Broadoak Group of Care Homes

Broadoak Lodge

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

We inspected Broadoak Lodge on 9 August 2016. This was an unannounced inspection. This meant that the staff and provider did not know that we would be visiting.

At the last inspection on 3 and 4 December 2015, we asked the provider to take action to make improvements to the safe care and treatment for people who used the service, safeguarding people from abuse and improper treatment, staffing, good governance and notifying us of events that happened at the service. We found that most of these actions had been completed. We received information from the provider about how they would address these concerns on 10 February 2016. This identified work that had been undertaken and the planned works to improve the service.

Broadoak Lodge is a care home registered to provide accommodation for up to 27 older people who are living with dementia, or who have a learning disability or autism spectrum disorder. On the day of our inspection 23 people were using the service.

The service does not have a registered manager in place. 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.' A registered manager from another service had been covering the post full time and had been since March 2015. The manager told us that they were in the process of applying to become the registered manager for Broadoak Lodge.

People were now protected from the potential for harm from the actions of other people living in the service. Most risks had been assessed. Guidance had been provided for staff on how to manage risks that people may display. Staff were following this guidance. However people were not consistently protected from risks relating to their health and safety. Staff were not always following risk management plans that were in place.

People were protected from abuse. Where incidents had occurred they were recorded on 'incident report' forms. However details of the investigation had not been recorded on these forms. Policies had been updated and staff were aware that they could raise any concerns with outside agencies.

Staffing levels had been increased since our last visit, though people sometimes had to wait for their needs to be met. Staff had been recruited using recruitment processes to make sure that staff were suitable to work with people who used the service.

People's tablets and liquid medicines were handled safely and were given to them in accordance with their prescriptions. Where some people had cream prescribed for them we found that staff were using creams that had been prescribed for other people. We found that where this was happening the creams being used were not always the prescribed cream.

Checks and risk assessments to make sure the building was safe had been completed. Evacuation plans had been written for people to help support them safely in the event of an emergency.

Staff received support through an induction to the service and supervision. There was an on-going training programme to update staff on safe ways of working. However, we found that staff had not been trained fully to meet the needs of people who used the service. Training records showed that night time staff had not been trained to administer medicine.

People were supported to access healthcare services when they needed them. However, the provider did not always ensure that advice given by health professionals was followed.

Where people's food intake needed to be monitored to reduce the risk of malnutrition the amount of food people had been given was not recorded.

Staff told us that they sought people's consent before the provided care and support. Some people were subject to restrictions in order to keep them safe and meet their care needs. The manager had made sure that these restrictions were in people's best interests and had followed the correct process to put these in place.

People received support from staff that seemed kind and patient. People had been involved in developing their own care plans.

People's dignity and privacy was not respected. Work that was due to be completed by the end of February 2016 to develop a new bathroom had not been carried out at the time of our visit. Following this inspection we have received confirmation from Leicestershire County Council that the work has now been completed. People were using other people's bathing facilities. Action that had been identified to improve the quality of the experience that people living in the service received had not been completed.

People received care and support that was usually based on their preferences. Care plans provided information about people and their histories so that staff knew about people and what was important to them. People did not always participate in reviewing their care plans. People took part in some activities.

People were asked for feedback on the quality of the service that they received. People knew how to make complaint and a procedure was displayed in the service.

Records relating to people's care were not fully completed and contained contradictory information. This meant that were could not be assured that people received the care they needed. We found that checks that had been implemented to monitor this had not identified the concerns that we found.

The provider had implemented systems and processes to monitor and improve the quality of the service that had been provided. These did not identify concerns that we found during this visit.

We found one continuing breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider did not have systems in place that monitored the quality of the service and effectively identified concerns that we found during this visit. 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.

We found that some action had been taken to improve safety.

People were not consistently protected from risks relating to their health and safety. Staff were not always following risk management plans that were in place.

People were protected from abuse. Where incidents had occurred that may cause concern these had been investigated. However details of the investigation had not been recorded. Policies had been updated and staff were aware that they could raise any concerns with outside agencies.

Staffing levels had been increased since our last visit but people sometimes had to wait for their needs to be met.

Peoples tablets and liquid medicines were handled safely and were given to them in accordance with their prescriptions. People were sometimes using creams that had been prescribed for other people.

The service followed safe recruitment practices when employing new staff.

Checks on the building and equipment had taken place.

Is the service effective?

Requires Improvement

The service was not consistently effective.

We found that some action had been taken to improve the effectiveness of the service.

Staff received support through an induction to the service and supervision.

We found that staff had not been trained fully to meet the needs of people who used the service. Night time staff had not been trained to administer medicine.

People were supported to access healthcare services. The provider did not always ensure that advice given by health professionals was followed.

Consent to care and treatment was sought in line with the Mental Capacity Act (2005). Staff understood the requirements of this.

Is the service caring?

Requires Improvement

The service was not consistently caring.

People's dignity and privacy was not respected. Action that had been identified to improve the quality of the experience that people living in the service received had not been completed.

Staff interacted with people in a caring and kind manner.

Staff knew people who used the service well. Information about how people's preferences had been recorded in their care plan.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People could not remember contributing to the assessment of their care needs. We saw that people had given information about their care needs and this was recorded as part of the assessment.

People were supported to participate in activities but there were limited opportunities for this.

People felt that they could raise any complaints or concerns they had. People had been asked for their feedback about the service they received.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

We found that some action had been taken to improve the governance within the service.

There was no registered manager in post.

Records relating to people's care were not fully completed and contained contradictory information.

The provider had implemented systems and processes to

monitor and improve the quality of the service that had been provided. These did not identify concerns that we found during this visit.

Broadoak Lodge

Detailed findings

Background to this inspection

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

We undertook an unannounced focused inspection of Broadoak Lodge on 9 August 2016. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 3 and 4 December 2015 inspection had been made.

This inspection was carried out by two inspectors, an expert by experience and a specialist nursing advisor. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service.

We reviewed the information we held about the service, including notifications we had received about events at the service. We looked at information we had received about the service from people who contacted us. We contacted the local authority that had funding responsibility for some of the people who used the service. This included information from the compliance team at Leicestershire County Council who had visited the service since our last inspection. We also reviewed information we had received from the provider about improvements that they planned to make to meet the legal requirements. We looked at

We spoke with four people and two relatives of people who used the service. We observed staff communication with people who used the service and supporting them throughout the day. We spoke with the registered manager, two senior carers, two carers, a visiting health professional and the activities co-ordinator.

We looked at the care records of four people who used the service and other documentation about how the home was managed. This included policies and procedures, staff duty rotas, accident and incident records, staff meeting minutes, resident meeting minutes, handover records, monitoring charts and records associated with quality assurance processes. We looked at four staff recruitment files to assess the recruitment process. Following our visit we asked the manager to send us an updated training matrix as the

one we saw did not reflect the training certificates that we had seen in the staff files. This was sent in the required timescale.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection carried out on 3 and 4 December 2015 we found that people were not always receiving safe care and treatment. This was because people were not consistently protected through the effective assessment, identification and management of risks to their health and safety when they received care and support. This had been raised at two previous inspections on 18 March 2015 and 25 September 2014. We also found that staff were not responding in line with guidance when people displayed behaviour that could cause risk to themselves and to others. Risk assessments were not being consistently updated to reflect people's changing needs.

These matters were a breach of Regulation 12 (1) (2), (a) & (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Safe Care and Treatment. We required the provider to make improvements and they submitted an action plan setting out what they were going to do. At this inspection we found that the provider had made some of the required improvements.

We looked at assessments that had been completed where people displayed behaviours that could cause harm to themselves or to others. We found that a strategy was in place that identified the type of behaviour a person may show and ways to try and avoid this happening. We saw that staff were responding to people in line with the guidance in their care plan. Where these techniques were not working well the manager told us that people had been referred to a health professional to review the guidance. There was an assessment in place for the risk that the person could present to others by hitting out. We reviewed the behaviour monitoring chart for one person who had caused harm to other people at our last visit. We saw that there had been no further incidents recorded since our last visit of people coming to harm as a result of another person's behaviour.

However, staff were not consistently following the risk management plans that were in place. For example, during lunchtime we observed that staff moved people's walking frames away from them out of reach. We discussed this with the manager who told us that this was done for safety reasons due to limited space and to reduce the risk of people tripping over walking frames. We saw that people were trying to get up and walk without their frames when they had finished their meals. Staff who were present did respond by providing those people with their walking frames. There were only two staff in the dining area. This meant that people were at risk of falls and the control measures that were in place, such as, a walking frame were not being used.

We reviewed risk assessments in people's care plans and found that risk assessments were sometimes updated to reflect people's changing needs. For example, we saw that one person was at high risk of pressure sores. They had been assessed as needing time in bed to reduce the amount of time they were sat in their wheelchair. A risk assessment had been completed for this and recorded all appropriate information such as the correct setting for the mattress and times the person should spend in bed. However, we also saw that another person's risk assessment had not been completed to reflect their individual needs and included information that was not relevant to that person. For example, the risk assessment referred to the person needing emergency medication. We checked this and found that they had not been prescribed any

emergency medication. We discussed this with the manager who agreed that they would update this to make it specific to the person.

At our previous inspection we found that people were not always protected from abuse. The service was failing to identify safeguarding concerns and report them appropriately. We also found that people were being made to get up from 4am when people preferred to get up at later times. The night staff had a number of people that they were expected to get up.

These matters were a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Safeguarding service users from abuse and improper treatment. We required the provider to make improvements and they submitted an action plan setting out what they were going to do. At this inspection we found that the provider had made most of the required improvements.

People told us that they felt safer. One person said, "The person doesn't come into my room now. I used to be frightened." We looked at records relating to accidents, incidents, daily records and charts to monitor a person's behaviour. We found one incident of unexplained bruising that did not appear to have been investigated. We discussed this with the manager who told us the circumstances around what had happened and what they had done about this. The manager agreed that they would make sure that where investigations had been completed that this information would be recorded. We did not find any incidents recorded that said that people had been subjected to abuse from another person that used the service.

People told us that they got up when they wanted to. One person told us, "I get up about six or seven. I can go to bed when I am ready." Staff told us that people were not being made to get up earlier then they wanted to. One staff member said, "Night staff start getting people up at 6am now. They just get up who they can." Another staff member said, "People can get up when they want." One staff member commented, "People get up when they want now. If they don't want to get up why should they." We saw that care plans reflected people's preferred times to get up.

Staff were able to tell us about the various types of abuse and how to report any concerns. Staff told us that they felt they could approach the manager and tell them if they had any concerns. One staff member said, "I would tell the senior or the manager. I could use the whistleblowing number which is in the staff room." The provider had updated their safeguarding policy to reflect current legislation and to provide contact details for external agencies. This meant that staff had information available to them if they felt they needed to raise concerns outside of the service or if they felt that their concerns had not been addressed.

At our previous inspection we found that there were not enough staff to meet people's needs safely. People had to wait for their needs to be met and received disjointed support as staff were continuously being interrupted to meet other people's needs.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Staffing. We required the provider to make improvements and they submitted an action plan setting out what they were going to do. At this inspection we found that the provider had made some of the required improvements

People told us that they felt there were not enough staff. One person said, "I feel we need more staff. I do worry about other people. I sometimes have to call the staff for others. One lady fell and I had to call the staff three times before they came." Another person said, "There is nobody to chat with. The staff are busy." One person said, "I would like the staff to talk to me more. When the bell rings at night staff don't come." A relative told us, "Some days there are not enough staff. Sunday's there are two staff and a carer."

Staff told us that the staffing levels had improved however that there were still times when there were not enough staff. One staff member told us, "There are more people now on shift." Another staff member said, "I think there are enough staff." One staff member commented, "Normally there are enough staff, some residents have good days and bad days so this has an impact. " Another staff member said, "We sometimes are running short at the weekends. We have to get agency staff in." We saw that the staffing levels had been increased since our last visit. We observed that staff did have time to spend with people on a one to one basis throughout the day. However, during lunch we found that there were only two care staff in the dining area. People were supported with eating where this was required but this meant that other people were waiting for support.

At our previous inspection carried we found that people were not always receiving safe care and treatment. This was because people were at high risk of not receiving their medicines as prescribed. Protocols to give staff guidance about when to administer medicine that was needed as required were not in place. Recordings of medicines were inconsistent and unreliable. We also found that the controlled drugs cabinet was not in a secure location.

These matters were a breach of Regulation 12 (1) (2), (f) & (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Safe Care and Treatment. We required the provider to make improvements and they submitted an action plan setting out what they were going to do. At this inspection we found that the provider had made some of the required improvements.

People told us that they were receiving their medicines. One person said, "I get my medication for pain regularly." We found that all prescribed tablets and liquids were in stock at the service. We saw that a medication audit was completed weekly that included checking that sufficient medicines were in stock. We found that urine analysis dip sticks had expired in September 2015 and had not been disposed of.

Where people were receiving eye drops it had been recorded which eye this should be administered in. We found eye drops had been stored correctly. Where people were receiving medicines on an as needed basis there was guidance in place for staff to follow to make sure that this was given correctly. However, We found that one person had medicine prescribed for a condition that was not reflected in their care plan. Staff who administered medicine could tell us what this medicine was for but this information was not recorded within the care plan. This meant that some staff may not know what this medicine was for.

We found that one person had been prescribed medicines that were controlled in case these were needed at the end of their life. The manager confirmed that there were no controlled medicines currently at the service. We discussed this with the manager and they were not clear where the medicine was. A senior advised that the medicine had probably been returned to the pharmacy as they had not been needed. The manager agreed that they would make sure that records reflected when medicine had been returned to the pharmacy so that it was clear what medicines should be in the service. We found that the controlled drugs cabinet had been moved to a secure area. We also found that another person had been assessed as needing a soft diet. They were being given tablet medicines instead of liquid medicines. This meant that the person may not be able to safely swallow the tablets and presented a risk of them choking.

Medication administration records reflected each person's prescription. We found that records had been completed correctly and there were no gaps in the records.

Where people had been prescribed cream to use this was stored in their rooms. We found that three people had creams in their rooms that were different to their prescribed cream and had other people's name on. We discussed this with the manager who advised following the inspection that all creams had been replaced

with the correct prescribed cream for each person.

We found that the temperature of the room and the fridge where medicines were stored had been taken daily. On the day of our visit this was higher than the recommended storage temperature. This meant that the medicines could have reduced effectiveness. We discussed this with the manager who told us that they would discuss this with the pharmacist.

People were protected from the risk of harm because there were contingency plans in place in the event of an untoward event such as large scale sickness or accommodation loss due to flood or fire. Staff knew the fire response procedure and this was practised to make sure that everyone knew what to do in an emergency. Personal emergency evacuation plans were in place for people living at the home. These provided a guide for staff and emergency workers in regards to the assistance people required in the event of a fire. We saw that regular testing of fire equipment had taken place. Temperature checks were carried out on the radiators to make sure that these were not too hot. However the temperature was recorded as cool and not a specific temperature. This meant that the check was not clearly identifying what temperature the radiators were and if this was at a safe level.

Where people used equipment such as hoists, the required checks had been completed to make sure that these were safe for people to use.

People were cared for by suitable staff because the provider followed recruitment procedures. Staff had undergone recruitment checks as part of their application process and these were documented. We looked at the files of four staff members and found that all appropriate pre-employment checks had been carried out before they started work. These records included evidence of good conduct from previous employers, and a Disclosure and Barring Service (DBS) Check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who used care services. This meant that people could be confident that safe recruitment practices had been followed.

Requires Improvement

Is the service effective?

Our findings

At our previous inspection carried out on 3 and 4 December 2015 we found that staff had not all received an appropriate induction to the service or training to enable them to meet people's needs. Staff felt that they had not received training or guidance to meet the behavioural needs of people. Staff also told us that they had received limited supervision meetings with their manager. We found that staff did not effectively respond to people who were living with dementia.

These matters were a breach of Regulation 18 (1) (2), (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Staffing. We required the provider to make improvements and they submitted an action plan setting out what they were going to do. At this inspection we found that the provider had made most of the required improvements.

Staff had received an induction to the service when they started work. Records we saw confirmed that staff had completed an induction checklist that included health and safety, moving and handling and an introduction to the needs of the people who used the service. Staff told us, "New staff have had inductions. They have to get used to the environment and the residents."

Staff told us that they had completed training since the last inspection. One staff member said, "We have had quite a lot of training. It is checked in supervision that it is up to date." Another staff member told us, "Training has got better. They seem to be bringing on more training. The only problem is you may not be able to go if short staffed." The training matrix showed that staff had completed a range of training. However some staff had not completed all basic training. For example five staff had not completed safeguarding training. We also found that very few staff had completed training that was specific to the needs of people who used the service. For example, only two staff members had completed training in the management of diabetes. There were three people who had been diagnosed with diabetes who were living at the service. This meant that there were times when no staff on duty had received training in the management of diabetes. We also found that no staff who had been employed as night time carers had completed medication training. This meant that if someone needed medicine during the night there were no staff on duty who were trained to administer this.

Staff told us that they had supervision meetings with their manager. One staff member told us, "Supervisions are okay. [Manager] sits down with u. She asks us if we want any training." Another staff member said, "I am not sure how often we have them." We checked the records of staff supervision and found that most staff had met with their manager in July or August. The notes of the meetings showed that the manager had checked staff knowledge of the care plans, policies and identified any training needs. We saw a supervision matrix that showed that supervisions had taken place approximately three monthly for most staff. This meant that staff were receiving effective supervision.

Staff were responding more effectively to people who were living with dementia. We observed that staff responses to people's needs were consistent with their care plans and basic good practice. For example, one person started singing during lunch and this caused irritation to other people who used the service.

Staff sat down with the person and supported them to eat their lunch and distracted them. We saw that some responses were not always working. We discussed this with the manager who advised that they had sought advice from a health professional to assess this person's needs.

We found that the environment had not been changed to be more 'dementia friendly'. For example, the carpet was heavily patterned. This can cause confusion for people who are living with dementia. Following our visit we have been informed by Leicestershire County Council that a new carpet had been put in that was more suitable for people who are living with dementia. We also found that the layout and use of the lounge was not sensitive to the needs of people living with dementia. We saw one person who does have a diagnosis of dementia was seated underneath a television screen that was secured to the wall. The person could become agitated at people looking towards them. This was raised at our last inspection, however we found the person was sitting in the same place. We discussed this with the manager. They told us that the layout was limited due to the design of the room.

At our previous inspection carried we found that people were not always receiving safe care and treatment. This was because where people were at risk of malnutrition food charts had been put in place. These did not accurately record what people had to eat. Staff were not sure who required thickeners in their drinks to help avoid known risks of choking or taking fluids into their lungs. Where people had experienced substantial weight loss their nutritional intake had not been recorded. Appointments with health professionals had not been followed up where this had been required. The menu was displayed on a chalk board and was difficult to read. People were not supported appropriately throughout mealtimes.

These matters were a breach of Regulation 12 (1) (2), (a) & (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Safe Care and Treatment. We required the provider to make improvements and they submitted an action plan setting out what they were going to do. At this inspection we found that the provider had made some of the required improvements.

People told us that they had access to drinks whenever they wanted them. One person said, "I have always got a jug and a cup with fruit juice. It's what I like." We saw that drinks and snacks were served throughout the day. People told us that they enjoyed the food. One person said, "The food is good. " A relative told us, "The food is very good. Just like home cooking. The food is lovely." We saw that the menu was displayed on a chalk board in the dining room. It had been identified at our last visit that this was difficult to read and no other formats were available to support people with communication needs. We discussed this with the manager. They contacted us after our visit to say that a new menu board had been purchased and installed that was easier to read.

We looked at records where concerns had been identified with people's swallowing and people had been referred to the speech and language therapy team (SALT). We saw that for some people specific diets had been identified and were being followed. For example, we saw that one person should have a fork-mashable diet. We observed that the food they were served was at the correct consistency. We read in one person's care plan that they had been referred to the SALT team during an admission to hospital. The information recorded showed that a pureed diet was recommended. We saw that this diet had not been implemented. We discussed this with the manager who advised they would follow this up and clarify if a pureed diet was required. The manager told us that the person preferred soft foods and was having a softer diet. However, during the meal time we observed the person was given a meal that they struggled to eat. This was replaced with a soft cereal which the person asked for.

We found that where health professionals had requested follow up actions to be taken these had sometimes been completed. For example, one person had been admitted to hospital. Following their discharge the

home had been asked to monitor the person's bowel function for the next two weeks. Records showed this had been completed. However, the discharge letter also asked that the person's blood pressure was reviewed two to four weeks after their discharge. This had not been completed. We also found that one person had lost a significant amount of weight in the period from April to June. A referral had been made to the doctor to discuss this. Records showed that the person then lost further weight in July. We discussed this with the manager. They told us that they were still waiting for an appointment to discuss this. We found that the request for an appointment had not been followed up to advise of the further weight loss.

We saw that food charts were in place and were being completed where people had been identified as being as risk of malnutrition. However, these did not accurately record what people had to eat as they did not record the quantities people were given. The charts had been reviewed following our last visit and recorded if the person ate ¼ of ½ or all of their meal and identified exactly what had been eaten. For example, gammon, potato and broccoli. The charts did not record how much of each food the person had been given. This meant that people's dietary intake was not being effectively monitored.

Staff knew who required thickeners in their drinks. All staff we spoke with consistently told us which people had thickeners in their drinks. We saw that the products were available and had been prescribed for the person. Thickened drinks are safer where people have a known risk of choking or taking fluid into their lungs.

People's weight loss or increase was monitored monthly and where there had been a significant change records showed that the person had been referred to a health professional for a review. We observed that most people were supported appropriately at mealtimes. For example, one person had a fork-mashable diet and staff supported them to eat this. We saw that they only ate a very small amount of their food. Another person struggled to eat their meal and staff replaced this with something they requested. However, we saw people sat with food in front of them for around 20 minutes that they did not eat and were not prompted to eat. We saw that people were asked if they needed assistance to cut up their food.

Requires Improvement

Is the service caring?

Our findings

At our last inspection on 3 and 4 December 2015 and our inspection prior to this on 27 and 28 August 2015 we found that people's privacy and dignity was not always respected. At this inspection people told us that their dignity was not always maintained. One person said, "When the bell rings at night staff don't come." They went to explain how this left this in discomfort. They continued to say, "When the staff come they say don't worry we will clean you up. You have got pads on just do it." At our previous inspections we found that people were using other people's en-suite facilities to have a shower or bath as not all rooms had bathing facilities. The communal bathroom was not being used and was not suitable to meet people's needs. The provider told us that work to convert the communal bathroom to a facility that was suitable for use would be completed by the end of February 2016. At this inspection we found that the work had not started and people were still using other people's facilities. Staff told us that people could shower when they wanted to as long as it did not affect the person whose room it was. One staff member said, "As long as the room is not occupied people can have a shower." Another staff member said, "We have certain rooms we take people to. No one has said they don't want people to use their bathroom." However, this still meant that there was intrusion into people's rooms. We discussed this with the manager. Following our inspection Leicestershire County Council confirmed that the work to convert the bathroom had been completed and the new bathroom was now in use.

We found that one of the toilets had a concertina style door and was very small. One staff member said, "The small toilet is useless. People can't get in." We saw that people were using this toilet and leaving the door open. This meant that their privacy and dignity was not respected. We discussed this with the manager who was aware of the problems of using this toilet. Following our visit the manager and Leicestershire County Council confirmed to us that a new door had been put on this toilet and it was no longer being used by people who lived at the service. This showed that actions were not taken after staff had raised concerns about the suitability of the toilet, but only after we had raised this as a concern.

We saw that one person tipped their drink onto the table and began to lick the table. Staff did not notice this had happened or intervene to stop this from happening. This meant that staff were not always protecting people's dignity by supporting them appropriately at all times.

People gave mixed views about the support that they received and the caring nature of the staff. One person told us, "Some of the staff are okay, but not all of them." Another person said, "I would like the staff to talk to me more." A relative told us, "[Person's name] has been here for many years. I feel the care is great. I'm happy overall with everything."

We saw that staff spoke with people in a kind manner and encouraged people while they were supporting them. One staff member was giving someone clear instructions about what they needed to do in order to get to the dining table. The member of staff was patient and pleasant when they supported the person to the dining table. Where people became anxious we observed that staff offered reassurance and assistance and used techniques that were identified in the person's care plan. This meant that staff were responding to

people's needs.

People were not sure if they had been involved in making decisions about their care and support. The staff told us that people were offered choices. One staff member said, "We give people choice over everything really. What they want to wear, tea or coffee, what they want to eat." Another staff member commented, "I always ask. People can have two options to make it easier." We saw that people's preferences and wishes were taken into account in how their care was delivered. For example routines that they wanted to follow were recorded.

Staff were knowledgeable about the people who they supported. They could tell us about people's histories and preferences. One staff member told us, "You can get to know the residents." We saw that this information was recorded in people's care plans. This had been provided by each person and their family and friends. This included information about people's work history, and their family. A visiting health professional told us, "Staff know the people well." Information had been gathered about people's personal histories, which enabled staff to have an understanding of people's backgrounds and what was important to them.

People's visitors were made welcome and were free to see them as they wished. One person commented, "My family visit me most days." Another person said, "My family and friends visit me regularly. They can come whenever they want." A relative told us, "We are made to feel welcome." We saw that visitors came throughout the day of our visit and staff spoke with the visitors and seemed to know them well.

Requires Improvement

Is the service responsive?

Our findings

We found that people were not sure if they had contributed to their assessments and care plans when we spoke with them. However, we saw that there was evidence that care plans and assessments had been discussed with the person themselves or with family members. Most care plans had been signed by the person or their relative. This meant that people had been involved in conversations about their care plan and signed this to say that they agreed with the plan.

We saw that care plans had information about the person, their needs and preferences. Staff were aware of people's preferences and could tell us about these. However, we found that these preferences were not always respected. For example, we read in one person's care plan that they preferred to have a shower. We saw that they had a bath but no shower in their en-suite facilities in their room. We also saw that information about people's likes and dislikes was not detailed. For example, in one person's care plan it said, 'I need encouragement to join in with house activities.' The care plan did not record what activities the person liked or whetjer they participated.

Care plans had been reviewed monthly. The reviews had been signed by the manager or staff and they did not record any involvement from the person. We discussed this with the manager who told us that they were working to make sure that reviews were meaningful and involved the person.

People were offered some activities to provide them with stimulation, for example skittles and bingo. People told us that they would like more time to chat with staff. One person said, "There's nobody to chat with. I talk to the male agency staff when they come in." A relative said, "The staff are more interactive with people now." The activities co-ordinator worked three mornings a week. They told us, "I play games with people, do card making and craft work. I get people involved if I can." Staff told us that they felt that people needed more activities to participate in. One staff member said, "People get bored. They need an activities person who can devote the time." We saw on the morning of our visit that staff were encouraging people to play skittles or snakes and ladders. Four people participated in this activity. There was an activities board on display in the lounge that identified an activity each day. This included bingo, hairdressing and dancing. People were able to be involved in household tasks if they wanted to be. A staff member told us, "[Person's name] helps fold the tablecloths after tea."

Handover between staff at the start of each shift ensured important information was shared, acted upon where necessary and recorded. The handover was recorded so that all staff could see a record of what had happened. Key information was recorded in the communication book. However not all staff were aware that they could access this. One staff member said, "When things are updated we are told by the senior at handover. I don't think carers look in the communication book."

People had attended residents meetings. We saw the minutes from the last meeting that had been held in March 2016. Fifteen people had attended the meeting along with three family members. The minutes showed that people had been asked for their opinion on the activities, the maintenance, meals and complaints. There was a noticeboard on display that had information called 'You said, We did'. This gave

feedback on actions that had been taken following a survey that had been completed in 2015. This meant that people and their relatives had an opportunity to give their feedback on the service that had been provided.

All of the people we spoke with told us they would raise any concerns with the staff or the manager. A relative told us, "I complained and the manager sorted it. I also asked if they could go to bed in the afternoon. They do that as well." There were procedures for making compliments and complaints about the service. These were displayed on the wall and included timescales for responses and who the complainant could approach if they were unhappy with the outcome. The manager told us that they had not received any complaints since our last visit.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection carried out on 3 and 4 December 2015, and our inspection in August 2015 we found that the systems and processes in place were failing to assess, monitor and improve the quality of the service. They were failing to mitigate risks relating to people's health, safety and welfare. Accurate, complete and contemporaneous records were not being kept for each person who used the service.

These matters were a breach of Regulation 17 (1) (2), (a) (b) (c) & (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Good Governance. We required the provider to make improvements and they submitted an action plan setting out what they were going to do. At this inspection we found that the provider had made some of the required improvements. However, we continued to identify a number of areas where improvements had not been made.

Daily audits that had been introduced at the service to ensure that people were receiving care to meet their need and that relevant documentation was being completed were failing to identify concerns. These audits were carried out each day to ensure that all records had been completed correctly and that people had received the care that they needed. We found that the audits had been completed daily. However we found that there were gaps in charts. These included gaps in bowel recordings, where one person's last recorded bowel movement was 1 August 2016. We found that fluid charts were in place to monitor how much fluid people were having each day. These had not been added up each day. This meant that staff could not be sure that people were having the required amount of fluid.

We found that some records were completed with contradictory information. For example, one person was being turned every two hours and this was recorded. They were also being observed every 30 minutes. The turn chart recorded the person being turned and having their bed changed at midnight. The observation chart recorded them as being asleep at the same time. Records showed that throughout the night the person had their bed changed three further times, however they were recorded as being asleep for the whole night. This meant that the records were not always a true reflection of what the person had been doing and the care they had received.

We found that records were not always accurate. For example, one person was recorded as having a skin tear on their right leg. Staff had recorded that the person had seen the community nurse and had this wound dressed. In the next record it stated that the tear was on the left leg. We saw that the following note showed the tear being on the right leg. We discussed this with the manager. They advised that this was a recording error. This meant that the records were not an accurate record of the care that people needed or had received.

The manager carried out audits to monitor the quality of care at the service. This covered daily records, making sure that call bells were accessible, environmental checks and health and safety checks. We saw that one audit included making sure that people's footwear was safe and well fitted. We observed that one person had shoes on that were too big and these presented a risk to the person of falls. Audits and checks that had been completed had not identified the concerns that we found during our visit. Therefore the

system was failing to improve the quality of the service and was not an accurate record of the shift. Records had not been completed to ensure that there was a complete and accurate record of people's care.

We identified some concerns relating to medicines at the service. The manager confirmed that these issues had not been identified by the medication audits at the service. This meant that audits that were being completed were not effective at identifying concerns with the medication.

The manager was completing care plan audits and these were being done at least monthly. However, we found two people who were recorded as having medicine in place in case they became unwell at the end of their life. This medicine had been returned to the pharmacy as the two people's health had improved. The care plans had been reviewed but the information had not been updated to reflect people's current needs.

We found that works were not completed to improve the quality of the service that was delivered. One person told us, "There's no warm water. I can't have a shower. It has been six weeks. I believe it is like that all through the home." Staff confirmed that work could take time to complete. One staff member said, "At the moment there is no hot water on this side of the building. We are showering people in the other side where it is hot. We are carrying water in jugs from the kitchen for strip washes. This time it has been a week but it has happened before. We are waiting for a new boiler." Another staff member told us, "When things break down it doesn't get sorted like it should." We discussed this with the manager who confirmed that a new boiler was on order and there had been problems with the hot water. Following our visit the manager told us that the boiler had been installed.

These matters constituted a continued breach of Regulation 17 (1) (2) (a) (c) and (f): Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3).

At our previous inspection we found that the provider was not notifying the Care Quality Commission of incidents they were required to report.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) regulations 2009: Notification of other incidents. We required the provider to make improvements and they submitted an action plan setting out what they were going to do. At this inspection we found that the provider had made some of the required improvements.

Prior to our visit we looked at the notifications we had received. We found that some notifications had been made. During our visit we found that there were no incidents of safeguarding recorded that should have been reported to us. However, we found seven applications had been approved to deprive people of their liberty. It is a requirement that providers tell us when applications are approved and this had not happened. We discussed this with the manager. They told us that they would send the notifications to us. Following the inspection we have received one notification about an application being approved.

There was no registered manager in place at the service and this had been the case since June 2015. During this time a registered manager from another service had been covering the post. People spoke positively about the manager. One person said, "I can talk to the manager about things. She listens to us and responds to any questions." A relative commented, "The manager is more responsive and the staff are more interactive with people now than they used to be. Things are better." Staff agreed that changes had been made since our last visit. One staff member said, "After the last inspection there have been improvements." Another staff member told us, "We have had a lot of knocks in the past. The manager has built people's confidence. We want to go forward. It's a learning curve. Since the last inspection people's attitude has changed." The manager told us that they were applying to become the registered manager for this service

and cancel their existing registration for the other service.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was a failure to maintain and accurate, complete and contemporaneous record including a record of the care and treatment provided to the service users. There was a failure to assess, monitor and improve the quality and safety of the service provided in carrying on of the regulated activity.