing future plans for the home. Six people attended as representatives to speak on behalf of others who lived at the home. However, one person said, "There are resident meetings held but only the representatives attend. Our representative is [person's name] but they can't remember anything so that's not a lot of use." Visitors were encouraged to give feedback and comment forms were available in the reception area for anyone to complete. The registered manger told us they always shared feedback with staff. They said, "I always try to cascade feedback to them. They're a good team."

The provider took steps to invite people's ideas and suggestions as to how the care and support provided could be further improved. We saw information within the reception area which gave information on, "You said, We did". Examples given were "You said you would like to see and meet other residents. We did; we opened Monty's café for everyone to mingle and meet." Monty's café was within the home's activities room. And, "You said you would like more musical entertainers, we included this in the activities." And, "You said more exercise. We did; we introduced balloon tennis, morning yoga, football seated sessions". People told us although these events did happen they would like more for them to do to keep them occupied.

Staff were positive about the registered manager and the support they received in their roles. One member of staff said, "I think this manager is good. You can talk to them." Another member of staff said, "I find all the management approachable." Staff confirmed that since our last inspection visit, they now had regular one to one supervision sessions. One member of staff said, "I get my regular supervisions and I have the chance to have my say. It works well." The registered manager told us they were improving training to ensure staff had a good skills mix to enable them to work throughout the home.

Staff confirmed they felt able to have their say during staff meetings. A member of staff told us, "We have regular staff meetings and the registered manager really encourages all the staff to speak up. We also have supervisions now where you can talk about ideas or concerns. I think this is a really nice home. The manager is approachable and is always saying 'my door is always open'."

The registered manager was responsive and took action following feedback we gave them during our visit in respect of ensuring records were up to date and taking action on other concerns raised. The registered manager was aware of their responsibilities and in keeping us up to date with specific events that have happened at the service. These are called statutory notifications and are required by law to be submitted to us. These ensured that we are aware of important events and play a key role in our on-going monitoring of services. We saw the ratings from our previous inspection were displayed in the home and on the provider's website.

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 not ensured the governance and quality systems in place were operated effectively to help mitigate risk. Accurate, up to date and complete records were not maintained in relation to decisions made about people's care and treatment. The provider's quality systems had not ensured people always received person centred support. Regulation 17 (1) (2)(a)(c)(f)

The enforcement action we took:

The provider was served with a warning notice, which required compliance with Regulation 17, section (1)(2)(a)(b)(c)(d)(f), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 by 8 August 2018.