Normanton Lodge Limited

Lutterworth Country House Care 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

Overall summary

This inspection took place on the 2 July 2015 and was unannounced.

Lutterworth Country House Care Home provides residential care for up to 66 people of which some are living with dementia. At the time of our inspection there were 51 people in residence.

Accommodation is provided over two floors with access via a stairwell or passenger lift. The ground and first floors provide a dining area, and two lounges. The ground floor in addition has a conservatory. There is a garden which is accessible and provides areas of interest.

Lutterworth Country House Care Home had a registered manager in post at the service at the time of our

Summary of findings

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

We found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The system for recording the administration of medicine to people was not robust and the quantity of medicines on site were not always consistent with records held. The provider could therefore not be confident that people were receiving their medicine as prescribed.

We found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found staff were not adequately supervised or had their work appraised, which impacted on the consistency and quality of care people received. Our observations showed that the support people received was not always supported by good practice as not all staff had received training relevant to people using the service, which included dementia awareness training.

We found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Audits were not carried out as regularly as required by the provider and did not always include sufficient information as to the improvements needed or a timescale for implementation to bring about improvements.

People told us they felt safe and staff were trained in safeguarding (protecting people who use care services from abuse) and knew what to do if they were concerned about the welfare of any of the people who used the service. Where people were at risk, staff had the information they needed to help keep them safe.

Staff were able to tell us what action they would take should they believe somebody was being abused and were aware of the provider's policies and procedures, which included whistleblowing. Records showed staff had received training to support them in recognising potential abuse and this provided them with guidance as to their role in promoting people's welfare.

People using the service, visiting relatives and staff had mixed views as to whether there were sufficient staff to meet people's needs. Our observations showed that people's personal care needs and request for assistance were provided in a timely manner to maintain their safety and meet their personal care needs. We found that the deployment of staff was not always effective in that staff did maximise their opportunities to converse or interact with people, leaving people socially isolated.

Visiting professionals were complimentary about the service provided to people and said that the service and staff worked well to provide good quality care and support.

Staff gave mixed views as to the effectiveness of communication, with staff giving differing views as to the frequency of meetings and the sharing of information.

People were protected under the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (MCA 2005 DoLS). We found that appropriate referrals had been made to supervisory bodies where people were thought to not have capacity to make decisions themselves about receiving personal care and leaving the service without support.

People we spoke with gave differing views about the meals provided at the service and our observations showed that the dining experience for people could be improved to promote people's independence and choice. We noted that staff did not converse with people using the service at lunchtime so dining experience was not used to promote social interaction.

A majority of people ate their meal and assistance was provided to those who needed support. Our observations of the dining experience showed that people were given sufficient to eat and that a majority of people ate their meal.

Where people were at risk of poor nutrition, advice from health care professionals was sought and their recommendations followed. This meant people were supported to eat and drink enough and maintain a balanced diet.

Summary of findings

People we spoke with and their visitors told us they had good access to healthcare. Records showed people were referred to the appropriate health care professionals when necessary and that their advice was acted upon. This meant people were supported to maintain good health.

People we spoke with including visiting professionals and relatives of people gave mixed views as the service they received. People were in the main complimentary about the attitude and approach of staff.

People who used the service and their relatives told us that some of them had been involved in the development and review of their plans of care and we noted a member of staff approach people during our inspection to speak with them about their needs. We found plans of care were regularly reviewed, however when changes had been identified this was not always reflected in changes to the main plan of care. Visiting relatives told us that they were kept up to date about any changes to people's health and welfare by staff at the service.

The service provided a programme of activities, to which some people took part. External providers visited to provide themed events. The registered manager told us relatives and friends of people using the service were encouraged to visit and take part in 'fun days' and events organised at the service. The garden was accessible to people using the service and provided areas of interest which included an aviary.

Some people told us that they were bored and that staff did not have time to spend with them. In the afternoon we saw a group of people taking part in a knitting group whilst some spent time in the garden. A majority of people throughout the inspection sat in comfortable chairs in communal areas, some watching television. There was minimal interaction between people and staff and staff did not maximise their opportunities to interact with people.

The provider had a system for auditing the quality of the service and in some instances these were used to improve the quality of care people received and promote their safety. We received information following the inspection with regards to falls. An audit of the falls people experienced identified preventative measures to reduce future falls.

The registered manager following the inspection sent us information that systems within the service were maintained, which included gas, electrical and fire.

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not consistently safe.

People were protected from abuse because staff had an understanding of what abuse was and their responsibilities to act on concerns. The service was working with commissioners to improve the management and recording of potential abuse.

Risks to people's health and wellbeing had been assessed and measures were in place to ensure staff supported people safely.

There were enough staff on duty to keep people safe. Staff had been appropriately recruited to ensure they were suitable to work with people who used the service.

Systems for the administration and recording of medicines was not robust and therefore people could not be confident that they received the medicines they had been prescribed.

Is the service effective?

Requires improvement

The service was not consistently effective.

People were supported by some staff who had not received training specific to their needs which impacted on the quality of care people received.

Staff had an understanding of Deprivation of Liberty Safeguards and the requirements of the Mental Capacity Act 2005, which ensured people's human rights, were respected.

People had sufficient to eat and drink. People's views about the quality of food were mixed and the dining experience could be improved through the promotion of people's choice and social interaction.

People were referred to the relevant health care professionals in a timely manner, which promoted their health and well-being.

Is the service caring?

Requires improvement

The service was not consistently caring.

People told us they found staff to be caring. Relationships between people who used the service and staff could be further developed through greater social inclusion and interaction.

People and their relatives were provided with the opportunity to be involved in the development and reviewing of plans of care.

People were not consistently treated with respect and dignity by staff that in some instances approached people's care and support as a task.

Summary of findings

Is the service responsive?

Requires improvement

The service was not consistently responsive.

People's needs were assessed prior to moving into the service and they or their relative were provided with the opportunity to review their care.

People we spoke with told us that the staff team were approachable. There were opportunities for people to influence and comment upon the service; however these were not always well represented.

Is the service well-led?

Requires improvement

The service was not consistently well-led.

The registered manager did not consistently implement systems or opportunities to enable people who used the service, their relatives or staff to comment upon and influence the service.

Staff said the management team were approachable. However systems to support and appraise staff were not consistently applied.

The provider undertook audits to check the quality and safety of the service, however where improvements were identified these were not always identified within an action plan and monitored to ensure improvements were being made.

Lutterworth Country House Care 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 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.

The inspection took place on 2 July 2015 and was unannounced.

The inspection was carried out by two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience for this inspection had expertise in caring for older people living with dementia.

We contacted commissioners for social care, responsible for funding some of the people that live at the service, and asked them for their views about the service. We also reviewed the information that the provider had sent to us which included notifications of significant events that affect the health and safety of people who used the service.

We spoke with six people who used the service, three visiting relatives, and three visiting professionals. We spoke with the registered manager and six staff with differing roles. We looked at the records of three people, which included their plans of care, risk assessments and medication records. We also looked at the recruitment files of three members of staff, a range of policies and procedures, maintenance records of equipment and the building, quality assurance audits and the minutes of staff meetings.

We asked the provider to send us additional information, which included information on staff training and documents for the maintenance of specific equipment and systems.

Requires improvement

Is the service safe?

Our findings

We found people's medicines were not being managed safely. We looked at the records of four people who used the service and found that their medicine had been stored safely. We could not determine whether people had in all instances been administered their medicine. Records had not always been signed by staff to say people's medicine had been administered. We found anomalies in relation to the number of tablets within the medicine trolley, when compared with the number of tablets the person should have had, and when compared to the number of signatures on the medication record, we found there to be too many tablets, which suggested people had not been given their medicine as prescribed. People's health was therefore at risk.

This evidenced a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with a visiting relative and someone who used the service about their medicine. The relative assumed that the medicine was being dealt with and had no concerns. A person we spoke with told us that the staff looked after and administered their medicine, saying, "they give them [tablets] to me in my hand and I sort them out. But they do stay and watch you taken them." The person was happy with this arrangement as it gave them a sense of control and independence regarding medicines. One person asked when the medicine would be administered; they were told it would come round in a while. The person went onto request for some pain relief and a staff member dealt with their request.

Medication competency checks were in place for staff and we saw that staff had completed a workbook which supported medication training that had been provided by the supplying pharmacist. The second half of the work book was a practical assessment which needed to be undertaken by managers, this had not been completed for the six workbooks we viewed. The manager said they were in the process of completing these.

People's plans of care included information about the medicine they were prescribed which included protocols for the use of PRN medication (medication, which is to be taken as and when required). This helped to ensure people received their medicine in a consistent manner and as directed by the prescribing health care professional. Staff we spoke with were aware as to when and how people were to be administered PRN medication, which was consistent with the plan of care and PRN protocol.

Medication policies gave a range of advice to staff and had been reviewed in April 2014; however it made reference to an organisation which no longer undertakes the regulatory function of adult social care services. We brought this to the attention of the representative of the provider and the registered manager. We found the policies did not detail the acceptable limits for fridge temperatures that were used for the storage of medicines; however we found that fridge temperatures were being recorded and staff knew the safe range for storing medicines. We found that the temperature of the fridge had exceeded the recommended temperature by several degrees, during the hot weather. The member of staff advised this was due to the ambient room temperature. Records showed that that this had been identified within an audit, however no long term solution had been noted. At the time of our inspection fans were being used to reduce the temperature of the room.

People we spoke with said they felt safe. When we asked people if they had concerns about being harmed, they were surprised by the question and went on to compliment the staff.

Staff we spoke with thought people were safe. We looked at how the provider protected people and kept them safe. The provider's safeguarding (protecting people from abuse) policy provided staff with guidance as to what to do if they had concerns about the welfare of any of the people who used the service. We spoke with staff and asked them how they would respond if they believed someone who used the service was being abused or reported abuse to them. We found staff to be clear about their role and responsibilities and aware of the whistle blowing procedure. One staff member told us, "I would report any concerns to a senior carer or one of the managers, if they didn't act then I'd tell the Care Quality Commission (CQC)." Some staff told us they would report concerns to the local authority, which was consistent with the provider's policy and procedure.

Whilst another visiting professional told us, "I come here every three weeks for two hours and yes I think people are safe, my background is in care."

Requires improvement

Is the service safe?

People's care records included risk assessments. These were regularly reviewed and covered areas of activities related to people's health, safety, care and welfare. The advice and guidance in risk assessments were being followed. For example, a person at risk of poor appetite had a nutritional assessment in place, and measures to reduce the risk and to maintain the person's health and well-being were documented within their plan of care.

People where appropriate had been assessed as being at risk of falling when walking around, or moving from place to place. Risk assessments had been completed and information provided within the person's plan of care that detailed how people's health, safety and welfare was to be promoted by the use of equipment and through staff monitoring and observation. We observed staff using equipment to move people safely.

People's plans of care in some instances had recorded that due to people's dementia they behaviour may become challenging and recorded the potential 'triggers' for this. Information was recorded as to how staff could support people which included walking with them outside, sharing a cup of tea, or encouraging them to take part in an activity to ensure they remained safe.

One person's records showed that they had been assessed by visiting health care professionals as requiring bed sides to prevent them from falling out of bed. This decision had been recorded as being made in their best interests with the involvement of the person's relative as the person themselves did not have the capacity to make an informed decision. This showed that the service had looked to protect the person's safety.

People we spoke with, including a visiting professional were complimentary about the staff however they raised concerns about staffing levels. A visiting professional said, "my only criticism would be that there is not enough staff". Two visiting relatives and people we spoke with also highlighted this, with comments that included, "sometimes not enough staff", "not always enough staff" and "there is an occasional dip in service".

We observed that call bells were answered in a timely manner and there was a visible presence of staff, especially during the morning. There were notably less staff on duty in the afternoon, however calls bells were again answered quickly.

We observed that people's primary physical care needs were met in a timely manner, which included responding to people's request for support when using the 'call bell'. We did observe during the lunchtime meal on the ground floor that there was an instance where somebody stood up, wishing to put their empty plate somewhere other than on the table in front of them. The person walked towards the hot trolley (which was used to keep food warm). The one member of staff who was in the dining room and was supporting someone to eat their meal, asked the person to sit down, they didn't comply with their request and the member of staff stood up, leaving the person who they were supporting with their meal, to take the empty plate off the person and to re-direct them away from the hot trolley. This showed that there were not always sufficient staff or staff were not appropriately deployed to meet people's needs which had a potential impact on one person's safety, whilst not continually being able to meet the needs of another. We advised the registered manager as to our observations they advised they would address this issue with staff.

The registered manager told us that they used a care tool staffing calculator to determine staffing hours per month. We saw dependency assessments were in place for each person who used the service for June 2015, which were used to determine the support people required and the staffing required. The registered manager told us what staffing levels should be. We looked at the staffing rotas for three weeks and we saw that staffing numbers were often not maintained at these levels. We found sometimes there were four carers on duty throughout the day. The registered manager said, "I know we sometimes don't hit staffing levels but people phone in sick. We have people in the building like managers and senior carers who will help out on care if they need to."

Staff we spoke with gave mixed views about staffing levels, however a majority felt there were sufficient staff to meet people's physical care needs, however staff felt they didn't have time to always sit with people and talk with them and to encourage them to take part in activities. We spoke with the registered manager who said they would look to address this.

People's safety was supported by the provider's recruitment practices. We looked at recruitment records for staff. We found that the relevant checks had been completed before staff worked unsupervised at the service.

Requires improvement

Is the service effective?

Our findings

Training records showed that about half of the staff group had received training in dementia awareness. Our observations showed that staffs understanding of care for people with dementia impacted on the support people received. We saw instances where staff did not communicate effectively, in that they didn't consider what the person was potentially trying to communicate through their behaviour. For example we saw people getting up out of their comfy chair, staff would ask the person to sit down, without exploring why the person was getting up, for example did they need to use the bathroom, were they seeking refreshment or wanting to stretch their legs and go for a walk.

The training matrix submitted to us following our inspection showed gaps in the training staff received. For example not all staff had received training in health and safety, infection control, nutrition and hydration, continence management, fire safety and in subjects specific to people's care needs which included dementia awareness, diabetes and falls training.

People did not consistently receive personalised and individualised care and this was not being addressed through staff supervision and appraisal in order that improvements could be made. The registered manager told us the aim was for staff was to have six supervisions per year, but that they were not up to date with this. An audit tool identified that supervisions were 75% up to date, which the registered manager confirmed. Staff we spoke with gave mixed responses when asked about the frequency of their supervision. One member of staff told us they had formal supervision every six months, whilst another member of staff told us they'd had three supervisions in two years.

We looked at three supervision records for staff. One person had a discussion record which had identified some performance issues but there were no supervision records. The second person had a commendation from a relative and one supervision record, the third person who had worked at the service for four months, did not have any supervision records.

This evidenced a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked visiting professionals who provided training for staff for their views as to whether people using the service were supported by staff with the appropriate knowledge and skills. They told us, "Staff here are brilliant, it's end of term and I have had no withdrawals [people not completing the courses] and that is very unusual in homes. The staff want to learn and do things." And "Absolutely yes, they really want to do a good job and for it to be a happy home."

Staff when we asked about their induction and training told us, "I've been shadowing (working alongside) another senior carer for two weeks. I've undertaken a range of training."

We saw that induction workbooks were in place in line with the Care Certificate. We saw that they had been completed by some new staff and the manager said they planned for all staff to undertake the training.

Where records were available they detailed team working and training. The section to review the last supervision was not always completed and so there was not always a record of action and follow up. The registered manager told us that previously there was no appraisal process in the service and that they were looking to develop this.

We observed the morning meeting, which takes place at the service five days a week involving a representative member of staff from each area of the service. Staff discussed issues as to people's health especially where potential concerns had been identified. Staff asked for advice on issues which were provided. Managers asked if any doctors had been in or if anyone was unwell. Appointments for people were discussed. This helped to ensure staff were up to date as to the needs of people who used the service, enabling them to respond as required.

People were protected under the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). We found that appropriate referrals had been made where people were thought to not have capacity to make certain decisions and had restrictions placed upon them.

People's records did not contain assessments as to their ability to make informed decisions, however people's plans of care provided information as to the level of support people required, which included their involvement in making day to day decisions. We asked staff how they sought people's consent and as to how they involved them in day to day decisions. One member of staff told us, "We

Is the service effective?

ask people if they want to get up in the morning, if they don't then we leave them for a while, before asking again. We ask them what they want to wear; sometimes we offer two to three outfit choices to help them make a decision."

Some people's care records showed they had made an advanced decision about their care with regards to emergency treatment and resuscitation. This had been done with the involvement of relatives and health care professionals. This showed that people's choices and decisions were supported and would be acted upon when needed.

People we spoke with shared their views about the meals provided. "It is acceptable considering the circumstances, although I would not serve it at home." And "It was ok, not very exciting. Sausages are often the second option and I don't like them. I stay clear of them." Whilst another person said looking at their plate, "you eat with your eyes". Indicating that the meal was not presented well and did not look appetising. Two others said the food was okay and one commented they were not a fussy eater anyway whilst another person was happy that they got a choice.

A visiting relative when asked about the meals said, "The food is inadequate, it is probably our main complaint."

One person we spoke with said told us that they'd like, "salads in this weather". Whilst a visiting relative told us, "more choice of drinks should be offered throughout the day including various cold drinks and on the warmer day's things like ice creams".

People were provided with a diet which met their health and individual needs. We spoke with a catering assistant who was able to tell us the range of dietary needs the service catered for, which included diets for people with diabetes as well as 'soft diets' for those with swallowing difficulties. We saw there was a sufficient stock of food on site to meet people's needs, which included fresh ingredients such as fruit and vegetables.

Where concerns about people's food or fluid intake had been identified, they were referred to their GP, speech and language therapist (SALT) and dieticians. People's weight was monitored in accordance with their assessed needs and records were in place that recorded people's food and fluid intake.

Throughout the day we saw drinks being served, which in the afternoon were accompanied by a biscuit. People did not have the opportunity to serve themselves with snacks or drinks, unless they kept these within their own bedroom, as communal areas did not have on display fruit, snacks or drinks to enable people to serve themselves.

One person during the lunchtime meal put their hand up, a member of staff asked what they wanted, and the person replied, "Salt". We noted that the tables were not set with any condiments and staff had to return to the kitchen to locate the salt. A lack of condiments on dining tables meant people could not influence the taste of their food independently.

Our observations for people on both the ground floor and first floor, showed that each person was asked whether they wanted cottage pie or toad in the hole, this request was acknowledged, however the member of staff then, without asking people, served their plate with vegetables and gravy, without asking people which vegetables they wanted or whether they wanted gravy.

A small number of people required assistance to eat their meal. We saw that staff did not speak with them during lunch. If they had this may have improved the dining experience for them.

We spoke with the registered manager about people's comments and our observations of the mealtime experience. They were surprised by our observations and told us they would look in the mealtime experience for people.

One person we spoke with told us, "they are very good with their medical service. They will get the doctors out after a day if they think you need to see one or if you want to see one."

A visiting relative told us, "They always keep me up to date with what is going on with [relative]. Yesterday they told me the doctor had visited and I know they regularly see the chiropodist."

Posters were displayed within the service which showed that an optician had visited the service the day prior to our inspection. During our inspection we noted a community nurse visiting people who used the service.

Records showed people had timely access to a range of health care professionals, which included doctors, chiropodists, opticians and dentists and dieticians. One person's records showed that having visited the 'memory clinic' an improvement had been identified in the person's

Requires improvement

Is the service effective?

well-being which had resulted in their medication being reduced. This improvement had been brought about due to the way the staff had tailored the person's care to meet their individual needs.

Requires improvement

Is the service caring?

Our findings

People we spoke with made positive comments about the staff, which included, "love the staff, grandmother very critical and she is really pleased so they must be good." And "very good" and "staff are good."

A visiting professional said, "Yes I would say the staff are caring, I've never seen anything which was unkind and I often spend a half day or full day here. I've seen some quite positive interactions."

We observed positive interactions with people who used the service and staff. One person became emotionally distressed and was worried that they had lost their child. A member of staff went to the person's bedroom and brought them one of their dolls. The person then cried with relief that their child had been found. The person went onto wipe clean the doll and gave it a drink. The person was smiling and reassured.

At lunchtime we observed a member of staff when supporting someone to the dining table with a visual impairment. They advised them as to their location and what was going on around them so they could orientate themselves.

The staff came across as very friendly and approachable throughout the inspection. However, the staff were often task centred rather than person centred. There was a lack of communication between staff and those using the service, unless staff were providing direct personal care. We noted staff would walk past people without acknowledging them.

We saw occasions where staff separated themselves from people, for example when writing in people's records staff sat together and not with people, therefore missing an opportunity to interact with them.

We noted staff spoke with each other during the serving and eating of the lunchtime meal, however there was little interaction with those using the service other than to ask them what they wanted to eat. We noted that staff 'reserved' meals from the lunchtime trolley for them to eat later. This was a missed opportunity for staff to sit with people using the service and eat their meal, which could have been used to encourage people to eat as well as providing a social experience for people through the stimulation of conversation. We advised the registered manager of our findings, quality audits undertaken had identified this issue on previous occasions.

Staff were able to provide examples as to how they provided individualised care and support. A member of staff said, "One person is independent but likes their tablets at a certain time before they will get washed and dressed. They to go lunch and then back to their room. They have their own routine and don't like to be disturbed."

"With day to day tasks we prompt people to do things for themselves like giving people the choice to wash their own hands and face, choose their clothes."

A visiting relative told us that their relative's plans of care had been discussed with them, and that they regularly were informed about any changes to their care needs. They said, "I have read through the plans of care and I am aware of what is happening."

People's plans of care were person centred in that they were specific to the person's needs, likes and dislikes. For example people's plans of care included their preferences for the brand of toiletries they liked to use and the time they wished to get up and go to bed.

People's bedroom doors were in the style of a front door and included a letter box and door knocker. Information about people including a photograph of them were placed next to the front door to enable people to identify their room. We noted that where people were receiving personal care a notice was displayed on the person's door in order that others did not enter the room, therefore promoting the dignity and privacy of the person.

We observed an occasion where someone's dignity was not respected during the lunchtime meal. One person who required assistance sat at the table waiting for staff support. A member of staff said to another, "[person's name], who is coming down to 'do' her." A member of staff assisted the person with their meal; however they did not interact with them, and at one point they had to get up to ensure someone else did not hurt themselves. They left the person who they were supporting without comment.

The member of staff whilst still supporting the person to eat their meal, said to another member of staff who had arrived in the dining room, "Do you mind finishing [person's name]. The other member of staff took over supporting the

Requires improvement

Is the service caring?

person. Neither member of staff explained to the person that there would be a change in the person providing support or provide any explanation. This showed that staff did not consider the person and saw their role as completing a task.

Requires improvement

Is the service responsive?

Our findings

We spoke with people and asked them about their plans of care. One person told us they did not have a plan of care, whilst a second person said "we do have a care plan, I use it a lot and I ask to see it regularly".

We saw a member of staff during our inspection approach three people to discuss with them their plan of care. People were encouraged to sit somewhere private to discuss and review their needs. This showed that the service provided people with the opportunity to influence the care they received.

A visiting relative told us that they had seen their relative's plans of care and that they were kept informed about any significant changes. They told us the person's needs were regularly reviewed with their involvement. Plans of care were regularly reviewed, however where changes had been identified these were not always recorded within the main body of plan of care, which had the potential to impact on the care people received. We spoke with the registered manager about this who told us they would make the necessary improvements.

We were told about a staff member with the role of 'support carer', whose role was to support people with specific aspects of their personal care. The support carer told us that they were currently supporting four people. We sat with the support carer whilst they encouraged someone to eat their breakfast. The person enjoyed the individualised care and support and conversed with the member of staff. The member of staff told us that the person needed encouragement to eat to ensure they maintained a stable weight. The support carer also told us how they ensured someone who due to their health needs remained in bed were supported by them to eat their meals. They told us there role meant that other staff were able to focus on the needs of others within the service.

The registered manager said they undertook an assessment to determine the needs of people. If a person's care was funded by the local authority then an additional assessment was carried out by local authority staff. The registered manager told us that assessments were used to determine whether the needs of person could be met prior to a place being offered to them at Lutterworth Country House Care Home.

People's plans of care reflected the areas of their personal care and support which they were able to manage independently and recorded where support was required to ensure that their independence was maintained and encouraged. One person's plan of care identified that due to their difficulties with communication, staff were to ensure when asking questions they gave the person sufficient time to respond. Plans of care included information about people's lives prior to moving into the service, including information as to work, hobbies, education, family and friends.

Plans of care we viewed recorded the individual preferences and lifestyle choices of those using the service and included information as to how staff were to support their decisions. One person's plan of care identified that they found it difficult to receive personal care from those wearing a uniform. Whilst another plan of care identified that someone often chose to sleep in an armchair. The person's plans of care identified clear guidance for staff to follow to ensure that the person's views were respected.

Records also included information as to whether people liked to have their television on when they went to bed, or liked to listen to music. In addition they also recorded whether people wished to have a light left on during the night. This showed that the service considered and was able to respond to people's individual needs and preferences.

On display on the ground floor was an activity board, which detailed the activities for the following week. The activities displayed included live music, visiting animals, cooking, hairdresser, knitting and a visiting seaside show. Also advertised were weekly bonus ball competition and a 'fun day' and Barbeque to be held in August.

During the inspection a number of people visited the hairdresser within the salon located within the service. We noted a fish tank in the lounge on the ground floor. Whilst the garden in addition to the aviary and summerhouse had patio furniture, and a sensory area and vegetables patch which were under development. This showed there were items of interest in the service for people to look at.

We spoke with people and asked them about activities, people's comments included "I am bored stiff", "I don't get out", "we don't get out, although there is a village care bus, we don't get to use it", "I am bored stiff, we sit, sit and eat, sit, eat and sit. We don't go out. I have been to the garden

Requires improvement

Is the service responsive?

once but they just left me and I had to find my own way back when I got cold," And "Time drags which is most wearing." One person when asked said, "happy enough with the activities, I don't think they need to do more."

Visiting professionals provided differing views as to the activities within the service. One stated "they spend most of the time doing nothing", whilst another said, "they have done some really lovely things with activities and the outside space. They try different ways of involving those that are less able. They are very person centred in their thinking and I've seen that grow. One person had a specific religion and they went out of their way to meet their needs."

We spoke with the activity organiser who told us "I try to motivate people, get them going. I must have the right personality, I say let's go and decorate some biscuits or let's go and decorate a bird box". We were told that some people had attended the dementia friendly theatre at Snibson, and had visited the local public house, visited a garden centre, and walked to locally to see some horses.

We noted that work had begun to develop a sensory area in a lounge on the ground floor. We were told that further developments were to include a 'fruit stall' and 'bus stop' which had been obtained from the local authority. The garden had an aviary and summerhouse which was used to store activity equipment.

We found that an activity organiser kept information about the activity sessions; records were not kept as to which people attended each activity and what they enjoyed. There was a folder of photographs for events and activities through 2014. The registered manager said the photographs for 2015 were still on the computer.

We saw one person sat reading a newspaper and started the crossword. In the afternoon a lady arrived to facilitate the 'knitting club'. Seven people joined in, they sat listening to music and the group enjoyed the activity. The facilitator told us they knitted various things, dependent upon what people wanted to knit, and had knitted items for the neonatal ward in the past, and were currently knitting bunting to sell at the planned 'fun day' to be held in August. One person who now struggled to knit had been provided with a knitting loom by the facilitator, this enabled them to continue to take part in an activity they enjoyed. Two members of staff sat with people during the activity but again very little communication was had with people using the service; instead the staff mostly conversed with each other.

Two people were taken outside to sit in the garden near the aviary, which housed a range of birds, which included budgerigars; staff did not remain with them. We also saw one person accessing the garden independently and spend time near the aviary.

A relative told us they knew how to complain and had not needed to do so, they told us they regularly visited and any issues they had would be discussed. People at the service seemed to have confidence in the staff and that should they raise any problems with them these would be managed well.

The complaints procedure was available in the reception area and the registered manager told us copies were also available in people's bedrooms, which we saw to be in place. The complaints procedure had a timescale for response and details of how to contact social services. We identified that minor changes were required to the complaints procedure, which we discussed with the registered manager who said they would be implemented.

We found five complaints had been received during 2014 and two in 2015. We saw that issues and action taken were recorded and whether the complainants were satisfied or not. The action taken was not always dated making it difficult to understand the timescale of the resolution. The registered manager said she would ensure all records were properly dated in future.

We saw a folder of thank you cards received by the service. These were not dated as to say when they had been received, but the comments within the cards included, "we couldn't have wished for a better place for [mum] to live." And "So helpful, I'm very grateful."

One newsletter had been produced this year; the receptionist said that had not had time to produce any more. The newsletter was available in reception and shared some basic information such as people's birthdays and staff leaving.

Requires improvement

Is the service well-led?

Our findings

The provider had a quality assurance system in place, however this was not consistently applied in line with the providers expectations, nor did it consistently bring about the necessary improvements in a timely manner as audits did not always identify timescales for improvement and issues were not always followed through at the subsequent audit.

The registered manager told us that the home's audit should be completed on a monthly basis. We saw two for this year. The audit had identified 92% positive findings. We could see that some items were outstanding from one audit to another such as brochures/carpets, sink to be put in the medication room, and the need to issue staff with contracts. Not all of the issues identified were included in the action plan, for example where the audit had identified there were some gaps in the recording of refrigerator and room temperatures around medication.

Where audits had identified an outcome of less than 100% they did not always give an explanation of the issue or action. For example review of pressure ulcer audit scored 75% but there was no comment and no detail in the action plan to show what this meant. Nor did the action plan show details of action and follow up.

We looked at an audit carried out by the provider's regional manager in March 2015 that identified a number of areas of concern. These included staff assisting people to eat their meals whilst talking to other staff, and medication errors and charts not being completed correctly. They also noted staff in some instances were not wearing the appropriate uniform, including footwear. Our inspection identified that the issue of staff not speaking with people when supporting them to eat and errors in medication administration were still on-going, which showed that the quality assurance system had not led to improvements in the service.

An action plan for June 2015 identified that action was to be taken to ensure staff wore the appropriate clothing, and the need to ensure improved communication between the management team and staff. This showed that improvements identified previously had not been achieved.

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

Following our inspection the provider and registered manager sent us a number of audits, which included one on falls. These showed that people were referred to their general practitioner and that assistive technology was put into place to alert staff should the person get up and walk in order that they could be supported by staff. The audit also identified that people's medication had been reviewed where this was thought to be a contributory factor to their falls.

People we spoke with were unaware of resident meetings or surveys. One person saying, "there are no residents meetings." The registered manager told us, "I'm looking to develop our communication systems by getting SKYPE and an IPad so that people can speak with their families." We noted that the service had a hands free telephone system and saw that where people's relatives telephoned the service to speak with them the telephone was taken to them."

A visiting professional told us they were supporting the service following a number of safeguarding concerns. They told us that the registered and deputy manager had a lot of energy and wanted to make improvements. They felt that there had been communication difficulties between health care professionals and the service with information not being appropriately recorded in people's plans of care.

Relatives and friends of people were encouraged to visit the service, which included invitations to take part in a 'Come and talk to me' sessions, which were held each week for those using the service and their relatives and were organised by the activity coordinator. We were told these were often not well attended.

Staff provided a mixed response when asked about the frequency of team meetings. Some staff told us team meetings were regularly held. Whilst others told us they had attended one or two staff meetings a year. Staff comments included, "There have been a lot of staff meetings. There are a lot of changes going on but for the better. We probably have meetings once or twice a year." Staff told us minutes were not available of staff meetings and that information was passed to them verbally from the daily meetings.

Requires improvement

Is the service well-led?

We asked staff what their views were regarding the quality of care provided. Staff told us "I do think we give quality care. The people that work here give 100% and the residents are happy and content." Another said "I'm proud of my personal achievement here and how I have developed. I would change the negative staff although they are in the minority, the ones that don't like change."

The registered manager told us they had sent out surveys to relatives last year, to seek their views about the service, however they had had no response but they had not kept a record of this. They told us they planned to send out surveys to those using the service, their relatives and staff working at the service twice a year.

A provider's statement of purpose was available within the reception area. This gave information as to the aims and objectives of the service, its systems for monitoring quality and how it involved people who used the service. The registered manager told us that it needed updating to make it more relevant to the service rather than just generic.

Staff told us that managers were approachable and they felt supported. One staff member told us, "I've only raised one issue but that was dealt with."

The registered manager confirmed that staff supervisions were not up to date, which was confirmed by staff. The inconsistent provision of appraisal and supervision and sharing of information meant that the quality of care people received was not consistently by all staff and therefore staff did not receive sufficient guidance to enable them to provide and improve the care they provided.

The registered manager told us the service did not currently have any members of staff who were dementia champions (a member of staff who has received training which has provided them with additional skills, knowledge and understanding to provide care to people reflective of best practice) but this was an area they wanted to develop.

We saw there were systems in place for the maintenance of the building and equipment. This included maintenance of essential services, which included gas and electrical systems and appliances along with fire systems and equipment such as hoists.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The proper and safe management of medicines. The provider did not have a robust system for the safe administration and recording of medicines.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing Persons employed by the service provider in the provision of a regulated activity must receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out their duties they are employed to perform. Staff did not receive supervision and appraisal at the frequency as specified within the providers policy and procedure. Staff had not all accessed training to equip them with the necessary knowledge and skills to provide effective care.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Assess, monitor and improve the quality and safety of the services provided in the carrying out of the regulated activity (including the quality of the experience of service users in receiving those services). People using the service and stakeholders were not routinely consulted as to the service they received.

This section is primarily information for the provider

Action we have told the provider to take

The quality assurance system was not consistent in determining the quality of care provision and not effective in bringing about identified improvements.