Firlawn Nursing Home Limited

Firlawn Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Firlawn Nursing Home provides nursing care to up to 40 people. The home consists of two buildings on one site, which are separated by a large garden. At the time of the inspection, there were 37 people using the service.

The inspection took place on 01 and 02 February 2017. The first day of the inspection was unannounced.

At our last inspection in November 2015, the provider was not meeting the requirements of Regulations 11 and 12 of the Health and Social Care Act 2008 (Registered Activities) Regulations 2014 and we found breaches of some of the legal requirements in the areas we looked at. Some improvements were seen during this inspection which demonstrated the service had responded to our feedback. However, not all actions had been completed. Improvements to the safe management of medicines and documentation around decisions made in line with the Mental Capacity Act 2005 had not been made and repeated breaches were identified in these areas.

There was a registered manager in post at this service although at the time of the inspection, they were not available. 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.

We received a notification from the provider to confirm the registered manager was absent for more than 28 day consecutive days. The deputy manager was managing the service with support from the operations director and the clinical team lead in the absence of the registered manager. At the time of the inspection, it could not be confirmed when the registered manager would be returning.

At this inspection, medicines were not managed safely. The documentation to confirm how some medicines should be given and when medicines had been administered had not been consistently completed and therefore the provider could not be assured people were receiving their medicines as prescribed. People were not always supported to receive their medicines safely because staff did not always ensure people had taken the medication they were handing out. Medicines were not always securely stored.

Systems to monitor the quality of the service were not always effective and did not ensure all issues were properly identified and addressed. Regular checks were not undertaken to identify and mitigate risks.

Areas of the home were in poor state of repair which put people, staff and visitors at risk of trips and/or falls. When we spoke to the deputy manager they told us there was a refurbishment program in place. However, these areas had not been prioritised.

Incomplete records in relation to nutrition and hydration meant the provider could not ensure people were

protected against the risk of dehydration. Whilst charts to monitor the care for people at risk of developing pressure ulcers were in place and were completed in line with people's care plans, the documentation to confirm when people who were at risk of dehydration was not consistently completed and therefore there was the risk that issues were not promptly identified.

People and staff told us the quality of the food was poor and there was a limited variability of choice. One staff member told us they had been "embarrassed" to serve a meal and it was "so awful" they had to throw it away. The operations director was aware of the concerns about the food and had recruited a new chef who was due to start in two weeks.

People, their relatives and staff told us there was not always sufficient numbers of staff to support people in line with their needs. Whilst people and their relatives said they had recently seen improvements to staffing, one member of staff told us there were still not enough staff to meet people's needs.

People told us staff supported them well and had the necessary knowledge and skills to do this.

People told us staff treated them with dignity and respect and always knocked and waited before entering their rooms. However, this was not consistently evident from our observations during the inspection and people were not always treated with dignity and respect.

There were mixed responses from people we spoke with about the caring nature of staff. People and their relatives told us most staff that supported them were kind and caring. However, this was not always the case and some people expressed concerns about two staff members.

Staff received regular supervision and appraisals and told us these meetings were productive and helpful.

People told us they felt safe and staff were able to explain how they would identify signs of potential abuse and how they would report safeguarding concerns.

Staff we spoke with demonstrated a good awareness around the principles of the Mental Capacity Act 2005. They told us decisions had been made in people's best interests for people who lacked the capacity to make specific decisions and these had been made with the least restriction as possible. However, documentation to support these decisions were not available in people's care records.

The quality of documentation in people's care plans had improved since the last inspection. The service had implemented new monitoring tools to ensure care plans were reviewed in a timely manner and people's health needs were met.

Whilst there was an activities program which some people told us they enjoyed, there was limited opportunity for some people to take part in meaningful activities of their choice and ability. People who chose to remain in their room or were nursed in bed were not offered the same degree of contact as those who spent their time in the communal areas of the home.

People, relatives and staff told us the management team were approachable and they would feel confident in raising any issues or concerns if they arose. One person told us "I feel valued and listened to". However, some people and staff told us during the period of time the registered manager had been absent; they had not been kept well informed. They told us resident and staff meetings which used to occur regularly now did not happen.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. You can see what action we told the provider to take at the back of the full version of the report. We are taking further action in relation to this provider and will report on this when it is completed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

This service was not safe.

The service did not always follow safe practice in the administration and storage of medicines. Records did not show people had consistently been given their medicines as prescribed.

People, their relatives and staff told us there were not always enough staff available to support them.

Some areas of the home were in a poor state of repair which put people at risk from tripping or falling.

People living at the service and their visitors told us they felt safe. Staff were able to tell us how they would identify signs of potential abuse and how to report safeguarding concerns.

Is the service effective?

Requires Improvement

This service was not always effective.

People told us they did not enjoy some of the food they were given. Staff told us the food was of poor quality and there was a limited menu with few options for alternatives.

Whilst staff we spoke with demonstrated a good awareness of supporting people around the principles of the Mental Capacity Act 2005, people's care records did not evidence that best interest decisions were carried out in line with the Act.

People received good support from local GP surgeries and other health and social care professionals to meet their health care needs.

Is the service caring?

Requires Improvement

The service was not consistently caring.

There was a mix of positive and negative feedback about the caring nature of staff. People and their relatives told us "nothing

was too much trouble" and people "always looked well care for" but also that two members of staff were "difficult" and "abrupt".

People were not always treated with dignity and respect. Whilst staff were able to tell us how they protected people's dignity, this was not always evident from our observations during the inspection.

People were supported to be independent by staff who supported them to make their own decisions such as what clothes they would like to wear and in what daily activities they would like to be involved in. One person told us "They (staff) allow me my independence".

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care and support plans were personalised and were reviewed regularly. Whilst documentation was in place to monitor people at risk of pressure ulcers, information on the fluid intake for people at risk of dehydration was not consistently recorded.

There was limited opportunity for people to participate in activities and enrichment in relation to their choice and ability.

People knew how to raise a complaint. However, during registered manager's absence, meetings to enable people to share their experience and feedback on the quality of the service did not occur despite these being requested.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Whilst there were systems in place to monitor the quality of the care provided some were not sufficiently robust to ensure issues were identified. Whilst some of the shortfalls identified during the last inspection had been addressed, others still required action.

Staff told us both the registered manager and deputy manager were approachable and they felt comfortable raising concerns and issues if they arose.

People and staff told us they were not kept updated with important changes within the service. They told us they were "in the dark" and that communication with management "was not good".

Firlawn Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 01 and 02 February 2017. The first day of the inspection was unannounced. One inspector and an expert by experience carried out this inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before we visited, we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. We reviewed the 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 used a number of different methods to help us understand the experiences of people who use the service. This included talking with nine people who use the service and five of their relatives about their views on the quality of the care and support being provided. During the two days of our inspection we observed the interactions between people using the service and staff. We used the Short Observational Framework for Inspection (SOFI) to help us see what people's experiences were. The tool allowed us to spend time watching what was going on in the service and helped us to record whether they had positive experiences.

We looked at documents that related to people's care and support and the management of the service. We reviewed a range of records, which included ten care and support plans, daily records, staff training records, staff duty rosters, personnel files, policies and procedures and quality monitoring documents. We looked around the premises and observed care practices.

At the time of the inspection, the registered manager was not available. The deputy manager was managing the service in the absence of the registered manager. At the time of the inspection, it could not be confirmed when the registered manager would be returning.

We spoke with the deputy manager, operations director, two nurses, three care staff, an activities coordinator and one domestic staff.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in November 2015, the provider was not meeting the requirements of Regulation 12 of the Health and Social Care Act 2008 (Registered Activities) Regulations 2014. Less visible areas of the home were not clean and there had been shortfalls in practice which did not promote good infection control principles such as measures not being in place to prevent cross contamination. Furthermore medicines were not managed safely, medicine administration records were incomplete and there were no protocols in relation to medicines to be administered "as required".
We found during this inspection that the service had implemented improvements, as set out in their action plan following the last inspection. Areas of the home were clean and tidy. Personal protective equipment and hand sanitisers were available to staff and we saw these in use throughout the inspection.

During this inspection we found that the service had not implemented the necessary improvements in relation to medicines as set out in their action plan following the last inspection.

Information we received before the inspection indicated there had been six medicine errors in the last twelve months. One of these errors had involved a person being given the wrong medicine. This incident had not been reported in line with current legislation or to the local safeguarding team. However, this person's GP and relative had been informed and records showed the incident had been investigated internally and actions plans devised to prevent re-occurrence,

Concerns regarding the high number of medicines administration errors had been present at the time of the last inspection and the operations director told us if errors continued after additional training and support had been given, staff would be officially reported to their regulatory body, the Nursing and Midwifery Council (NMC). However, no improvements were evident during this inspection and no evidence was available to confirm staff had been reported to the NMC as per their guidelines.

There was inaccurate documentation for the administration of medicines. For example, a code had been entered on the MAR which indicated they had been offered 'as required' PRN medicine but that they had not required this. However, as this medicine had been prescribed to be given regularly four times a day, this was not in line with what they had been prescribed. In addition to this, there were six days when the MAR sheet was blank and entries were required to confirm whether this medication had been administered. Therefore, there was no indication the person had received this medicine. During observation of a medicines round, the nurse signed for a topical ointment prior to this being administered. When we asked them about this they said they would return to the person later to do this, however, this was not in line with the NMC Standards for medicines management or the service's medicines policy.

We could not be sure that people were receiving their topical creams and ointments as prescribed. The documentation for the administration of creams and ointments was inconsistently completed. People who had been prescribed topical creams or ointments had no documentation in place to indicate how and where the cream should be applied. When we asked a nurse whose responsibility it was to sign for these medicines, they told us they were not sure but told us they thought they may be responsible. Other people

had been prescribed regular topical creams and ointments. However, not all MAR indicated these had been applied and there were no cream charts in place to confirm this. When we spoke to a nurse on the second day of the inspection, they told us cream charts were in the process of being implemented and that it was planned that all charts should have come into use the day before. They explained there should be instructions on the MAR to refer to these when confirming administration. These were not in place in the care records we reviewed.

Protocols were not in place to guide staff on how to give 'as required' medicines such as when and how often they could be taken or specifically, what they were for. This did not enable staff to ensure the medicines were given as prescribed. These medicines are referred to as 'PRN' medicines. When we spoke to the nurse, they did not know if there were any PRN protocols in place. Other staff told us the protocols should be filed with the MAR but none were present. When we spoke to the deputy manager about this, they told us it was planned that these documents would be implemented following discussion at the next nurse's meeting in March 2017. However, this had been an item in the action plan the service had written following the last inspection in November 2015, when PRN protocols had also not been in place.

Systems to ensure sufficient medicines were available were not effective. One staff member told us no one was delegated to re-order medicines when they were they were running low on stock. They said "sometimes things run out because of this". We spoke to one person who said they were upset as they had not received their eye drops that were due that morning. They told us they were worried their eyes would deteriorate further if they did not have them regularly. They told us staff had to "squeeze" the last drops from the container the night before and only received a small amount of their eye drops because of this. By the end of the day, this person had still not received their eye drops. When we asked a staff member about this, they told us they were not available and these had to be reordered. This meant this person did not receive their medicine as prescribed.

Medicines were not always stored securely or safely. On the morning of the first day of the inspection, it was noted that the fridge which contained medicines was not locked. Despite there being a secure code on the door to the room where the fridge was kept, the door had been propped open and therefore there was unrestricted access to this area. The keys which gave access to medicines which had specific guidelines on secure storage were in the door of a medicines cabinet in the same room. There were no staff in the area at the time and people and their visitors were in the vicinity with unrestricted access to this area. When we asked about the door to this room and whether it was usually kept locked, the nurse on duty told us they generally left this open as it was "a nuisance to keep pressing the buttons on the security bar" to access the room. During a medicines round, the nurse left the medicines trolley unattended and the doors to the trolley wide open. They also left tablets unattended on a table. There were people walking around in the corridors at the time. When we spoke to the nurse about this, they told us they left the medicines trolley open as it was time consuming to have to keep locking it every time they went into someone's room. This was not in line with the service's medicines policy and did not ensure secure access to medicines was maintained.

In some areas of the home there was a poor state of repair. In one building in particular the carpet on the first floor was frayed around the edges and there was uneven flooring. In one corridor, there was no lightshade with only the bulb exposed. In another area of the home, at the entrance of a person's room, there was extensive fraying at the edge of their carpet with long pieces of carpet which had formed into a large loop of threads. This posed a risk for anyone walking over this, to trip and fall and had not been identified as a risk or immediate measures put in place to address this. When we spoke to the deputy manager about this, they told us there was already a refurbishment action plan in place where areas of the home were being redecorated and carpets replaced as necessary. However, this plan had been in place at the time of the last inspection in November 2015. The promptness of these improvements and areas that

required addressing as a priority had not been implemented. The deputy manager told us they had plans in place to replace the frayed carpets on the first floor of the building following redecoration in around March and April 2017.

These findings were a repeat breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was not always sufficient numbers of staff to support people in line with their needs. Staff told us there were not sufficient staff available to support people as many people required two care staff to support them. One staff member told us many staff had left over the last few months. They said this was mainly due to the uncertainty of when the registered manager was going to return and also as staff numbers were low they "didn't want to stay". The same staff member told us the service deployed agency staff to cover staff absence due to sickness and holidays. However, they told us the dependency level of people in relation to the number of staff on duty was not always accurately assessed. They said this meant people did not always receive the care they required. They gave us an example of this and explained how a person had requested a bath on the day of the inspection, but as there were not enough staff, this had not happened. Staff told us they tried to cover staff sickness by working extra shifts when they could. One staff member told us they had come into work on their day off due to a staff member calling in sick.
When we spoke to the deputy manager they told us the provider had firm guidelines on staff numbers which looked at the number of beds occupied. However, they said they had recently spoken to the operations director to propose an increase of seven staff for an early shift. They also planned to change the current call bell system which they said would help identify the time staff needed to spend with people when they were called to their rooms. There was no system in place to enable monitoring for the response times of the current call bell and they said this new system would enable them to do this.

The relative of one person told us they had seen improvements to the staffing most recently but said people were still unsupported at times, when there were low numbers of staff available. They told us this led to people waiting for long periods of time when they had called staff for assistance. One person told us things had recently improved with the numbers of staff available. They told us "There was a spell when we had a lot of agency (staff) but they've cut back on that now". They went on to tell us they didn't have to wait long for their call bell to be answered. More positive comments were received from people regarding call bell response times. One person told us they "very rarely" had to wait long for their call bell to be responded to and another told us call bells were answered promptly.

People living at the service and their visitors told us they felt safe. When we asked one person whether they felt safe they said "very much so" and another told us "The staff are very good and make me feel safe". Staff told us they had received training in safeguarding and this was confirmed by their training records. Staff were able to tell us how they would identify signs of potential abuse and how to report safeguarding concerns. Staff were aware of the option to take concerns to agencies outside the service if they felt they were not being dealt with. Staff also told us they were aware of the whistle blowing policy and said they would be confident to use it if they needed to. The deputy manager was aware of their responsibilities to report concerns to the correct authority in a timely way and we saw evidence of this during the inspection.

The service followed safe recruitment practices. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Records seen confirmed that staff members were entitled to work in the UK. The files of staff who had commenced employment more than three months ago had incomplete documentation. This had been identified during a recent internal audit. We saw the action plan for this audit and the progress undertaken to date in order to

rectify these gaps.

Requires Improvement

Is the service effective?

Our findings

At our last inspection in November 2015, the provider was not meeting the requirements of Regulation 11 of the Health and Social Care Act 2008 (Registered Activities) Regulations 2014. This was because whilst there was a section in people's care plans about capacity, consent and decision making, information was not always decision specific and did not show the processes used and those people consulted with. The registered manager told us at the time of the last inspection they were working on this area with staff.

We looked at how the provider was meeting the requirement of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). The 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 found during this inspection that the service had undertaken some of the necessary improvements such as staff training in the MCA but was still in the process of implementing some of these such as documentation to support when best interest decisions had been made on a person's behalf.
Staff we spoke with demonstrated a good awareness of supporting people around the principles of the MCA. One staff member was able to explain what processes were followed when an assessment had been made for a person at risk of falling and that the proposed measures to keep them safe would restrict them. They told us how a multi-disciplinary meeting had taken place to ensure this was in their best interests and least restrictive as possible. They said this was followed by a DoLS application due to the person not having the capacity to make this decision themselves.

Although the registered manager had submitted DoLS applications when needed and had a system in place to keep them under review, the documentation to support when mental capacity assessments and best interest decisions had been made, was not always present in people's care files. For example, in the care file of one person who staff had explained had a DoLS application, there was no documentation to support this, apart from the DoLS application form. There was a mental capacity assessment form in their file but this was blank and there was no information available regarding a best interest meeting which staff told us had taken place. We asked the deputy manager for this information during the inspection, but they were unable to locate it.

This was a repeated breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they were offered training specific to their role. However, one staff member told us, although on the whole the training was good some of their mandatory training was out of date and they were due refresher training in this. When we spoke to the deputy manager they told us the training matrix "needed

work to show how up to date it is". This included training in the use of equipment to administer certain medicines. A new training manager had recently been appointed to oversee and organise staff training and was in the process of addressing this.

One staff member who had recently commenced employment at the service told us about the training and support they had received during their induction. They told us they observed more experienced staff by shadowing them for the first five shifts. They told us they had completed mandatory training including fire safety, manual handling, safeguarding and equality and diversity and that this training was sufficient in helping them gain the knowledge they required to support people in line with their needs. Another staff member told us they had requested additional training in wound care and this was subsequently scheduled to take place.

People told us staff knew what was required of them and told us they were supported in line with their needs. Comments from people told us staff were well trained. One person told us "The staff know what they are doing. They each have a job to do and they do it".

Staff told us they had received regular supervisions and appraisal. One staff member told us their most recent supervision had been productive and helpful. They said they had requested training in management of wounds and that this had been scheduled to take place.

We spoke with a staff member about the quality of the food. They told us the service used an external catering company and the food they provided was "of low quality" and "very bland". They told us people were offered only soup and sandwiches every evening and there were no alternative available. They told us "once the soup was so awful, I had to throw it away". They told us they were "ashamed and embarrassed to serve it up" and were not aware of what was happening to improve this. Another staff member who told us a new chef would be starting soon, said they were disappointed when they were not able to give people alternatives other than "soup and sandwiches".

People told us they did not enjoy some of the food they were given. Comments from people about the food included "I don't enjoy the food. It is dry. We seldom have gravy and when the potatoes are mashed nothing is put in them; no butter". When we asked if alternatives were offered if there was something people did not like, one person told us "No, I don't get an alternative as the only other food on offer isn't very nice. I don't really like the vegetarian option". Another person told us "The quality of the food is not good". They described the meat as "tough and inferior". They said there was supposed to be a six week rotating menu but that "this didn't happen".

When we spoke to the deputy manager regarding concerns raised about the food, they told us they had been made aware of these issues and in response to this, had recently recruited a new chef who would be commencing their role in two weeks' time.

We observed a 'drinks round' mid-morning on day one of the inspection. People were not always offered a choice on what drink or snack they would like. Staff told us they gave people what they thought they would like. The staff member serving the drinks took a cup of tea to a person in their room but did not ask them whether this was what they wanted. When we spoke to this person we asked them what sort of hot drinks they liked. They told us they liked to drink a milky coffee but said "I wouldn't expect they would do that though". When we spoke to a staff member about this, they told us "We tend not to ask people who we know like regular tea and coffee although other drinks are available for them if they ask". This was not good practice and did not enable people to have what they wanted.

These findings were a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had access to health and social care professionals. Records confirmed people were able to see a GP, dentist and an optician and could attend appointments when required. For example, in one person's care records it stated they had pain in their mouth. Following this there was information that a dental referral had been made and they were seen by a dentist.

Requires Improvement

Is the service caring?

Our findings

People were not always treated with dignity and respect. People's care records were not kept secure. The room which medicines were stored was also used to keep people's care records. As this room was not constantly occupied and the door to this room kept open, access to these records was not secure.
There were mixed responses from people we spoke with about the caring nature of staff. One person told us they had been called racist because they had said they struggled to understand two members of staff who spoke with a strong accent. They told us these staff members no longer spoke to them. The same person spoke highly of other staff members. They said "One carer is so kind and always comes to chat with me. It just breaks the long days up. One staff member said to me the other day I had a lovely smile. Things like that make your day. But it doesn't happen very often". Two people told us there was one staff member who they found "difficult" and had an "abrupt manner". A complaint had been raised with the service a few months earlier stating that a member of staff had been abrupt towards a person using the service. In response to this the service had called all staff to a meeting to remind them about dignity and respect and further training was given in line with this. The feedback from people we received during the inspection did not demonstrate that this additional training had been effective for all staff.

Other comments from people and their relatives were more positive and included "There's not one member of staff that I would refuse to deal with", "The staff are always patient and obliging, "They couldn't be better" and "Nothing is too much trouble for them (staff)". One person's relative told us they "always felt welcome in the home and was always offered a drink". They said their family member "always looked well cared for". Comments in compliments received from people and their relatives about the service included "Thank you for all the care and support you have given me over the past eight weeks and for the kindness shown to my family", "Thank you for introducing some traditional aspects of Christmas for us to have while being away from family and friends" and "We would like to express our heartfelt gratitude for the excellent care given to X (family member). Every member of staff showed absolute compassion and understanding towards her".

We observed some caring interactions and staff engaged with people in a kind and friendly manner; sharing a laugh and a joke with people. For example, we saw a member of staff chatting with a person whilst they were walking with them from the bathroom after having a bath. They supported them to walk to their room and had a nice conversation. They laughed together about how their hair went curly from the steam in the bathroom. We observed one staff member supporting people with their meals. They described to them what was on their plate and asked them what support they would like.

However, we observed interactions that were not as positive. We observed a lunchtime meal. Whilst staff supported people and asked them what they would like and whether they would like help with their meals, they did not participate in conversation with the people they were supporting. The only time staff spoke was to ask people what they would like or if they were supporting someone to eat, to ask them when they wanted another mouthful of food. The only other interaction was at the end of the meal when a member of staff came into the dining area to tidy up. They asked a person if they were okay. The person told them they were not feeling too good. The member of staff continued with what they were doing and just replied "No?" The person then continued to explain how they felt but the staff member busied around them without any

eye contact or interest in what the person was saying. They then walked off without saying another word.

People also told us staff were courteous and treated them with kindness and dignity. They said staff knocked and waited for a response before entering their rooms. However, people were not always treated with dignity and respect. Whilst staff were able to tell us how they protected people's dignity, this was not always evident from our observations during the inspection. One person who required a topical ointment to be applied to their hip area, had this applied by a nurse whilst their bedroom door was wide open and people and staff were passing by. This was not done discreetly and did not protect their privacy or dignity. The same person had a urinary catheter. A bag which their urine had drained into was strapped to their leg. This was visible and no attempt by staff was made to cover this. The person was visually impaired and therefore unaware this was showing until we made them aware of it. They were then able to pull their clothing over the bag to cover it.

Staff told us how they promoted equality and diversity. One staff member told us they did this by "treating every one as equal, giving them choices and protecting their rights" They told us about a person who they supported and was unable to speak English. They told us how they had made steps to overcome this and had bought newspapers and DVDs in their spoken language. Staff we spoke with knew people well, they were able to speak to people about things that interested them and knew people's histories.

People were supported to be independent by staff who offered them the choice to do certain things themselves and support them to make these choices. For example, one staff member told us how they supported one person who was unable to tell staff what they wanted through speech. The staff member told us they gave this person visual choices which this person could point to such as showing them a variety of outfits for the day. We spoke to one person who told us staff do not automatically do everything for them which they liked. They said "they allow me my independence".

Requires Improvement

Is the service responsive?

Our findings

At our last inspection in November 2015, the provider was not meeting the requirements of Regulation 12 of the Health and Social Care Act 2008 (Registered Activities) Regulations 2014. Care charts did not monitor aspects of a person's care such as hydration, continence and the management of healthy skin.

We found during this inspection that the service had undertaken many of the necessary improvements such as training for all staff on good documentation practice for care planning and monitoring risks however, some shortfalls we had identified at the last inspection still remained.
At the time of the last inspection, charts had not effectively monitored aspects of a person's care such as hydration, continence and the management of healthy skin. The deputy manager told us in response to this, staff had received training in the importance of documentation and putting measures in place to reduce the risk of developing pressure ulcers and focussing on ensuring positioning charts were accurately completed. We saw evidence of this during the inspection where charts to monitor the care given to people at risk of pressure ulcers were completed in line with people's care plans.
The deputy manager told us they had made "huge steps" regarding the quality of care planning since the last inspection. They told us the format of the care plan audit had been improved since the last inspection. They had put a matrix together to track when care plan audits were due. 'Resident of the day' had recently been introduced to ensure care plans were reviewed in a timely manner.

However, some of the charts used to monitor people's fluid intake when they had been identified as being at risk of dehydration were not so well completed. For example, on the chart for one person who was having their fluids monitored, there was no date entered on the chart and it stated for their fluid output for that day 'pad wet' and for their fluid intake; '100mls' had been written. Fluid charts had also not been tallied at the end of each shift to ensure people's fluid intake had been monitored. This was despite it being an action the service had planned to implement following the last inspection. This did not show people's fluid intake was being consistently monitored to identify the need to seek medical advice or other supportive intervention in a timely manner.
These findings were a repeat breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was limited opportunity for people to participate in activities and enrichment in relation to their choice and ability. Activities offered included a religious service once per month, a weekly visiting art group, and regular visits from an entertainer and 'Pets as Therapy' dog. Whilst there were external groups and charities which provided entertainers and activities which people told us they enjoyed, they said they would like more activities to be arranged. One person told us they would like more trips out. They told us the service had to hire a bus or arrange taxis for trips out but this happened infrequently. One person also told us people living at the service were discouraged from going into the garden on their own and another said they liked the activities but there were not many of them. Staff confirmed people did not always have the support to take part in meaningful activities. One staff member told us "There is not always enough to do for them (people using the service). There are quizzes and communion but there could be more". They told us care staff struggled at the weekends to ensure people were offered meaningful activity due to there not

being as many staff on duty. Another staff member told us staff would try to have a chat with people who did not wish to participate in activities although said "by the time we have helped people to get up and dressed, we don't have time to sit and chat to these people".

Activity logs were kept in people's care records. Staff told us these were used to record what interaction and activities people had been involved in. People who participated in most of the group activities on offer had a lot of information recorded on their activities log including details of whether their experience of this activity had been a positive or negative one. However, people who chose to or were unable to participate in group activities had very little recorded. In one person's care records, their activity log had only six entries for one month. These included coming out of their room for lunch, with no additional information on their level of enjoyment in doing this and other days had 'talking to carer', 'listening to singing' and 'watching films'. In a different month, there had been only one entry and another, no entries of what they had done. This did not show whether any interaction or activities had been offered to this person. The activities coordinator told us they tried to see a few people on a one to one basis in their rooms between group activities but there was no structure or plan to this. This meant, there was nothing in place to ensure this person was receiving the level of enrichment they desired, which did not support their mental well-being.

An activities coordinator worked on weekdays. They told us they spent their first hour of the day responding to emails and completing "paperwork". They said the day's activities were generally divided between both units of the home; activities in one building in the morning and at the other building in the afternoon. They explained that as one area of the home was larger, more activities tended to occur in that building. This meant when there was inclement weather, most people from the other building were put off attending due to the distance and the only access being approximately 100 metres across the outdoor garden.

People's care records provided information on their likes, dislikes, preferences and hobbies. In one person's care records, it gave details of how this person liked to be referred to. This was confirmed by our observations during the inspection. The activities coordinator told us when people first moved to the service they chatted to them and their relatives to find out what they liked, their hobbies and interests.

Care plans were in place to provide staff with guidance on how to manage identified risks. For example, in one person's care plan, it stated they were at risk of pain and that pain relief should be offered prior to supporting them with personal care. This was confirmed when staff offered pain relief to this person prior to assisting them. In another person's care plan, their risk assessment had identified they were at high risk of falling as they had recently had a number of falls. In response to this, they had a care plan implemented. In the following two months, they had no falls. Improvements had been made since the last inspection. This included a lead team member responsible for care plan review.

People told us they knew how to raise a concern or complaint. Issues raised by people and staff were kept in a complaints file. Records showed all issues were appropriately investigated in a timely manner and actions taken to minimise further occurrences. However, people told us they used to have more regular residents meetings where they were able to give their feedback and ideas. They told us these had recently lapsed and they had asked for them to be reinstated . One person told us "We're kept here like mushrooms and told nothing".

Requires Improvement

Is the service well-led?

Our findings

Whilst there were systems in place to monitor the quality of the care provided not all of these were sufficiently robust to ensure issues were identified. For example, there were daily checks in place for the management of medicines including administration. However, gaps in documentation of when medicines should have been administered had not been identified. Daily checklists indicated all medicines had been signed for, however, this information was inaccurate as on some days where it was stated all medicines had been administered there were gaps on the MAR. Following a medicines audit in April 2016, an action was written to remind staff to ensure medicines were kept secure at all times and to ensure all medicines were signed for following administration. An earlier audit a few months prior to this had also stated the same reminders should be distributed to staff and that staff should be more vigilant when completing daily quality medicine audits. This had not been actioned or implemented as shortfalls identified during the last inspection remained.

A risk assessment had been completed which had identified daily checks should be completed for stairwells, carpets and flooring to monitor daily wear and tear or damage. This had not identified the trip hazard identified at the entrance to a person's room. This was reported to the deputy manager during the inspection who told us later this had been made safe.

There was no system in place to track the ongoing validity of nurse's professional registration with the Nursing and Midwifery Council (NMC) and when their registration was due for renewal. We spoke to the deputy manager about this as it was the home's responsibility to ensure staff are qualified. They made a note to ensure this was tracked moving forward. The registration of two nurses was checked during the inspection and it was confirmed these were valid. The deputy matron told us it was also the nurse's responsibility to be accountable for renewal of their registration however, told us they helped staff during the revalidation process by offering training and support.

There were mixed responses regarding the management of the service. People told us they generally felt the deputy manager was doing a good job under difficult circumstances but concerns were expressed regarding the long duration of absence of the registered manager. One staff member told us there was a feeling of "uncertainty" as they did not know when the registered manager would be returning. They told us staff had not been updated and felt "in the dark" and that communication with management "was not good". The same staff member told us the deputy manager "tries her best" but is "very busy".

One person told us they wanted to go home. They said the service had "gone downhill" in the last 12 months. They did not specify their exact reasons for this but told us they were not happy. However, comments from a person and another's relative included "overall, we are very happy" and "I have a very nice room and I know I can talk to X (deputy manager) anytime".

Two staff members told us no team meetings had taken place or been planned whilst the registered manager was not at work. They said there had been no offer from the management team to ask staff for their feedback. One member of staff said "There is a lack of pulling together as a team" and a "lack of

delegation". Staff also told us the deputy manager infrequently came over to one area of the home and this had led to them feeling unsupported. One staff member told us the deputy manager had "done a brilliant job, given the situation (of having the registered manager absent)" but as their presence around the home was limited they felt they may be "out of touch" with day to day issues because of this.

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

Whilst some people, relatives and staff expressed concerns about the support from management, one staff member told us a staff meeting had been held at the end of last year. They said the issue of staff shortage had been raised and plans had been put in place to recruit more staff. This was confirmed by records we saw during the inspection which showed there had been a staff meeting in October 2016.

Whilst improvements to some of the quality assurance systems had not been made, other actions had been addressed. For example, incidents of falls were being monitored more closely to look for trends in helping to identify the actions necessary to help mitigate further risks of falling. A more detailed review of people's weight to track trends in weight loss and risk of malnutrition had recently been implemented and the deputy manager told us this was therefore currently "work in progress". The relative of one person told us when their family member had moved to the service they had been very unwell but since then; following the care they had received they had gained "much needed weight" and their health had improved.

Staff told us both the registered manager and deputy manager were approachable and they felt comfortable raising concerns and issues if they arose. Comments from people and staff included "I have a very nice room and I know I can talk to X (deputy manager)" and "I feel valued and listened to".

The deputy manager completed training and attended internal care home manager meetings to keep up to date with best practice and changes. They were also part of a learning exchange network and had links with the local community working with an Alzheimer's support group as well as working closely with the local hospice.

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 Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent People's care records did not evidence that best interest decisions were carried out in line with the Mental Capacity Act 2005, Code of Practice. Regulation 11(3).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not given their medicines in a safe manner and errors had occurred. Staff had not consistently signed the medicine administration record to show that medicines or topical creams had been given as prescribed. Protocols were not in place in relation to "as required medicines". Systems to ensure sufficient medicines were available were not effective. Medicines were not always stored securely or in line with storage requirements. Regulation 12(1)(2)(g).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs People were not supported to have food that was nutritious or appetising or in accordance with their preferences.14(4)(a)(c)

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems to monitor the quality of the service were sufficiently robust to ensure issues were identified. 17(a).

The enforcement action we took:

NOP issued