

Ideal Carehomes (Number One) Limited

Beaumont Hall

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

At our previous inspection in May 2016 we rated the service as 'requires improvement'. We found the provider had made some improvements to how people's medicines were managed and administered and the implementation of the provider's governance system to monitor the quality of the service provided. Further action was needed to ensure those improvements were sustained. In addition the manager at that time was had begun the process to become the registered manager. A registered manager is a person who has registered with us to manage the service and has the legal responsibility for meeting the legal requirements in the Health and Social Care Act 2008.

Thereafter, provider had appointed another manager but they left soon after.

This inspection took place on 7, 20 and 26 July 2017 and all visits were unannounced.

Beaumont Hall is a care home that provides residential care for up to 60 people. The service specialises in caring for older people including those with physical disabilities and people living with dementia. The service is purpose built and provides accommodation over three floors. All the bedrooms have an en-suite facility. At the time of our inspection visit there were 49 people in residency.

This service is required to have a registered manager. A registered manager was not in post. The provider had appointed another manager. They showed us evidence to confirm that they had begun the process to become the registered manager. We will continue to monitor this.

We found people's medicines were not always stored or administered in a safe way. Risks to people's health and safety were not effectively assessed, monitored and reviewed to ensure that the measures put in place remained appropriate.

Staff were responsive to meet people's needs. However, care plans were not always personalised to reflect how people wished to be supported. Care plans and risks were not kept under review or monitored effectively. Further action was needed to ensure all the information was accurate and reflective of individual preferences.

The manager had identified that staff's training and support was not up to date. They had responded to gaps in staff's knowledge. Some training has been provided to meet the needs of people with specific health conditions. The manager has recommenced staff supervisions. Further training and support was being planned to equip staff for their role and to meet people's care needs effectively.

The provider's quality governance and assurance systems had been fragmented. However, since the appointment of the manager, they had re-commenced audits and checks to monitor the service. They had identified similar issues which we found during this inspection. The provider's representative supported the manager and monitored the progress of improvements. Further action was needed to ensure all the

shortfalls identified were addressed within the timescales that had been identified and sustained.

People told us they felt safe at the service. The manager and staff understood their responsibility to protect people from the risk of abuse. Staff were recruited through safe recruitment practices. People lived in a clean and well maintained environment.

People had enough to eat and drink and their dietary needs were met. People had access to health support and referrals were made to relevant health care professionals when required.

People were supported to have choice and control of their lives and staff did support them in the least restrictive way possible. The policies and systems in the service supported this practice.

During our inspection visit we saw people take part in some activities that were of interest to them. People told us that their religious needs were met. People told us staff were kind and caring towards them. Staff were treated with respect and their privacy and dignity was maintained.

People and their relatives were confident to complain and that their concerns would be addressed. A complaints process was in place and staff knew how to respond to complaints. People and their relatives had opportunities to be involved in the development of the service.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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?

The service was not always safe.

Medicines were not always safely managed. Staff were not always following the measures required to keep people safe. Staff were recruited using a thorough recruitment process. There were sufficient numbers of staff were available to meet people's needs.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff training and support had not been kept up to date. However, the manager has been responsive in addressing staff's training needs. A system was being developed to ensure staff received the training and support required to meet people's needs. People's rights were protected under the Mental Capacity Act 2005. People received sufficient to eat and drink and their healthcare were met.

Requires Improvement ●

Is the service caring?

The service remains caring.

People were supported by staff that were kind and caring. Staff had developed positive relationships with people to get to know them. Staff respected people's privacy and dignity.

Good ●

Is the service responsive?

The service was not always responsive.

Staff were responsive to people's needs despite care plans not being personalised. Care plans and the management of risks were not always kept under review or reflective of their individual preferences. People could take part in social activities of interest and meet their religious needs. People knew how to complain and the complaint procedure had been followed.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Requires Improvement ●

The provider had appointed a manager who had begun the process to be the registered manager for the service. The provider's quality assurance systems needed should be fully implemented to drive improvements more effectively. People and their relatives were involved or had opportunities to be involved in the development of the service. Most staff were confident to approach the management team.

Beaumont Hall

Detailed findings

Background to this inspection

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

This inspection took place on 12 July 2017 and was unannounced. The inspection team consisted of four inspectors and an Expert by Experience. The Expert by Experience for this inspection had personal experience of caring for someone who uses this type of care service. Our pharmacist inspector carried out a further visit on 20 July 2017 which was unannounced. We returned on 26 July 2017 unannounced to complete the inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the notifications we had been sent. Notifications are changes, events or incidents that provider is required to send us by law. We received information from the local authority commissioners who work to find appropriate care services for people and fund the care provided. We used this information to plan our inspection.

We used a variety of methods to gain people's views about the service. We spoke with 10 people using the service, nine relatives and a visitor. We used the Short Observational Framework for Inspection (SOFI), which is a way of observing care because many people using the service were living with dementia and could not tell us about their experience in using the service.

We spoke with a visiting health care professional and a social worker to obtain their views about the care provided. We spoke with a police officer who had attended an emergency at the service and a paid person representative (PPR) who supported two people to make decisions about their care. We spoke with the manager, care manager, a deputy, five senior carers and six members of care staff, and the house-keeping staff and two catering staff. We looked at 23 people's medicines and medication records, and the care

records of 12 people relating to how their needs were met. We also looked at recruitment and training records for eight members of staff. We looked at the provider's systems for monitoring quality, complaints, minutes of meetings, and some policies and procedures. We looked at the information the manager had sent to us after the inspection visit.

Is the service safe?

Our findings

At our previous inspection we identified concerns relating to the safe handling of medicines. The provider had changed to a new medicine administration system to ensure people's medicines were safely administered and managed. Further action was needed to ensure the improvements were sustained.

Prior to this inspection visit we had received a number of concerns about people's safety from various sources including the local authority and the provider. The concerns were mostly substantiated in relation to management of medicines and risks of injury such as falls. This showed that measures were not always put in place or were not followed by staff to reduce the risk of harm for people.

At this inspection we checked to see what improvements had been made. Medicines were stored securely in locked treatment rooms and access was restricted to authorised staff. Temperatures in the medicines storage rooms were recorded daily and these were mostly within recommended limits. However, on the top floor records had not been completed on five days in May 2017 and 10 days in June 2017. On the ground floor no records had been made on five days in May 2017 and 5 days in June 2017. We checked medicines which required cold storage and found records were not always completed in accordance with national guidance; on the top floor temperatures had not been recorded on five days in May 2017 and 10 days in June 2017. On the ground floor no records had been made on six days in May 2017 and four days in June 2017. This meant that medicines were not consistently stored safely to remain effective when administered.

We found prescribed eye drops stored in the refrigerator and which were in use had not been dated when opened. This is important because these items only have a shelf life of 28 days. We found missing signatures in the medicines administration records (MAR). Another person's records did not indicate whether a pain relief patch had been applied. This is important to prevent skin irritation or reaction for repeated applications on a specific part of the body. These issues were shared with the care manager to address.

We looked at 23 people's MARs. All contained photographs of the person to reduce the risk of medicines being given to the wrong person, and all the records we checked clearly stated if the person had any allergies. This reduces the chance of someone receiving a medicine they are allergic to. Documentation was available to support staff to give people their medicines according to their preferences.

Records were not always clearly completed to show the treatment people had received. In one case we found medicines prescribed for Parkinson's disease, diabetes and heart failure had been signed as given, but we found the tablets were still in the monitored dosage system. The application of topical creams, ointments and lotions was not always recorded. This meant we could not confirm that people had been given their medicines as prescribed.

On our previous inspection we identified that handwritten MARs were not always checked and signed by a second member of staff to confirm the dosage instructions had been transcribed accurately. We found this was still the case at this inspection; two MAR charts had no dosage instruction recorded. Therefore, there was a risk that medicines would not be given as prescribed as the dosage instructions were incomplete.

Records were not completed or inaccurate and we could not be confident that these medicines had been managed safely.

Staff did not always ensure there were adequate supplies of medicines to meet the needs of people. One person had not been given one of their medicines for five days from 15 July 2017 until the day of this inspection visit. Staff had not identified that the supply of this medicine had run out.

There was lack of written guidance to enable staff to safely administer medicines prescribed to be given only as and when people required them, known as 'when required' or 'PRN'. For example, a person was prescribed a medicine to treat anxiety and there was no guidance to indicate exactly when this may be required. In addition, staff did not record the reason for administration so it was not possible to understand whether this medicine had the desired effect.

We saw the use of patch charts for people who were prescribed a pain relief patch. This meant it was clear to staff where and when patches had been applied, and reduced the risk of harm from duplicate application. We saw medicines audits (checks) which had been developed since our previous inspection; however the audit tool was limited in scope and detail, and had failed to identify the shortfalls we found during our inspection. In addition, action plans were not always produced or acted upon following an audit. This meant people could not be confident that their medicines were stored and administered safely.

People were not always supported to move safely. We saw a person lost their balance when being moved from a wheelchair to an armchair. They fell back into their wheelchair that moved backwards and called out. We saw that staff had not applied the wheelchair brakes, which put this person at risk of avoidable harm.

Assessments were mostly completed to identify risks to people's health and safety. These included risks to people's mobility and falls, nutrition and risk of developing a pressure ulcer. For example, a person at risk of developing pressure ulcers was provided with a pressure mattress and records showed they were assisted to move their position regularly to prevent the risks of skin damage. That showed measures to reduce the risks had been identified and were in place.

We found risk management and care plans were not effectively monitored or reviewed regularly. For example, the risk assessment for a person who was at risk of falling had not been reviewed following a recent fall. The accident report stated this person had fallen out of a chair in their bedroom. This chair did not have arms and it was thought that the person had fallen asleep and fallen off the side of the one chair. The person required medical treatment as a result of the accident and later returned to Beaumont Hall. When we checked the person's room, a chair without arms was still in the person's bedroom. That showed practical action had not been taken to prevent further risks of falls. We raised this with a staff member who told us that they would take action.

Staff we spoke with were not always proactive or took responsibility to report risk to people's safety. Changes in the management of the service meant that the issues regarding risks to people were not consistently identified and therefore not always acted on. The manager since their appointment had started to identify and address issues in relation to risks to people's safety following incidents. An action plan which outlined the areas that needed to be addressed included some of the issues we had identified.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because people were at risk of not receiving their medicines and [people were not protected from the risk of harm or actual harm.

People felt safe at the service. A person said, "This place is secure. I have a walking frame. I fell out of bed a few months ago. Staff came quickly. They sent for a doctor and let my family know. I had no bruises and was ok." A visitor said, "[Person's name] is safer here than at home. They [staff] do fire alarm tests and there is plenty of staff. [My relative] has had no falls here." We observed staff used a hoist correctly to move people safely. Staff checked that the person was comfortable and offered assurance when required.

People told us they felt safe. A person said, "It's safe here. They look after if you are poorly. If I stumble they look after me. I have never seen any abusive staff. A resident does shout due to [their] condition. The staff talk with [them] and sit with [them]." Another person said, "I come and go as I please as long as staff know where I am. My family keep in touch and I go to see them. No one has been rude or abusive to me." A person told us that they had been given information about what they should do if they had any concerns about their safety. They said, "I'd probably talk to my [relative] who would tell the manager."

The safeguarding information was displayed around the service and included external agencies who could be contacted. Staff we spoke with were aware of safeguarding procedures and the signs of abuse. A safeguarding policy was in place. There were safeguarding records kept including any safeguarding referrals they made and details of the action had been taken to protect people from further risks. The manager had responded to immediate risks to keep people safe. For example, they stopped a senior carer administering medicines because the correct medicine administration and recording procedure was not followed. This showed the provider had taken steps to raise people's awareness as to reporting abuse.

We spoke with the visiting social worker involved in a safeguarding investigation. They had found some improvements had been made to keep people safe. For example, a care plan had been updated to include the equipment to be used to move the person and had clear guidance for staff to follow. Records showed staff had carried out regular safety checks and that the equipment put in place was safe to use.

We found the premises were clean. Records showed regular safety checks were carried out on the premises and equipment used in the delivery of care such as hoists were safe to use. This meant people could be assured they lived in an environment that was safe and well maintained.

Individual 'personal emergency evacuation plan (PEEP) were in place. They described how staff were to support people to evacuate the premises in the event of an emergency.

People's safety was promoted as safe recruitment processes were followed when new staff were employed. We were unable to look at recruitment files for the most recent staff employed as those were not on site. The recruitment files for other staff employed by the service contained all relevant information and appropriate checks carried out before staff members started work.

We asked people whether there were enough staff available when they needed support. The comments received were mixed. A person said, "Staff are available more or less. In the morning I need help with a shower and getting dressed. My longest wait is about 20 minutes. I can't say they are short staffed but could always do with more." Visitors said, "Staff are reasonably available" and "Staffing seems a little more stable at the moment."

Staff we spoke felt there were enough staff to support people. A staff member said, "Yes, of course there are busy times in the day but no one goes without the care they need. If someone buzzes, one of us [staff] will go to check. If I was busy helping someone else then I would tell the person I'll be back in five minutes or so." We saw that a member of staff remained in lounges most of the time or were close by. This meant that staff were available to help.

A system was in place to identify the staffing levels required to meet people's needs safely. The manager explained the staffing tool used to calculate staffing levels which took account of people's dependencies. We noted that the staffing levels were over the figure calculated using the staffing tool. We checked the staff rotas leading up to this inspection and found that the actual staffing levels were consistent with the staffing planned. The manager told us that annual leave agreed by the previous manager had resulted in a large number of permanent staff being on leave at the same time. As a result a higher level of agency staff were being used to cover at present and the occupancy number had not increased. This meant people could be assured that there were enough staff to meet their needs safely.

Is the service effective?

Our findings

At our last inspection we found further action was needed to ensure staff were trained and supported in their role. The PIR we received stated that staff had received the training and support for their role, and detailed the training completed.

Most people told us that staff had the skills required to meet their needs. A person said, "Some of them [staff] probably do not have the skills to support people.." A visitor said, "Staff appear trained and skills. There are some very good staff who will go that bit extra."

A new member of staff said, "My induction lasted a week. It covered everything from fire safety to providing care. I shadowed a senior to see how they helped people. The manager checked that I used a hoist correctly." A staff member had recently attended training in skin condition and felt confident to recognise and report concerns about people's skin condition.

The manager told us that all new staff were required to complete a six month probation period. However, they found that their progress had not been reviewed every two months. The manager told us that they had recruited new staff who would be supervised and their progress monitored during their probationary period. This would help ensure staff had understood their role, what was expected of them and had the skills to provide effective care.

Staff training matrix was not available at the service but sent to us after the inspection visit. We noted that the training matrix was not kept up to date. For example, there was no training information for some staff. Other staff's training had expired, for example, safeguarding adults had expired in March 2014. The infection control audit carried out in February 2017 had identified staff needed training in infection control and prevention but no training planned.

The manager told us that they had already identified gaps in staffs knowledge, skills and training and was planning training for staff. The manager had arranged training in pressure care management which some staff attended. This was in response to concerns about meeting the needs of people at risk of developing a pressure sore. The training planned for staff included moving and handling, health and safety and infection prevention, and COSSHE which was specifically for the house-keeping staff. When we shared our observations of unsafe moving and handling practices with the manager they assured us all staff would be re-trained in moving and handling practices and their practice would be observed. That showed the manager was responsive and assured us that staff would be trained to ensure they had the skills required to meet people's needs effectively.

Staff told us that they had not received regular supervision or appraisal. This was partly due to changes in the management of the service. However, the manager had taken action as a result of observing staff providing care and assessed their competency. For example, the manager had carried out responsive supervisions to address issues with individual staff and provided support to improve their skills. The manager and the care manager have re-started staff supervisions and appraisals. They have developed a

supervision schedule to ensure to all staff know in advance the date for their supervision meeting. This demonstrated the manager was developing a system to ensure staff received the training and support required to meet their needs safely and effectively. We will continue to monitor the improvements made by the service.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

We reviewed the records of two people who had an authorised DoLS in place. Both people had conditions attached to the authorisation of their DoLS. Where conditions are placed on a DoLS authorisation the managing authority in this case, the care home, need to ensure they meet those conditions. We found conditions for both individuals were being met. The conditions were reflected in the care plans which included guidance for staff as to how to support the person whilst their safety was maintained in their best interest.

People told us that staff sought their consent before being helped. Staff understood that people had rights and needed to respect people's decisions if they declined support. We observed a staff member sought consent and helped a person to be seated and checked that they were comfortable before leaving them. Staff offered people choices with regards to where they wanted to sit in the lounge and what they wanted to eat and drink. A person said, "I prefer to stay in my room so staff tend to pop in to see if I need anything. They always ask if I need any help." This showed staff sought people's consent before providing care.

We found people's rights to make decisions about their care and treatment was respected. A paid person representative (PPR) supported two people. A PPR monitors the implementation of the DoLS and reviewed their care plans. Their role was to speak with the person and their relative, where appropriate and staff to ensure the care provided met the person's needs with the least restrictive support. A relative with the legal authority to make best decisions for their family member had been involved in their care. This person's care records reflected the decisions made in the person's best interest. That meant people's rights and choices were respected.

People told us that they had sufficient to drink. A person told us their cultural dietary needs were met and said, "Plenty to drink. Sometimes the food is good. There is enough to eat. We get snacks, crisps and biscuits." Another person said, "I usually get a menu choice but not always. The food is not too bad. There is more than enough to eat and drink." Drink jugs were half full so people could help themselves and packets of snacks and biscuits available to all on each floor.

The catering staff were provided with some information about people's dietary needs. They prepared a range of meals which were suitable for people with health conditions such as diabetes. We spoke with the manager about the information available to the cook. They told us they were reviewing people's nutritional assessments to ensure those were accurate. They showed us a document that they had partly produced which detailed people's dietary needs and preferences and took account of allergens and foods to be

avoided due to medication prescribed. That showed that accurate and up to date information would be made available to the cook to ensure meals prepared were suitable and met people's dietary needs.

The meal time experience on each floor was mostly sociable. People made a choice as to where they wanted to eat. People were offered the menu choices. Plated meals were served and gravy could be added as required. Food looked appetising and portion sizes were good.

A person was provided with a soft diet to reduce the risk of choking and was supported to eat. This was consistent with their care plan and showed that the instructions from the speech and language therapist had been followed. Adapted cutlery and plate guards were provided to enable some people to eat independently. A person was shown the plated meal but then declined the meal they had asked for. The member of staff offered an alternative and the person smiled with approval. We saw the person ate their meal once the member of staff had left them. This showed that staff listened to people's views about the food choices and given the opportunity could change their mind. This meant people's dietary needs were met.

Records showed people's nutritional needs were mostly assessed. Fluid charts were completed where people were identified at risk of not having enough to drink. Care plans had some information about people's food and drink preferences. People's weights were measured regularly. Records showed advice was sought from the GP or the dietician where concerns about people's intake had been identified. This showed people were supported to maintain their nutritional health.

The GP visited the home twice a week. People said they were able to see their GP when required and attended routine health checks. A person said, "I had a few falls and they [staff] called my doctor." Their relative then told us, "The OT [occupational therapist] came out to assess. [They] got this bed which is lower and it's made a difference." Care records showed people had access to healthcare services as required to meet their health needs. A visiting healthcare professional told us staff were knowledgeable about the people they cared for and had sought advice when people's health of concern.

Adaptations had been made to the design of the home to support people living with dementia but this could be improved. Most bedrooms, bathrooms, toilets and communal areas were identified but no directional signage was in place to support people to move independently around the home. We also saw that handrails were not painted in a clearly contrasting colour to the corridor walls which might make them more difficult to distinguish for people with visual impairments. We also heard one person asking staff on a number of occasions to tell them what time it was and what day it was. A clock showing day, date and time was on the wall but it could not be seen from where the majority of people were sitting in the lounge. Changes to the environment could improve people's orientation and wellbeing.

Is the service caring?

Our findings

People told us that staff were thought of as friendly, caring and helpful. Their comments included, "The staff give very good care," and "There is always somebody to talk to if you need them" and "I am very happy. Some staff are very nice and some less so" A visitor said, "I'm welcomed here as a friend. Staff are very nice and friendly. They are very kind. I can come here anytime. I drop in occasionally out of my normal routine and this is ok." The visiting hairdresser said, "I find the staff are very caring and know their [people in residence] needs."

We observed staff showed empathy for the people they cared for. Staff clearly communicated with people and gave people sufficient time to respond. This demonstrated staff's knowledge of people in the way they talked with them and spoke about things which mattered to them. We observed a staff member assured a person who could not remember where their room was located. The staff member walked with the person towards their room and the person smiled when they recognised the photograph on the door.

Some people and relatives we spoke with were aware of the care plans. A relative said, "We have been involved in the review when we need to be, for example, when [they] had the falls. [They] has full capacity and knows what help [they] need but know we will help [my relative to make decisions about their care] when required."

Decisions some people had made as to how they wished to be cared for had been documented. Some contained information regarding people's life history, interests and what was important to them. Staff had used this information to prompt conversations. That showed some staff took the time to get to know the people they looked after.

We asked people how staff respected their decisions and promoted their independence. People told us, "They [staff] respect my choices. I can choose to join in [social activities] or not. I try to keep myself independent. I go out and sit in the garden and go out to the bank" and "I am independent minded. I get dressed and do my hair. I like to go out but need to have support for that. The staff let you do as much as you can." The feedback we received from relatives also demonstrated that staff supported people to maintain their independence as much as possible, which also promoted their wellbeing.

We saw there was no advocacy information available for people if they required support or advice from an independent person. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known. This was addressed immediately when raised with the manager. The local advocacy service contact details were displayed on the notice board on each floor.

People told us that staff maintained and protected their privacy and dignity. A person said, "If I want the door shut then they [staff] will close it. When I'm showering they [staff] close the door." Another person said, "Staff knock on my door and ask if it is alright to come in." A relative told us that a member of staff had asked them to wait in the lounge whilst they assisted their family member with personal care needs. They felt that this had been done in a discreet and sensitive manner that showed people's dignity was protected.

We saw staff respected people's bedrooms as their private space. People had the option of having their door left open or closed whilst in their room. Staff knocked on the door and only entered when asked to do so. All the bedrooms had an ensuite shower and toilet facility which promoted people's privacy. The bedrooms we looked at were comfortable and had been personalised to reflect individual taste and interests.

The PIR stated that the some staff were trained as a Dignity Champion'. A dignity champion advocate being treated with dignity is a basic human right and promotes dignity in care. A staff member told us they offered people choices about the clothes they wanted to wear. We also observed a staff member place a blanket over a person's legs before they were moved using a hoist. Staff member then adjusted the person's clothing once they were seated comfortably.

We saw that staff treated information confidentially. However, we noted that care records were sometimes left exposed in the dining area and were not always locked away. When we raised this issue with the staff member on that floor they took action immediately. The language and descriptions used in care plans showed people and their needs were referred to in a dignified and respectful manner.

Is the service responsive?

Our findings

At the last inspection we found further action was needed to ensure people consistently received personalised responsive care and that their care needs were monitored and kept under review.

At this inspection most people felt their needs were mostly met in a timely manner. A person said, "You can stay in your room and get up later if you want to." People told us that calls bells were usually answered in a timely manner although at times they had to wait. Another person said, "In the morning the people who have to wait are those who need a lot of help (with personal care). They [staff] get us up in order."

A person told us they had a care plan. They said, "I was involved with that and I was ok with it [content]. I had a review of it and had a new plan about three weeks ago. I can change my care anytime." Other people we spoke with were not aware of their care plans.

Records showed that people's needs were assessed. Care plans were in place but were not always personalised to reflect people's interest and hobbies and preferences as to how they wished to be supported. A care plan for managing the care of a person with a pressure ulcer lacked detail. For instance the care plan stated 'need to encourage the person to change their positions regularly'. There were no measures or actions that could be taken by staff to support the person to do this.

People's care plans and risks were mostly reviewed after an accident such as a fall. Short term care plans were often put in place following an incident which meant staff were required to carry out hourly checks the person for a week as an example. These short term care plans were then discontinued. The care plan had not been updated to reflect significant changes in people's needs and no risk assessments were carried out to ensure the measures in place remained appropriate. Because people's care was not always kept under review they were at risk of not receiving personalised that met their needs.

Staff were aware of people's needs and were mostly able to respond in good time. A person with a known history of falls stood up from their chair and started to walk out of the lounge. A staff member quickly gathered this person's walking aid, and encouraged them to use it whilst accompanying them to ensure their safety. The member of staff returned a few moments later and this person followed, again some moments later. We spoke with the member of staff who told us the problem was only apparent after the person sat for an extended period of time. After they mobilised they were safe to sit and rose again on their own. When we checked this person's care plan, it demonstrated staff's knowledge about this people's needs and that they acted in a responsive way.

Despite staff being responsive to meet people's needs the quality and frequency of reviewing people's care needs and care plan was inconsistent. Reviews did not always involve the person or their representative or took account of any changes to people's health and wellbeing. For example, a staff member had recorded 'no change' in the nutrition care plan evaluation record for a person who had significant changes in their health, medication, diet and involved healthcare professionals. A staff member told us that handover meetings were used to report changes to people's needs or they could refer to the care plan. However, these

were not always up to date. The feedback we received from the visiting social worker with regards to responsive care, quality of information in the care plans and reviews supported our findings. That meant people did not always receive personalised care that was responsive to their needs.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people care needs were not monitored or reviewed effectively to prevent the risk of receiving inconsistent care or not receiving the care they needed.

We saw staff responding to call bells reasonably quickly. At times the manager and care manager assisted people to the lounge or in their room if staff were busy. A staff member said, "I think its good that management are on the floor helping. I have asked [manager] to take someone to the toilet and she's done that. We are all here to help." That showed the culture was changing whereby staff and management team worked together to support people.

The manager told us they were aware that improvements were needed to risk assessments and care plans. The action plan they shared with us prior to this inspection visit included this. They showed us a care plan they had updated. The risk assessment and care plans were detailed and personalised to reflect the person's daily routines, preferences and how staff should support them with regards to personal care needs.

We observed the manager and staff dealt with an emergency situation and the emergency personnel in a responsive and professional manner. We later spoke with one of the emergency personnel. They told us that the manager and staff had acted promptly, provided the required information when requested and remained calm. That demonstrated staff knew how to deal with emergencies.

Despite the service not having a dedicated activity coordinator the weekly and monthly activities took place. These were displayed on each floor showed, which included craft activity, music, film shows and external entertainers. We saw people took part in a craft activity and music in the morning and engaged with the singer in the afternoon. We noted that a couple of people tended to shout out throughout the day. A person repeated 'help me' and a staff member responding by engaging with them by offering tea, fruit and in conversation about music and the type of music playing. The staff member knew this person well and said, "[Person's name] will tell the singer to speed it up if [they] sings too many ballads." Another person said, "There is a service here but I go to the church with [my relative]." Relatives told us that the entertainment was good and that people's religious needs were met. That showed people had the opportunity to take part in activities and hobbies that were of interest to them.

The complaint procedure was clear and displayed within the home. People were given opportunities to raise any concerns and they were told how they could make a complaint. They said, "I would talk with the team leader and if it was serious. I would go to the head person" and "I have complained to the manager about some staff. Also the biscuits in the dining area were not reachable and put on a high shelf. The new manager has changed things." They added that the manager had responded and addressed their complaint to their satisfaction.

Staff were able to explain how they would respond to any complaints raised with them. The service had received 11 recent complaints. Records showed these had been responded to appropriately. The manager had identified some themes. They showed us evidence of the actions being taken to improve the service with regards to food choices, staffing and laundry. That showed that complaints were used to improve the overall quality of care provided.

Is the service well-led?

Our findings

At the last inspection we found further action was needed to ensure there was a registered manager managing the service and that the provider's quality assurance system was fully implemented.

At this inspection we found the provider had appointed another new manager who was supported by a new care manager in May 2017. They showed us evidence to demonstrate that they had begun the process to become the registered manager. A registered manager is a person who has registered with us to manage the service and has the legal responsibility for meeting the legal requirements in the Health and Social Care Act 2008.

We saw the current CQC rating was clearly displayed and a copy of the latest inspection report was available in the reception area. The provider had sent most of the statutory notifications to us when required. The manager had identified a number of issues. For example, some statutory notifications that had not been sent at that time were sent to us retrospectively. They found that records relating to people who used the service; staff records and audits were not accurate or kept up to date. An action plan had been developed to ensure issues identified were documented and were being addressed within the timescale set. This demonstrated that manager was committed to making improvements to the service.

We looked at some audits and checks that were carried out between January to March 2017. These included people's care records, medicines and infection control and the analysis of incidents, accidents and falls. These were fragmented, lacked attention to detail and seldom identified issues. For example, the infection control audit for February 2017 did not specify which rooms were checked at random or the findings. The medicine audit did not identify issues, even though both the local authority and CQC received concerns about the management of medicines. The care file audits showed that where risk assessments were identified as missing, no action had been taken. There was no action plan to demonstrate how and when the shortfalls found would be addressed. That meant the provider's governance system continued to be ineffective.

The manager has since their appointment, re-commenced the audits and checks. Audits were carried out in a range of areas including infection control, care records, medication. These were a stark contrast to the previous audits. All were comprehensive and identified the shortfalls found. These were similar to those that we found during this inspection. Each audit had a corresponding action plan and timescales attached. Records showed that the manager and provider representative monitored the progress and improvement being made. For example, house-keeping staff had been trained to use the new national colour coding of mops and buckets to ensure infection control procedures were followed. All the carpets and furnishing had been deep cleaned. Care plans for people identified with complex needs and high risks were being reviewed first to ensure measures in place were appropriate.

The manager had taken action to reduce the risks of people having repeated falls. People had been referred for advice to the falls clinic and their medicines reviewed. As the falls occurred at night the manager carried out unannounced night checks to monitor staff and how people were supported. As a result staff were

provided with clear instructions and staff breaks were better managed. This had resulted in a reduction in the number of falls people had because staff were deployed more effectively. This was an example of the manager being proactive and making improvements to people's safety and the management of the service.

The provider's internal quality audit had identified similar issues that we had found. These were consistent with the manager's recent monthly report about the service. That showed the service was being open and transparent with regards the improvement needed. Action plan incorporated all the issues found with realistic timescales. The manager felt supported by the provider representative who during their visits also validated actions that were completed. That showed the provider representative was monitoring the service to ensure the required improvements were made. Further action was needed to address all the improvements identified within the provider's action plan without compromising the improvements already being made.

People spoke positively about the changes in manager. A person said, "The manager comes around once a day. She is available to talk to." A relative told us that the manager was approachable and had listened and addressed the issues satisfactorily.

The relatives meeting minutes showed the manager was open and transparent about the improvement needed to the service and future plans. Relatives feedback at the meeting showed they were confident to express concerns and praise staff where required. The manager told us that they welcomed feedback about the service individually and through meetings hence 'residents and relatives meeting dates had been planned in advance and displayed within the home.

We saw that surveys had been completed by people and relatives. Comments were generally positive and an action plan was in place to address areas that required improvements, such as the laundry and menus.

We asked staff about the support they received. We received mixed response about the management. Some staff felt they were supported whilst others felt management were not approachable or responsive. Some staff were encouraged by the improvements being made by the manager who also worked alongside the staff team to meet people's needs. This showed the manager was actively involved in the delivery of care as well as managing the service.

The manager told us that there had been a lack of leadership and teamwork when they started. A number of staff meetings were held where they clearly set out their expectations of staff and shared with them the areas that needed to improve. These meetings were also used to ascertain staff's understanding and knowledge with regards to safeguarding, mental capacity and health and safety issues. This demonstrated the leadership skills of the manager.

The manager acknowledged that improvements were needed and changes were being made. For example they told us that they used the provider's procedures effectively to investigate concerns that were raised regarding staffing and took action. As a result new staff were being recruited to minimise the need to use agency staff for any unplanned absences.

We received positive comments about the manager from health care professionals we spoke with. They told us that the manager was passionate about providing good care to people. We received feedback from the local authority commissioners responsible for the care of people who used the service prior to our inspection visit. They found the manager to be approachable and found some improvements had been made in relation to individual people's care. They felt further action was needed to sustain the improvements that had been made.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>People did not receive personalised care and support that promoted their independence and wellbeing. People were at risk of receiving inconsistent care or not receiving the care they needed in line with their wishes, preferences and outlined in their care plans.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Medicines were not managed and administered correctly to make sure people received their prescribed medicines safely. Risks to people's health and safety were not effectively assessed, monitored and reviewed to ensure that the measures put in place remained appropriate.</p>