

Worcester Garden (No.2) Limited

Garden House

Inspection report

24 Humberston Avenue
Humberston
Grimsby
South Humberside
DN36 4SP

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17 November 2017
21 November 2017

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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

Garden House is registered to provide residential care for up to 40 older people. Accommodation is provided over two floors with both stairs and lift access to the first floor. A new unit, 'The Devonshire Suite' provides support for up to 12 people living with dementia. The home is situated in Humberston a suburb to the south of Grimsby. At the time of the inspection there were 21 people using the service.

We undertook this comprehensive inspection on the 17 and 21 November 2017. At the last inspection in September 2016, we found the provider had made improvements in relation to the breaches in regulations we had found at the inspection in 2015. We found one new breach in regulations. We rated the service 'Requires Improvement' overall at the last inspection, as we needed to be assured the improvements were sustained. During this inspection on 17 and 21 November 2017, we found improvements in relation to the previous breach, but we identified shortfalls throughout the service and four breaches of other regulations.

There was no registered manager at the service. A new manager had been appointed to the service in January 2017 and registered with the Care Quality Commission (CQC) in April 2017. They had resigned and left the service three weeks before the inspection. The deputy manager was managing the service. A registered manager is a person who has registered with the CQC 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.

During the inspection, we found some concerns regarding quality monitoring which had resulted in gaps in the programme and shortfalls being missed when audits were completed. Examples included gaps in care plans and consent records, kitchen hygiene, weights, accident analysis and maintenance.

There were shortfalls in the administration and recording of some people's medicines. We also found one person's topical medicines were out of date and were not stored safely.

There was some inconsistency with the application of mental capacity legislation. Some people had assessments of capacity and records in their care files when restrictions were in place, but this was not consistent throughout the service.

People had care plans in place, however, we found these were not always person-centred and missed important information regarding how staff were to care for them. We found some people's risk assessments had not been updated when their needs had changed. This meant that important care could be missed.

You can see what action we told the provider to take regarding the above four areas at the back of the full version of the report.

At our last inspection, we found the service did not have robust recruitment checks in place. At this

inspection staff recruitment processes were improved. We found all relevant pre-employment checks had been carried out to help ensure appropriate candidates were employed. This helped to ensure people were protected from harm.

We found good standards of cleaning and hygiene had been maintained throughout areas of the service. Feedback from people who used the service and their relatives confirmed they were happy with the cleaning and considered there were no odours.

The care staffing levels had been increased in recent weeks to support the current occupancy and dependency levels. There were sufficient staff provided to meet people's individual needs and support them safely.

We found improvements had been made to aspects of the environment. A new unit to support people living with dementia had been provided. This facility reflected national guidance in relation positive 'dementia-friendly' premises. Areas of the main facility had also been improved with refurbishment and redecoration.

There were policies and procedures to guide staff in how to keep people safe from abuse and harm. People who used the service confirmed they were kept safe and had no concerns about their safety.

New staff received an induction and staff had access to training, supervision and support to ensure they felt confident when supporting people who used the service.

We found people's health care needs were met. People told us that they had access to their GP, dentist, chiropodist and optician should they need it. Staff knew what to do in cases of emergencies and each person who used the service had a personal evacuation plan.

We observed kind and caring approaches from the staff team. People's privacy and dignity were respected and staff provided people with explanations and information so they could make choices about aspects of their lives. There were positive comments from relatives about the staff team.

People enjoyed the meals provided to them. Improvements had been made to the menus and quality and choice of the meals. People were provided with a visual choice at meal times. A good range of snacks were offered and we observed staff encouraged people to have these.

Although people living in the Devonshire Suite were provided with a good range of activities, we found there was less support for people in the main facility. The provider was reviewing the need for an activity coordinator.

People and their relatives told us that if they had any concerns, they would discuss these with the management team or staff on duty. People were confident that their complaints or concerns would be listened to, taken seriously and acted upon.

Staff spoken with told us the overall culture across the service was more open and they felt better supported by the management team. Staff told us that morale within the staff team had improved since our last inspection in September 2016.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Some people did not receive their medicines as prescribed.

Improvements had been made to the recruitment processes to ensure suitable applicants were appointed to the caring role. There were sufficient numbers of staff on duty to meet people's needs.

Staff knew how to recognise and respond to abuse and understood the processes and procedures in place to keep people safe.

The service was clean and tidy and staff knew how to control the spread of infections.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

There had been inconsistent application of mental capacity legislation, which meant best practice guidelines had not always been followed when people lacked capacity to make their own decisions. However, we found staff were clear about how they gained people's consent to day to day care and support.

Significant improvements had been made to the environment. A new, separate unit to support people living with dementia had been developed which supported their well-being and orientation.

The variety and quality of the meals had improved and people liked the meals they were provided with. People's health care needs were met. They had access to a range of health professionals in the community.

Staff received the induction, training and support they required to fulfil their roles and meet people's needs.

Requires Improvement ●

Is the service caring?

Good ●

The service was caring.

Staff were observed speaking to people in a kind and patient way and treated them with dignity. Staff respected people's right to privacy.

Staff promoted people's independence where possible. People were provided with information and explanations so they could make choices and decisions about aspects of their lives.

Confidentiality was maintained and personal information stored securely.

Is the service responsive?

The service was not consistently responsive.

Some people's care plans did not provide sufficient guidance for staff in how to meet their needs and in the way they preferred.

People were provided with a range of meaningful activities in the Devonshire Suite, although activity provision in the main facility was more limited.

The provider had a complaints policy and procedure and people felt able to raise concerns knowing they would be addressed.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

Although staff reported morale had improved, the leadership and management of the service were not consistent. The registered manager had left and the deputy manager was now managing the service.

Systems for quality monitoring required strengthening in order to identify all shortfalls and support effective improvements. There was limited analysis of accidents and incidents in order to learn and prevent reoccurrence.

There were meetings for staff, people who used the service and their relatives to raise issues, provide feedback and share information about the home.

Requires Improvement ●

Garden House

Detailed findings

Background to this inspection

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

This inspection took place on 17 and 21 November 2017, and was unannounced on the first day. On 17 November the inspection team consisted of an adult social care inspector, a specialist advisor who was a qualified nurse and specialised in governance, 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 care service. On 21 November, two adults social care inspectors completed the inspection. A contracts officer from North East Lincolnshire Clinical Commissioning Group was present for the first inspection day.

The provider was requested to complete a Provider Information Return (PIR) prior to the inspection and this was not returned. 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 checked our systems for any notifications that had been sent in as these would tell us how the provider managed incidents and accidents that affected the welfare of people who used the service. Prior to the inspection, we spoke with the local authority safeguarding and commissioning teams about their views of the service.

During the inspection, we observed how staff interacted with people who used the service throughout the day and at mealtimes. We spoke with eight people who used the service and four people who were visiting their relatives or friends. We spoke with the director, regional manager, deputy manager, two senior care workers, three care workers, two cooks, the laundry assistant and a visiting healthcare professional.

We looked at five care files which belonged to people who used the service. We also looked at other important documentation relating to people who used the service such as 12 medication administration records and monitoring charts. We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

We looked at a selection of documentation relating to the management and running of the service. These included four staff recruitment files, training records, the staff rota, minutes of meetings with staff, quality assurance audits, complaints management and maintenance of equipment records. We completed a tour of the service.

Is the service safe?

Our findings

People told us they felt safe living in the service. One person told us, "I do feel safe in my bed at night" and a relative told us, "Always safe now; she used to wander at her own home."

At our previous comprehensive inspection of the service in September 2016, we found that improvements were required with the provider's recruitment procedures to protect people who used the service and a requirement notice was issued. At this inspection, we found improvements had been made. We checked the personnel records for four new members of staff. We found staff were recruited safely and full employment checks were carried out prior to new staff starting work in the service. These included an application form to assess gaps in employment history, obtaining written references, a disclosure and barring service (DBS) check, which would highlight any criminal record and an interview.

We found safe medicines practices were not always followed, which meant people were at risk of not receiving their medicines as prescribed. We were informed about a medicine error the previous week; a person had continued to receive their anti-coagulant medicine for a period of time, when this should have stopped. The person had not experienced any ill effects from this. There was a breakdown in communication with the surgery, which the acting manager confirmed they had since addressed with all staff concerned. They had put in a new protocol to ensure that in future, staff always contacted the surgery to request the correct dosage.

When we checked the medicine administration records (MARs) for 12 of the 21 people who used the service, we found medicines were not always given as prescribed by the doctor. For example, a person who was prescribed a pain relief medicine every three days had received this medicine two days late on one occasion. The delay in administration had not been identified and reported by the staff at the service the next time the medicine had been administered. There were no regular checks on controlled medicines as part of the audit processes.

We found some recording issues where staff had hand written people's medicine prescriptions and not signed these. Furthermore, there was no second signature, to indicate another member of staff had checked the record was correct. There were some gaps on MARs when staff had not signed or recorded a code to support non-administration. Where people were prescribed medicines which were supplied out of the monitored dosage system, staff were not always documenting the amount received and carried over from the previous month. Therefore, when there were recording shortfalls, it was not always possible to count the medicines to determine if they had been administered. We also found medicines prescribed to be given 'as and when' people required them, did not always have written guidance to direct staff when to administer these.

Topical medicines, such as creams to be applied to people's skin, had not always been dated on opening, and records relating to them were poor. Information was not always in place to show staff where topical medicines should be applied. Topical medicines administration records were not in place. Staff told us they regularly applied these medicines. However, this lack of recording meant people were at risk of not receiving

their medicines in a consistent way. We also found two topical medicines for one person were out of date and still in use, this meant there was a risk the medicine would not be effective. We saw this person's topical medicines were stored on top of their wardrobe, as their medicines cabinet was not large enough to store them. The person was living with dementia and there was a risk the medicines could be reached and this put the person at risk of ingesting them. The deputy manager took action to store these safely.

These issues meant there was a breach of the Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the back of this report.

The director explained a new medicines system had been put in place and the majority of people had been provided with metal cabinets in their rooms, to store their medicines. Staff told us they considered it would be helpful and safer if they had a shelf or table they could administer the medicines from. During the inspection, there had been a delay in administering medicines for one person, as staff could not find the key to their cabinet, although it was located later. The director recognised there were concerns with the new arrangements for medicines storage. They confirmed they were assessing the suitability of the new system and they would be discussing options with the staff and the pharmacy provider.

The provider had policies and procedures in place to guide staff in dealing with allegations of abuse or poor practice. Staff had completed safeguarding training and in discussions they were clear about what constituted abuse and knew the actions to take if they witnessed or suspected potential abuse. Staff confirmed if they were not satisfied with the action taken by the management team they would not hesitate to contact the Local Authority or the Care Quality Commission.

There were individual risk assessments for people who used the service. These included areas such as moving and handling, bed rails, falls, nutrition, skin integrity and specific health needs such as distressed behaviour. Some of the risk assessments had not been reviewed regularly and updated in line with the person's changing needs. Nonetheless, our observations showed that staff's practice reflected that risks to people were generally managed well so as to ensure their wellbeing and to help keep people safe. For example, safe moving and handling support was provided by staff and this was in line with people's care and support needs. Where people were at risk of choking or had swallowing difficulties and required their food to be cut up or pureed, appropriate care and support was provided to ensure this happened and risks to their health and wellbeing mitigated as much as possible.

Contingency plans were in place for emergencies and records showed each person had their needs assessed in relation to evacuating the building. Equipment servicing and fire safety checks had been completed.

People's rooms and communal areas were clean and tidy. We found good standards of hygiene throughout the service had been maintained. The laundry was clean and organised. There were ample supplies of personal protective equipment such as gloves and aprons, and staff used these. Records showed staff had received training on infection prevention and control, but few staff had completed recent hand hygiene assessments in line with guidance from the Department of Health, essential steps programme. The regional manager confirmed this would be addressed as priority.

We received some mixed feedback about staffing levels from people who used the service. Their comments included, "Staff seem so busy; odd times I cannot find staff. We have the same ones and I know their names", "Sometimes there are long waits for the toilet. It can be up to 30 minutes and depends who is on. The night staff are better" and "There is always someone around; I use my call bell and staff always come in about five minutes." Relatives we spoke with considered there were sufficient numbers of staff on duty. They told us,

"There are always staff around" and "Yes, there's enough staff; they are all really good."

We found people's dependency levels were reviewed by the previous manager, although there was no clear link to how this was factored in the staffing calculations. Despite this, the provider explained they had identified the dependency levels of people had changed in recent weeks and they had increased the numbers of care staff on duty to six in the morning, five in the afternoon and three on night duty. They also told us they had used agency staff to support these levels, whilst recruitment was under way. Rotas showed that the numbers of staff had been maintained by the use of bank staff, staff working additional shifts and agency workers. There were occasions when the number of staff planned to be on duty had not been provided. The deputy manager explained this was due to short notice absence and all efforts had been made to provide cover where possible, including asking staff to stay late and arrive early for duty.

Staff turnover had continued and many staff had left since the last inspection or in recent months, including the registered manager, maintenance man, activity coordinator and care workers. Two new cooks and care staff had been recruited. The director confirmed they were in the process of recruiting a new manager and senior care staff. A new maintenance person had been employed and would be starting soon, conditional to satisfactory recruitment checks.

Our observations indicated the deployment of staff was suitable to meet people's needs and current staffing levels ensured that their care and support was provided in a timely manner. Where people requested assistance for their comfort needs to be met or required assistance by using their call alarm facility, care and support was carried out promptly. Staff considered the staffing arrangements were satisfactory, since the numbers had been increased.

Is the service effective?

Our findings

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. We found the application of MCA was inconsistent. Some people had restrictions in place such as bedrails, sensor mats and lap straps; however, their capacity to make these decisions had not been completed and the decision to provide them had not been discussed and recorded as in their best interest and as the least restrictive option for people.

We found some people had a consent record in their file which was very limited. The record contained a minimal capacity assessment for consent to care, photography and care planning (all in one document). There was no information recorded as to the discussion held with the individual or evidence to back up the assessment. The lack of full capacity assessments and records about best interest decisions meant it was difficult to consider if the actions taken were the least restrictive for the person or whether other options were considered.

In some people's care files a consent record was signed by their next of kin, yet there was no evidence in the person's file that the next of kin was legally authorised to do this through a Lasting Power of Attorney for health and welfare.

These issues meant there was a breach of the Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the back of this report.

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 saw applications for DoLS had been submitted to the local authority and six had been authorised and five were awaiting assessment. We saw the DoLS captured the needs of people well and included sufficient detail around restrictions and deprivations that were in place in order to maintain safety. For example, one person's need to have their medicine administered in food was clearly detailed and included in their care plan.

In discussions with staff, it was clear they had an understanding of the need for people to consent to care provided to them. People were observed being offered choices throughout the day and these included decisions about their day-to-day care needs. One person told us, "I don't think staff have ever done anything without my consent."

Staff training records provided by the deputy manager confirmed that the majority of staff employed at the service had received mandatory training in line with the organisation's expectations. This included fire safety, moving and handling, nutrition, food safety, health and safety, infection prevention and control and

safeguarding people from abuse. The regional manager confirmed they had identified those staff who required refresher training and this had been scheduled within the next month. Staff who administered medicines had completed training and most staff had also completed courses on dementia awareness, mental capacity legislation, dignity, equality and diversity, pressure damage prevention and palliative care. The deputy manager confirmed all new staff completed induction training, which included the national Care Certificate standards if they had not previously worked in a care setting. Staff were also supported to achieve a national diploma qualification in care.

The majority of long term staff had received an appraisal and we saw staff had access to formal supervision meetings. Staff we spoke with confirmed they had met with their line manager regularly and could approach the deputy manager at any time.

At the last inspection, we found the environment did not support the needs of people living with dementia. At this inspection, we found areas of the service had been refurbished and redecorated and attention had been paid to a positive 'dementia friendly' design. Earlier in the year, the provider had opened the Devonshire Suite, a separate unit for people living with dementia and we saw the environment was very responsive to people's needs. For example, bedroom doors were painted different colours and each person had a memory box at the side of their door which contained personal items that mattered to them. There was also improved signage and pictures to help orientate people to the purpose of rooms such as bathrooms and toilets. The corridor had the appearance of a short street, walls were partially papered in brick wallpaper, and there was a grocer's shop front, post office and bus stop. The lounge was more homely and contained old photographs of the local area and items for reminiscence purposes. There were areas of interest such as a functional cinema room and tactile objects on walls which provided people with sensory stimulation.

We received feedback from a community mental health professional who was very impressed by the work the provider had done to improve the environment and the dementia unit.

In the main facility, we found areas had been redecorated and refurbished; a new hairdressing salon had been provided and work was underway to provide a new shower room. The dining and sitting room areas had swapped over, following suggestions from people who used the service. People told us the rooms worked better and they liked the new arrangements.

Relatives told us they liked the environment. One relative told us, "The general appearance is a lot nicer. They are decorating more areas and these look much better" and "The new unit is lovely, a great improvement."

People told us they enjoyed the meals and there were choices offered. Comments included, "The food is good; choices are available and they are always encouraging us to have drinks", "They know what I don't like and the cooks are really good." One person's relative told us, "She gets enough to eat. She sometimes complains about the quality, but it looks okay." Another relative said, "Food has been fantastic; sometimes they have made bacon sandwiches for her during the night and she loves the scampi."

In August, concerns were raised to the local safeguarding team about the quality and choice of meals. The previous registered manager had addressed these concerns and made improvements to the menus and quality of the meals. The dining experience within the service was noted to be positive during both days of the inspection. People were able to choose where they ate their meal. The dining room was nicely set out with tables and chairs for four people at each. We saw staff offer people clothes protectors, a selection of drinks and a visual choice of meals; they also offered an alternative to the two choices of main course.

Where people required assistance from staff to eat and drink, this was provided in a sensitive and dignified manner, for example, people were not rushed to eat their meal and positive verbal encouragement to eat and drink was provided. Throughout the day, people were offered and provided with a range of hot and cold drinks and snacks, not just at set times. Special diets were catered for and people were provided with plate guards and beakers where needed, to support their independence.

People told us their healthcare needs were well-managed. Care records evidenced people had access to a range of health and social care professionals. These included GPs, psychiatrists, community psychiatric nurses, district nurses, dieticians, chiropodists, occupational therapists, and emergency care practitioners. In discussions, staff were clear about when to refer to health professionals and they described the signs which could indicate people's physical and mental health was deteriorating. Relatives confirmed they were kept informed of healthcare issues relating to their member of family.

Is the service caring?

Our findings

There were mainly positive comments from people who used the service and their relatives about the staff approach and how privacy, dignity and independence were maintained. People said, "Not bad at all", "I have no complaints about the care", "Sometimes new girls don't know my needs and I feel sorry for them; I tell them", "Staff take their time and don't rush me, they always knock on my door. They make a fuss of me when I have my bath and that's nice" and "Carers are good at everything." One person told us that she thought a member of staff was bossy and told her off. We passed this comment to the deputy manager to follow up.

Relatives were complimentary about the staff team and their caring approach. Comments included, "Yes, one carer is particularly friendly and [family member] likes to see her", "Fantastic with her, [family member] can get quite difficult and they have managed it well" and "The staff have been angels, I cannot fault their support. So caring, amazing all of them."

There was a relaxed and friendly atmosphere within the service. Staff were noted to have a good rapport with the people they supported and we saw people enjoyed the relaxed, friendly and good-humoured 'chit-chat' with staff. Staff confirmed they had time to sit and talk with people for a meaningful length of time and our observations confirmed this.

Staff were attentive to people's needs and care provided during both days of the inspection was 'person-centred' and not rushed. Any care interventions such as moving and handling were carried out gently with clear explanations and a patient approach. People's privacy was respected by staff who communicated with people discreetly, for example when they had asked for assistance with their personal care and comfort needs. Staff gave good examples of what dignity meant to them, for example, knocking on doors, keeping the door and curtains closed during personal care and providing clear explanations to people about the care and support to be provided. Observations showed staff knocked on people's doors before entering and staff were overheard to use the term of address preferred by the individual. We saw people were supported to maintain their personal appearance to ensure their self-esteem and sense of self-worth. They looked well-cared for, clean and tidy. They were dressed with thought for their individuality; they had their hair styled to their preferences and wore jewellery and scarves, if they wished.

We observed staff responded sympathetically when people were anxious or distressed. For example, we observed when one person became anxious and disorientated; staff held their hand, reassured them and guided them to their room where they sat with them talking about their family. On another occasion, a person was becoming agitated about the seating arrangements at their table and a member of staff noticed this and moved the chairs to the positions the person preferred, which calmed them immediately.

People were actively encouraged to make day-to-day choices and where appropriate people's independence was promoted and encouraged according to their capabilities and abilities. Our observations showed that several people at lunchtime were supported to maintain their independence to eat their meal. Some people confirmed that they were able to manage some aspects of their personal care with limited

staff support, however if they needed assistance this would be provided.

We saw staff maintained confidentiality. They completed telephone calls and discussions about people's health care needs in private in the office. People's care files and medication administration records were held securely. Staff records were also held securely. Records showed people who used the service and their relatives had been involved in developing and reviewing their care plans. A relative told us, "[Name of family member] has always been dressed nicely. I've spoken with staff about the care plan and we are always involved."

Staff received equality and diversity training so were aware of the seven protected characteristics of the Equality Act 2010 namely; age, disability, gender, marital status, race, religion and sexual orientation. People told us they felt treated as equals and involved by staff. One person said, "Staff do listen and take my views into consideration."

No-one was accessing any formal advocacy service at the time of our inspection, but staff knew how to arrange this if necessary. An advocate acts on behalf of a person to impartially represent their views.

Is the service responsive?

Our findings

We found some concerns in the assessment and care planning processes within the service. Each person who used the service had a care file containing an assessment, risk assessments and a selection of care plans. However, there were areas of need which had been identified, but lacked a care plan to guide staff in how to support the person. For example, one person was now cared for in bed and required assistance with all aspects of daily living and their risks of sustaining pressure damage had increased. There was no care plan to direct staff on the support the person required in relation to prevention of skin damage. We found shortfalls in other people's care files in relation to a lack of care plans for continence and nutrition.

Some people's care plans had detailed information about how to support them in a person-centred way, but this was not consistent throughout all the care plans we looked at. Some care plans did not have sufficient information and some had not been updated when the person's needs had changed. For example, one person had experienced recent falls and their care plan had not been updated to include the exercises the physiotherapist had recommended; there were no records in the file to demonstrate staff were assisting the person with these.

Records showed people's weights were not checked regularly and where people had experienced weight loss, this had not always been followed up. Records showed their care plans had not always been updated to document a referral to their GP. Nor was there any clear care strategy in place detailing more regular weight monitoring, calorie intake to be achieved, the provision of a fortified diet and how to encourage food intake in order to support the person to gain or maintain weight effectively. One person had anxious and distressed behaviours which could be challenging for staff and others; records showed incidents had increased in recent weeks. Although a care plan had been put in place, this did not guide staff in how to support the person in a consistent and person-centred way, to help alleviate their distress.

These issues meant there was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The action we have asked the provider to take can be found at the end of this report.

During the inspection, a manager from one of the provider's other services completed an audit of some people's care plans and provided us with an action plan from the findings. The regional manager confirmed a full audit of all the care records would be completed and support provided to address the improvements required. The deputy manager completed an audit of people's weights during the inspection and provided confirmation that any concerns about individual's weight loss had been appropriately referred to their GP and the appropriate support and monitoring was now in place to meet their needs.

End of life care was provided in the service if that was people's wish and appropriate support was provided by community nurses. Staff had received training in how to support people as they neared the end of their lives. We saw some people had 'What If – a celebration of my life' assessment records in their file; this gave staff a good understanding of people's preferences for their care leading up to and after their death.

People who used the service said they could decide how to spend their time and there were some things to keep them occupied. Comments included, "Sometimes we watch a film and they have entertainers", "I would rather be in my room and read and watch television" and "I sit in the lounge most days; sometimes there are activities such as games." Relatives told us, "I've not observed a lot going on, although they do have singers in" and "When they were able, they used to sit in the garden sometimes and they also did Bingo and puzzle books here; always seemed enough going on."

In the main area of the home, we saw no specific activity provision on the first day and an entertainer visited on the second day and played an organ. The service was without a person responsible for initiating and providing activities; staff told us they provided activities around their care duties, when they had time. The regional manager informed us the activity coordinator had left earlier in the year and they were currently considering whether to recruit a new coordinator. During both days, we observed staff spent time sitting and chatting with people. We noted one person who was now cared for in bed, had their tablet computer next to them. The staff told us how the person had always held strong religious convictions and their tablet was programmed to play the Lord's prayer, other services and hymns, which the person took great comfort from.

We found there were more activities provided for people living in the Devonshire Suite. These were on a one to one basis and included hand massages and manicures, ball games, crafts, listening to music and singing, watching films and looking through books and magazines. We observed staff spent time with people sitting and chatting with them about everyday things, their families and interests. They also had their drinks and meals with people who used the service, which promoted an inclusive atmosphere. It was clear staff had developed positive relationships with people they cared for and we observed people were settled and occupied as much as they wanted to be.

We saw memory boxes outside people's room on the Devonshire Suite. Items included small mementos and photos of people when they were younger and of pets, hobbies or interests. For example, one person's box contained a picture of rabbits and a small Christmas tree. Memory boxes are a way of presenting objects and the memories associated with them and are used to engage people living with dementia. We observed a member of staff sitting with one person making a Christmas decoration and chatting about Christmas time. They told us, "[Name of person] loves Christmas and making items for their box. The boxes are great, they get people talking about their lives and reminiscing."

We received feedback from a community mental health professional who considered the service was calm and people were occupied by staff appropriately. Staff interacted well with people and responded quickly to requests whilst they visited. They also considered a person who had recently moved to the service had settled very well with the staff approach.

People who used the service and their relative's knew how to make a complaint or raise a concern and who to complain to. People told us if they had any concerns they would discuss these in the first instance with a family member, with the manager or staff on duty. Relatives stated they felt able to express their views about the service and in their opinion they would be listened to. The provider had a complaints policy and procedure in place and this included the stages and timescales for the process. Although the complaints and concerns file was not available during the inspection, the regional manager provided one complaint record, which demonstrated the complaint had been managed in line with the provider's procedures. There was a 'Have Your Say Box' for people to put any comments and concerns in a box in the entrance area, although there were no records to demonstrate people had used this.

Is the service well-led?

Our findings

We found the service had undergone continued management changes since the last inspection. In January 2017, the provider wrote to us advising that a new manager had been appointed. The manager was registered with the Care Quality Commission in April 2017. However, at the time of this inspection the registered manager was no longer in post and the director confirmed they were in the process of recruiting a new manager. The operations manager had also left the organisation in recent weeks and the director informed us a new operations manager had recently been recruited, and they were currently completing their induction.

At the time of the inspection, the deputy manager had day-to-day responsibility for managing the service with support from the director, the regional manager and two managers from the provider's other care services. The deputy manager also informed us she had handed in her resignation and was leaving the service in the near future. People who used the service and their relatives were aware the previous registered manager had left the service and they knew who was temporarily in charge, until the new manager was in post. The director gave assurances that interim arrangements were in place to ensure the continued safe management of the service, until a new manager was employed. One of the manager's from the provider's other services would be seconded to the home on a temporary basis.

At the last inspection in September 2016, we found improvements had been made with the overall management of the service and a new programme of audits had recently been introduced. At this inspection, we found the arrangements to assess, monitor and improve the quality of the service and identify and assess risks to people who used the service had not been fully implemented or sustained. Overall, the monitoring systems were not effective in highlighting all concerns and driving improvements.

At this inspection, we saw the office and filing systems were very disorganised and the regional manager told us, "We've had difficulty finding audits and we're trying to get some structure and to find where they are." Many of the monthly audits had not been completed since June 2017 and the quality visits completed by the operations manager, ceased after their visit in August 2017. We found shortfalls in the quality of the care records, which had not been identified through the audit programme. These shortfalls also included records which supported consent to care. There were no audits completed on people's weights, which meant there was no oversight by the previous registered manager to ensure weights were monitored and any concerns were appropriately followed up. The maintenance audit identified a total of 22 outstanding maintenance tasks since May 2017. We also found some maintenance tasks were omitted from successive versions of the audit when completed, but there was no recorded evidence of completion. Similar issues were identified in other audits, where the action points were not signed off as completed.

We looked at the arrangements in place for managing accidents and incidents and preventing the risk of reoccurrence. An audit was completed on a monthly basis, which focused solely on the number of accident/incidents. We did not see the corresponding reports consistently included in the file, nor did we see an analysis of when and where these happened and any injuries sustained. The regional manager told us that they did not know whether the previous registered manager had reviewed the reports for any trends, or if

any necessary remedial action had taken place. This showed the accident/incident monitoring system was not robust and the service may not learn from incidents, to protect people from harm. The file containing environmental risk assessments could not be found, nor could the complaints and compliments file, although these had been seen on previous inspection visits.

A fire safety inspection was carried out by Humberside Fire and Rescue Service in June 2017 and identified three areas requiring improvement, in relation to premises and staff training. Although records showed some improvement work had been completed in July 2017, it was not clear if all the work had been completed. During the inspection, we reported our concerns to the fire safety officer, who visited the service and directed the provider to complete the necessary work. This has now been completed.

The food safety systems were inspected by environmental health officers (EHO) from North East Lincolnshire in July 2017. They awarded the service a 'Two star' rating (Improvement necessary) for shortfalls in standards of hygiene, food storage arrangements and records. During this inspection, we found appropriate standards of hygiene in areas of the kitchen and storage rooms had not been maintained. We found the cleaning rotas were not completed consistently and did not include the storage rooms. Although food hygiene audits had been completed, these issues had not been identified. The cook informed us they had not seen a copy of the EHO report and were not aware of any action plan in place to address the improvements required.

These issues meant there was a breach in Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The action we have asked the provider to take can be found at the end of this report.

Despite the continued management changes and shortfalls we identified, people and their relatives considered there had been improvements to the service. One person said, "They seem to be improving it all the time; there's new flooring and they have attended to the radiators and lighting." Another person told us, "The general appearance is a lot nicer with the decorating." Relatives said, "Staff seem to be happier and we see the owner here a lot more" and "We have seen a lot of improvements and there's more attention to detail. The meals are much better and there are no smells anymore."

Staff also told us they considered there had been improvements with the management of the service. Comments included, "It's much better. They listened to us and made improvements. The new unit has made a big difference to people's care and safety", "Although the manager has changed again, staff morale is settled and it's a better place to work", "It's been a bit up and down lately, but [Name of deputy manager] has been great and provides a lot of support to us."

The regional manager confirmed the views of people who used the service, those acting on their behalf and staff had not been sought through surveys, since our last inspection. They confirmed they intended to send out quality surveys in the New Year. Staff meetings had been held, which gave staff the opportunity to express their views and opinions on the day-to-day running and quality of the service. Although a record of the meeting had been maintained, where matters were highlighted for action or monitoring, it was not always possible to determine how these were to be, or had been, monitored and the issues addressed.

We found meetings were held for people who used the service and those acting on their behalf. Minutes were available and confirmed areas such as meals, activities, concerns and staff changes were discussed. The deputy manager told us people who used the service had suggested the idea to change over (swap) the use of the dining and lounge rooms, which was working very well. This showed that people who used the service and those acting on their behalf were encouraged to have a 'voice' and to express their views.

The provider was aware of their registration responsibilities and notified the Care Quality Commission, and other agencies, of incidents which affected the safety and welfare of people who used the service. This helped us to monitor incidents and request further information when required.

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 The provider had not ensured people's care plans included full information about how their needs were to be met in a person-centred way.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had not consistently acted in accordance with the Mental Capacity Act 2005 in relation to when people were unable to give consent because they lacked capacity.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured people who used the service were protected against the risks associated with unsafe management of medicines.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured effective systems or processes to assess, monitor and improve the quality and safety of the service and mitigate risk, had been operated fully.

