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Bowland Lodge

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

Bowland Lodge is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home accommodates up to 36 people in one building. There were 33 people using the service during our inspection. People who used the service had enduring mental health needs or dementia type conditions.

The home consists of two large three storey Victorian semi-detached houses joined together. The provider had used the land behind the home and built a new care home extension. Staff told us this had been built for a number of years but it was not fully completed. Therefore, it was not in use and the provider had not applied to us to vary their conditions and add an extra number of places.

This inspection took place on 24 September 2018 and was unannounced. We carried out two further announced visits on 3 and 9 October 2018 to complete the inspection.

At our last inspection in December 2017, we identified three breaches of the regulations. These related to safe care and treatment, premises and equipment and good governance. Risks to people had not been fully mitigated. Water temperatures exceeded recommended limits and there were concerns regarding infection control. The home had not been adapted to meet the needs of people with dementia type conditions and the provider did not have any monitoring or oversight arrangements in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of people.

Following our inspection, the registered manager sent us an action plan which stated what actions they were going to take to improve and meet the regulations.

We brought forward our planned inspection because we had received several anonymous concerns about the environment, staff conduct and a dangerous dog on the premises. Concerns about the environment were corroborated during the inspection; however, no concerns were identified regarding staff conduct. The registered manager brought in their puppy who was a Cockapoo. He was very friendly and people appreciated seeing him.

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

At the inspection, we found that action had been taken to address some of the issues identified at the previous inspection. A representative of the provider now carried out finance audits and special valves had been fitted to limit water temperatures. However, we found continued and new shortfalls and omissions with certain aspects of the service.

Systems for ensuring the premises were safe and clean were not effective. The provider had not fully checked and addressed all the shortfalls identified by Tyne and Wear Fire and Rescue Service on 14 June 2018. Not all window restrictors conformed to the Health and Safety Executive guidelines because they could be overridden. Fixtures and fittings were not always well maintained and due to damage, some areas could not easily be cleaned. Following our inspection, the registered manager wrote to us and stated that these issues had been addressed. She explained that all issues raised by Tyne and Wear Fire and Rescue Service had been checked and action taken where required. She stated that the fire alarm system and risk assessment already met the required regulations and no further action was required.

Risks to people's safety were not fully assessed and staff did not always have access to written plans of care relating to meeting the needs of people who displayed behaviour which the service found challenging,

There were shortfalls in the management of medicines. We identified omissions with the management of prescribed topical creams and ointments. The controlled drugs cabinet was not securely fixed to the wall.

The design of the premises and facilities did not fully support people's independence or wellbeing. Some people's bedrooms were impersonal and had limited furniture. Support provided to meet people's nutrition and hydration needs was not always person-centred and did not promote people's involvement and independence.

There was a lack of evidence to demonstrate that people who had issues with alcohol had been asked if they would like to be referred for external help and support. We did not see that people were supported with hobbies or take part in social activities relevant to their interests.

People spoke positively about the caring nature of staff. However, an effective system was not fully in place to promote people's independence. Some people could not access the garden independently because it was not secure. Facilities to promote people's daily living skills were not fully available.

Most people told us that staff promoted their privacy and dignity. Several people told us that staff routines on a morning sometimes took priority over their preferences. They explained that sometimes staff encouraged them to wake early when they preferred a longer lie in.

In response to the concerns identified we took urgent enforcement action. We imposed conditions on the provider's registration to minimise the risk of people being exposed to harm. This included imposing a suspension of admissions to the home.

Since 2011, we found the provider was breaching one or more regulations at five of our 10 inspections. Most of these breaches related to regulations regarding infection control and the premises. At this inspection, we found that improvements had not been fully made. This meant that compliance with the regulations was not sustained and consistency of good practice was not demonstrated. This is the second consecutive time the service has been rated requires improvement.

During the inspection we identified shortfalls regarding the environment, medicines management, the assessment of risk, promoting independence and activities provision. Audits and checks were carried out to monitor aspects of the service. However, these did not identify all the shortfalls and omissions we found.

The overall rating for this service is inadequate and the service is therefore in special measures. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action.

Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

We found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to safe care and treatment, person-centred care, dignity and respect, meeting nutritional and hydration needs and good governance.

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?

Inadequate ●

The service was not safe.

An effective system for ensuring the premises was safe and kept clean was not fully in place.

Risks to people's safety were not fully assessed and information relating to the prevention and management of behaviour which the service found challenging was not always documented in people's care files.

There were shortfalls in the management of medicines.
Following our visits to the home, the registered manager told us that these issues had been addressed.

Is the service effective?

Requires Improvement ●

The service was not always effective

The design of the premises and facilities did not fully support people's independence or wellbeing. Some people's bedrooms were impersonal and had limited furniture.

Support provided to meet people's nutrition and hydration needs was not always provided in a person-centred way which promote people's involvement and independence.

There was a system in place to ensure that staff had the skills, knowledge and experience to deliver effective care and support.

Is the service caring?

Requires Improvement ●

The service was not always caring.

People spoke positively about the caring nature of staff.
However, an effective system was not fully in place to promote people's independence.

Most people told us that staff promoted their privacy and dignity.
Several people told us that staff routines on a morning sometimes took priority over their preferences.

Several people had an independent advocate. Advocates can represent the views and wishes for people who are not able express their wishes.

Is the service responsive?

The service was not always responsive.

There was a lack of evidence that people were supported to follow their interests or take part in social activities relevant to their interests.

A complaints procedure was in place. No formal complaints had been received. The registered manager had responded to minor concerns that people had raised.

Care plans did not always reflect people's actual care. The registered manager told us that staff knew people well and were aware of their needs.

Requires Improvement ●

Is the service well-led?

The service was not well led.

We identified shortfalls in many areas of the service including the environment, medicines management, the assessment of risk, promoting independence and activities provision.

Audits and checks were carried out to monitor aspects of the service. However, these did not identify all the shortfalls and omissions we found.

Inadequate ●

Bowland Lodge

Detailed findings

Background to this inspection

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

This inspection took place on 24 September 2018 and was unannounced. We carried out two further announced visits on 3 and 9 October 2018 to complete the inspection.

The inspection was carried out by two team adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Prior to the inspection we checked the information we held about this location including notifications which had been submitted. A notification is a report about important events which the service is legally required to send to CQC.

We contacted the local authority safeguarding and contracts and commissioning teams. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with the registered manager, the deputy manager, two senior care workers, five care staff, the cook and maintenance man. We spoke with eight people who used the service and one relative. We reviewed information about four people's care and other information relating to the management of the service.

We contacted a number of health and social care professionals for their feedback about the service. These

included a psychiatrist, GP, two advocates, a deprivation of liberty safeguards signatory, a member of staff from Newcastle behaviour support service and a podiatrist. We also contacted Tyne and Wear Fire and Rescue Service and an infection control practitioner from the local NHS following our inspection, to inform them of our findings in relation to the environment.

Is the service safe?

Our findings

We brought forward this planned inspection because we had received anonymous concerns about the environment, staff conduct and a dangerous dog on the premises. Concerns about the environment were corroborated during the inspection, however no concerns were identified regarding staff conduct. The registered manager brought in their puppy who was very friendly. People appreciated seeing him.

At our previous inspection we rated this key question as requires improvement. We identified a breach in the regulation relating to safe care and treatment. Appropriate financial checks were not undertaken, hot water exceeded the recommended limits and the home could not be thoroughly cleaned to reduce the risk of cross infection.

At this inspection we found that action had been taken to address some of the issues identified at the previous inspection. A representative of the provider now carried out finance audits and special valves had been fitted to limit water temperatures. However, we found continued and new shortfalls and omissions relating to this key question.

The home was not always safe and clean. Tyne and Wear Fire and Rescue Service had carried out an audit in June 2018. Some of the shortfalls they had identified had not been fully checked or addressed by the time of our inspection. Not all window restrictors conformed to the Health and Safety Executive (HSE) design guidelines because they could be overridden.

The building and fixtures and fittings were not always well maintained and certain areas of the home were not clean. Some of the décor and equipment were damaged. This was an infection control risk since these items were more difficult to clean. The toilet next to the kitchen was dirty and the cistern lid was missing. Some of the kitchen tiles were damaged and staff explained that the oven kept going off. Several people had wooden commodes in their bedrooms. The varnish was wearing off and there was debris in the corners.

Risks to people's safety were not fully assessed. Some people who used the service had a history of alcohol misuse. Whilst using the service, some people had reduced their intake of alcohol. However, the risks related to a reduction in alcohol intake had not been fully addressed. Staff took care of some people's alcohol and gave it to them at set periods throughout the day. This intake however was not monitored.

Risks relating to food intake were not always considered. Advice from medical professionals stated one person should have a fork mashable diet. We saw this person had been given meat and Yorkshire puddings for one meal. They told us a fork mashable diet had not been provided. The registered manager told us this option was provided at the person's choice since they did not want staff to mash their food. However, there was no evidence that this risk had been assessed.

There were shortfalls in the management of medicines. We identified omissions with the management of prescribed topical creams and ointments. We saw that one person's topical cream was in another person's room. It was not always clear where topical medicines should be applied. Body maps were not in place.

Protocols for the administration of 'when required' medicines were also not available. The registered manager told us that these forms had been in place and this would be addressed.

We checked the management of controlled drugs. Stricter controls are needed because these medicines are liable to misuse. The controlled drugs cabinet did not meet The Misuse of Drugs (Safe Custody) Regulations since it was not securely fixed to the wall.

These issues relating to people's safety, the environment, medicines management and the assessment of risk constituted a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Safe care and treatment.

Following our inspection, the registered manager wrote to us and stated that these issues had been addressed. She explained that they were boxing the pipework in people's rooms, bathrooms and toilets which had caused excessive dust. She told us that this work was now completed. Toilets and bathrooms had been refurbished, the controlled drugs cabinet had been secured, new commodes had been purchased, window restrictors had been checked and one window restrictor had been secured and all issues raised by Tyne and Wear Fire and Rescue Service had been checked and action taken where required. The registered manager explained that the fire alarm system and risk assessment already met the required regulations and no further action was required. The provider was in the process of recruiting a second maintenance person.

Information relating to the prevention and management of behaviour which the service found challenging was not always documented in people's care files. The registered manager told us how one person sometimes displayed distressed behaviours. They explained the actions staff took to support this person. We noted however, that this information was not recorded in this person's care plan. We spoke with the registered manager about this omission, she told us that staff were aware of the person's needs and they knew them well.

Accidents were recorded and analysed. However, we noted that other incidents were not formally analysed such as behavioural incidents to highlight if there were any trends and identify any lessons learnt. The registered manager told us that these were recorded in people's daily records. Following our inspection, the registered manager told us that this had been addressed and a new centralised monitoring system was now in place.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Good governance.

People told us they felt safe. One person said, "I do feel safe here and the staff keep you safe. There's lots you can't do because of health and safety and they will tell you that." A social care professional stated, "Staff will respond appropriately and I have known them to submit safeguarding adult concerns/alerts or seek appropriate advice about situations."

There were safeguarding procedures in place. Staff told us that they had not observed anything which had concerned them. They told us they would report any concerns to the registered manager or deputy manager.

There were enough staff deployed to meet people's needs. One person told us, "You can go where you want in the place but the staff are always around if you need them. You usually just shout and they'll come and help you."

Safe recruitment procedures were followed. Checks were carried out to ensure that applicants were suitable to work with vulnerable people were carried out.

Is the service effective?

Our findings

At our previous inspection we rated this key question as requires improvement. We identified a breach in the regulation relating to premises and equipment. The building had not been adapted to meet the needs of people who used the service. At this inspection, we found that some improvements had been made, however further action was required.

People told us they thought the provider needed to make improvements to the building. One person said, "It's run on a shoe string." A professional stated, "The accommodation is lacking investment...and needs to be refurbished. The bedrooms on the ground floor extension are of a very poor standard."

The design of the premises and facilities did not fully support people's independence or wellbeing. Due to the design some people had limited access to outdoor space, and were unable to access it independently. People who used the service, including individuals living with dementia and people whose liberty was restricted due to a cognitive impairment, only had access to the front garden. This was not secure since there were no gates. Some people told us that more access to fresh air and the garden would be appreciated. Comments include, "Just need more fresh air"; "You can sometimes go out but the staff have to take you" and "I go out to the shops everyday but it would be nice to just go out in the garden. You can't though because there's nowhere to go and there's no gate so people can just walk off and they can't stop them. The staff have to go out with you and they're always busy. If they sorted the gate out then we could go and sit outside and get some fresh air. But there's just nothing out there and you end up stuck in here instead. It's depressing." A social care professional stated, "There is a lack of safe, outside space where residents can go without supervision of staff, this could be easily remedied." Following our inspection, the registered manager told us that this was being addressed and the provider was looking at ways to ensure the security of the garden so that people could access this safely.

Some people could not make their own snacks, meals or get a drink as they did not have access to any kitchen facilities. The registered manager told us that some people had kettles in their rooms to make drinks. She also stated they were looking to utilise a room on the first floor and turn it into a kitchen so people could make their own drinks and snacks independently or with support.

Some people's bedrooms were impersonal and had limited furniture. One person's television was balanced on a chair. Staff said that some people had come in from the streets and had very few possessions. However, we considered that the condition of some bedrooms did not promote people's wellbeing. Following our inspection, the registered manager wrote to us and stated, "The bedrooms that are impersonal are the choice of the residents...Some of the residents were living on the streets prior to coming into the home and did not have any personal possessions and choose to live that way."

Support provided to meet people's nutrition and hydration needs was not always provided in a person-centred way. It did not always promote people's involvement and independence or meet their specific dietary needs. We spent time with people over lunch time. One person asked staff for bread to have with their fish cakes and chips. The person explained that it would be helpful if bread and condiments were

available for them to help themselves. They also told us that they wished that staff offered them seconds at meal times. We spoke with the registered manager about this feedback. Following our inspection, she wrote to us and stated, "Residents who are able are encouraged to help themselves at breakfast time to juice, cereal, fresh fruit and milk." We considered that the opportunity for people to help themselves could be adapted and followed at other meal times.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Dignity and respect.

One kitchen staff member was unaware that anyone who used the service required a soft textured or fortified diet, despite people having these needs. They explained that milkshakes were made, however, ingredients such as cream and fortified milk powder were not used. We spoke with the registered manager about how kitchen staff accessed information about people's special dietary needs. She stated that this information was available, however, it must not have been communicated to all kitchen staff.

It was not always evident what action had been taken in response to any weight loss. One person had lost 10kg in 12 months. Records stated that weekly weights would be carried out. However, the last available weight record was July 2018. The registered manager wrote to us and stated that the person had been having problems with their teeth and had been prescribed nutritional supplements during the last year. A plan of care was not in place to detail the steps staff should take to reduce the risk of further loss.

This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Meeting nutritional and hydration needs.

Some people who lived at the home had issues with alcohol. Three people whom we spoke with told us they were on an ongoing program of alcohol reduction and maintenance. They said they had substantially reduced their use of alcohol. Their comments included, "I know how much I'm allowed to drink and I'm ok because the staff give me my drink every day and I have that. But if I could have more I would. Some days I struggle because the drink I do get isn't enough and I feel bad or on edge with it" and "I just have the rule with the staff about how much I can drink in here and that's it really."

The registered manager explained that the service was not a drug and alcohol rehabilitation centre. She stated "Residents are asked on a friendly basis if they would like support. This is totally voluntary...any reduction in alcohol intake is their own decision. Residents are asked if they would like professional help, whether it be psychological, alcohol support group, counselling services and we arrange for them to be seen by professional bodies should residents desire it. Residents are also asked what their goal is. Our residents are monitored before a full plan is put in place." Evidence however was not available at the time of our inspection to demonstrate that people were offered a referral for psychosocial interventions or to external agencies to promote and develop long term succession with alcohol reduction/abstinence.

The registered manager told us that most people refused any external support. Following our inspection, the registered manager sent us an alcohol monitoring form which she had devised. This included a space for recording when staff had asked people whether they wished to be referred for external support for alcohol reduction/abstinence.

People told us they were supported to access health care services. Comments included, "I've not been well and had to have lots of tests – the staff have always got me a doctor when I've needed one even though they can't find anything wrong with me. The staff are reassuring" and "Staff record appointments that you get and remind you when you have to go. They make sure you don't miss them." Health and social care

professionals spoke positively about people's access to health care. One social care professional stated, "The staff will call for medical advice and support to ensure residents are looked after. I have known them to support residents by attending hospital appointments and visiting residents when admitted to hospital."

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The registered manager had submitted DoLS applications to the local authority in line with legal requirements.

There was a system in place to ensure that staff had the skills, knowledge and experience to deliver effective care and support. Health and social care professionals were complimentary about the skills of staff. Comments included, "They are approachable and professional during visits made to the home"; "They manage a lot of clients with high level of need very well" and "Bowland Lodge are accepting of service users who are alcohol dependent and have vast experience of working with people who can be difficult to engage with and in particular when they may be intoxicated."

Is the service caring?

Our findings

People's independence was not always promoted. We received mixed feedback from people with regards to how staff promoted their independence. Comments from two people included "I rely a lot on staff because of my mobility but they are really good with me and help me to do a lot of things for myself. They will support me with having a shower or dressing but they let me do as much as I can on my own" and "The staff always help me as best they can. They know how hard it is for me and they help me just the right amount. They let me stay independent and don't do too much." We found however, that people who required supervision could not access the garden independently because it was not secure and facilities to promote people's daily living skills were not fully available. One person told us, "...Your life's not your own. We're not allowed to do our laundry or make our own drink."

Most people told us that staff promoted their privacy and dignity. One person said, "They always knock when they come to my room." However, three people told us that staff routines on a morning sometimes took priority over their preferences. Comments included, "The morning is more strict. You can go to bed whenever you want and the staff don't mind, but in the morning you have to get up at 7am. It's ok though because once you get up you're free to do what you want and you can stay in your room or have your breakfast and go back to your room", "I can choose what time I want to go to bed but the mornings are different. The staff usually wake you up before 6am and 7am. It would be nice to have a lie in. I don't want to be lazy and it would be nice if they didn't wake me up until 8am" and "You can go to bed when you like. I usually like to go at about 10pm. In the morning you have to get up early though. They wake you up about 6am. I don't mind though, I just get up and get ready." We informed the registered manager about this feedback who told us that she would look into this issue.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Dignity and respect.

Following our inspection, the registered manager stated, "I spoke to the people concerned and they said they were not complaining, simply saying that they woke up when the staff came in to check on them...all three of the residents spoken to are independent and get up when they wish."

People spoke positively about the caring nature of staff. Comments included, "Staff are lovely and try their hardest. They know if I'm not happy about something and will try to sort it out for me. I just don't give them a hard time and then they won't give me one either. They've got their rules", "The staff always seem happy and that's good because some days can be hard and you feel down but they cheer you up" and "The staff are good and care about your wellbeing. They help you get along and do stuff. They help me to get out and do what I have to do every day you know." One person told us that they did not get along with one particular member of staff. We passed this feedback to the registered manager.

Health and social care professionals were also complimentary about the caring nature of staff. Comments included, "My clients speak very highly of the staff. They are extremely caring and have good knowledge of mental health related issues, particularly substance/alcohol misuse", "They are fantastic", "Yes absolutely

they care, they see their residents as individuals and will always have a positive word to say about the resident, rather than always seeing the negative or difficult side of someone" and "I have always found it homely and caring of its residents and in particular for those residents that can be difficult to place and who are difficult to work with."

Staff spoke about caring and supporting people as they would members of their own family. Comments included, "I treat them as I would my mum and dad", "When they're in here, you've got to make their life better, you're their family, you're their unofficial sons and daughters" and "It's more like we're a family, everyone gets on – a lot don't have families." Staff told us that it met the "Mum's test" and they would be happy for their relative or loved one to live at the home.

We observed that staff carried out the necessary tasks with politeness. The registered manager displayed warmth and empathy for people living at the home. One person had drawn her a line picture. She had framed the picture and displayed it in the office.

People's relatives and friends were made to feel welcome and able to visit without unnecessary restrictions. Two people told us how staff supported them to maintain contact with their relatives. A relative visited whilst we were at the home. Staff offered the person and their relative somewhere quieter to sit. We spoke with the relative who said, "The home has been great and always made me feel welcome. I've been able to come when I can and they haven't stopped me or said it's too late. It's made things easy for me to keep in touch with them whilst they were away."

Several people had an independent advocate. Advocates can represent the views and wishes for people who are not able express their wishes.

Is the service responsive?

Our findings

At our previous inspection we rated this key question as requires improvement. We recommended that the provider reviewed how the availability of activities could be increased at the home. At this inspection an activities programme was in place, however, further action was still required.

There were limited activities to do within the service. Some people described being bored. We received mixed feedback about activities provision. Comments included, "The girls go to the shops and get me what I need. They go and get me my scratch cards" and "Staff always help me to go out daily. I go up to the bookies every day and the staff have to come with me. There's once or twice I've not been able to go because of there not being enough staff but that's not very often." However, other comments were not as positive. These included, "There's nothing to do here other than sit and watch the television. [Name of person] plays dominoes but that's it. It's just long boring days watching the telly or I go to sleep", "They play bingo but that's about it – I used to have a lovely garden at home. I used to really enjoy gardening and I'd like to do something like that again", "They put a sign up on the wall [about gardening activities] but when you ask, no one has any idea and it never happens" and "There's nothing to do – you can basically do what you want so people have to just watch tv and there ends up being arguments over what channels are on." A social care professional stated, "There are limited opportunities for activities both within and outside of the home to encourage resident's interests."

The National Institute for Health and Care Excellence [NICE] states, "It is important that older people in care homes have the opportunity to take part in activity, including activities of daily living, that helps to maintain or improve their health and mental wellbeing." Throughout the inspection we observed limited activities. People mainly sat in the lounge, stood in the corridors or stayed in their own bedrooms. One person played dominoes, however no other activities were apparent. The notice board stated that gardening was planned, but this did not take place.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Person-centred care.

Following our inspection, the registered manager wrote to us and stated, "Despite [activities being offered], residents often fail to turn up or change their minds. During the summer months residents grew their own tomatoes and cucumbers; this is now end of season materials have been put away for the winter." Several people had recently been to an open-air museum which staff stated people had enjoyed.

There was no one receiving end of life at the time of our inspection. People had a spiritual care plan in place which gave staff information about their spiritual and end of life wishes. The registered manager stated, "End of life care is tailored to the individual in end of life care plans, the views and wishes of the resident are paramount." This was confirmed by a social care professional who stated, "They were extremely supportive and caring with one of my service users, who experienced health complications at the end of her life due to long term alcohol abuse. She was very grateful of their support... They supported her with furnishing her room, as there were no family members available to support with this."

People had a care file in place. Care plans were in place for most people except for one person who had recently moved into the home. One social care professional stated, "They monitor their residents in relation to their needs and respond to situations – for example, if someone is able to access the local area independently or if they need to be accompanied by staff members; residents bringing in alcohol, which may be in excess of their 'agreed' limits." We noted however, that care plans did not always reflect people's actual care. The registered manager told us that staff knew people well and were aware of their needs.

There was a complaints procedure in place. No formal complaints had been received. The registered manager had responded to minor concerns which people had raised.

Most people were spoke positively about the responsiveness of staff. "Staff are always polite and friendly and around if you need help. If you ask the staff for support or to help you with something then they are more than happy to help. If you ask for something then it always gets done" and "The staff know what I like and they help me to be how I want to be. They know I like my make up so they will help me put it on every day."

Health and social care professionals also spoke positively about the responsiveness of the service. Comments included, "The staff know their residents" and "With another service user they were very tolerant of his behaviour and raised appropriate concerns and supported him...as they really wanted him to have the support to change."

The registered manager was aware of the Accessible Information Standard. She told us she was mindful of the various sources of information she could access if people required information in a particular format such as Braille or a different language.

Is the service well-led?

Our findings

At our previous inspection, we rated this key question as requires improvement. We identified a breach in the regulation relating to good governance. The provider's monitoring system did not identify the shortfalls and omissions found during the inspection. There was a lack of evidence to demonstrate that the provider had an overview of all aspects of the service.

At this inspection, we found that some improvements had been made, however, further action was required and serious concerns were identified that led to us take urgent enforcement action. We imposed conditions on the provider's registration to minimise the risk of people being exposed to harm. This included imposing a suspension of admissions to the home.

During the inspection, we identified failings to ensure people were kept safe, shortfalls regarding the environment, meeting people's nutritional needs, medicines management, the assessment of risk, promoting independence and activities provision. Both the provider and registered manager had a responsibility to monitor quality and standards. However, none of their audits and checks identified or addressed all the shortfalls and omissions we found.

The provider was a partnership who were two brothers. Staff explained that they visited regularly. We noted that they signed various documents including maintenance records. However, it was unclear which areas of the service they checked or who they spoke with because a written proforma was not in place. Following our inspection, the registered manager wrote to us and stated, "Documents are signed off by proprietor on completion of tasks as shown in the maintenance records, however lessons learnt, monitoring form for proprietor [to be introduced]."

Since 2011, we found the provider was breaching one or more regulations at five of our 10 inspections. Most of these breaches related to regulations regarding infection control and the premises. At our last inspection in December 2017 we identified three breaches relating to safe care and treatment, premises and equipment and good governance. We rated the service as requires improvement. At this inspection we found that improvements had not been fully made and we identified five breaches of the regulations. This meant that compliance with the regulations was not sustained and consistency of good practice was not demonstrated.

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

Following our inspection, the registered manager wrote to us and informed us that action had been taken with regards to the environmental health and safety concerns and risk assessments had been reviewed. We will check the action and improvements taken at our next planned inspection.

There was a registered manager in place. She spoke enthusiastically about her role and the people who lived there. A deputy manager was also in post to support the registered manager. People, staff and health and social care professionals spoke positively about them. Comments from health and social care

professionals included, "As a general comment it is my view that there have been improvements to the home environment since [name of registered manager] was appointed manager and I have never had a bad experience of [name of registered manager] or her staff" and "The staff team has remained stable over the years. The managers [names of registered manager and deputy manager] are committed to their roles and lead the care team well."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care An effective system was not fully in place to ensure that care and support met people's needs and reflected their preferences. Regulation 9 (1)(b)(c).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The design of the premises and facilities available did not promote people's autonomy or independence. Regulation 10 (1)(2)(b).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs An effective system was not fully in place to ensure people received a suitable diet which met their needs. Regulation 14 (1)(4)(a).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance An effective system was not fully in place to assess, monitor and mitigate risks relating to health and safety and improve the quality of the service. Records relating to people were not always accurate or complete. Regulation 17 (1)(2)(a)(b)(c)(f).

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>An effective system was not fully in place to ensure that risks relating to people's care were assessed and timely action taken to mitigate the risks. Medicines were not always managed safely. In addition an effective system to ensure that the premises were safe and the risks of cross infection were minimised was not fully in place. Regulation 12 (1)(2)(a)(b)(d)(g)(h).</p>

The enforcement action we took:

We imposed conditions on the provider's registration to minimise the risk of people being exposed to harm.