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The Haven Rest Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 17 and 20 September 2018 and was unannounced. The inspectors returned to conclude the inspection announced on 21 September 2018.

The Haven Rest Home is registered to provide accommodation and personal care for up to 17 older people including people who may be living with dementia. The Haven Rest Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of our inspection there were 15 people living at the home, who were accommodated in one adapted residential building.

The provider had appointed an acting manager who was present at the time of the inspection as the registered manager had been absent on leave since November 2017. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection of the service on 17 and 18 December 2015 the service was rated as 'Good' overall with Requires Improvement in the key question of Effective. On this inspection we found the provider had not maintained their rating of Good overall and we have changed the rating to Requires Improvement overall.

The provider did not have effective systems to ensure all statutory notifications were sent to the Care Quality Commission. The provider had failed to notify us of incidents and Deprivation of Liberty Safeguard authorisations as they are required to do by law.

The management of a medicine which required special storage because of the potential to misuse was not accounted for in the providers recording procedures. This had not been identified by the provider because the checks that had been undertaken were ineffective.

The provider had not ensured the home environment was visibly clean in all areas with suitable hand washing facilities made available, especially communal toilets. Staff were seen to wear protective clothing when undertaking their caring roles which required them to do so to reduce the risk of the spread of infections, except for when entering the kitchen area.

The needs of people who lived with dementia were not reflected in the home environment to ensure it had been adapted and designed to meet these. Amongst other things there was lack of directional signage to assist people and there were various cleaning products in an unlocked room which did not mitigate the risks to people's health and safety.

Staff did not show through their caring practices that people's privacy, dignity and right to confidentiality was consistently promoted.

There was not a robust quality assurance process in place. Audits to assess the quality of service provision were ineffective in identifying some of the improvements needed.

Systems for the safe recruitment of staff were not robust, and recruitment files showed there had been gaps in the recruitment process that had potentially put people at risk. Staff received an induction which was based on the providers expectations of their staff team and ongoing management support to assist staff to continually improve in their roles. Some staff practices did not consistently reflect the knowledge they had obtained to ensure they undertook their roles effectively.

Staff received training in, and understood, their responsibility to protect people from abuse and neglect. The risks associated with people's care and support needs had been assessed and staff were knowledgeable about the equipment people required to meet their individual needs. The provider kept staffing numbers under review and had increased these to meet people's needs safely.

People's individual needs and requirements were assessed prior to them moving into the home. People had support to eat and drink safely and comfortably, and contact had been made with doctors where required to obtain advice about meeting people's nutritional needs. Staff supported people to maintain their health alongside relative's involvement.

The provider had made improvements following our previous inspection to ensure people's rights under the Mental Capacity Act were understood and promoted by staff and management.

Staff approached their work with kindness and compassion. People had support to express their views and opinions, and participate in decision-making that affected them.

People's needs were written into care plans as guidance for staff to follow but these could be enhanced further to ensure staff had all the information they required to provide responsive care. Some activities were provided for people; however, the provision of activities did not always meet people's emotional, social and psychological needs. The provider had acted to recruit a staff member dedicated to supporting people with the planning and arranging of activities however this was in its infancy at the time of the inspection and needed more time to embed.

People who lived at the home, their relatives and staff felt able to approach the management team at any time. The acting manager was responsive during our inspection and gave us assurances by the actions they were taking to remedy the shortfalls we identified. They had an ambition to achieve an outstanding rating for the benefit of people who lived at the home.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Further information is in the detailed findings below.

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.

The suitability of the facilities on offer at the home did not ensure the risks of cross infections were reduced.

Medicine arrangements and practices did not always follow best practice guidelines.

Staff recruitment processes were not consistently followed to protect people from unsuitable staff being employed.

Staffing numbers had been increased to meet people's needs.

Staff had been trained in, and understood, their role in protecting people from abuse and managing risks to people's health and welfare.

Is the service effective?

Requires Improvement

The service was not consistently effective.

The provider had not adapted the building to meet the needs of people living with dementia.

Staff had been provided with training and put this into practice to provide effective care but this was not always consistently done.

Improvements had been made since our previous inspection to ensure people's rights under the MCA were supported.

People had support to eat and drink safely, comfortably and maintain their health.

Is the service caring?

Requires Improvement

The service was not consistently caring.

The provider had not always ensured that people received a caring service because of their lack of oversight.

People's dignity, privacy and confidentiality was not always respected by staff practices.

Some staff practices showed people were provided with caring and compassionate support.

People had opportunities to express choices or their views about their care.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

There was a complaints procedure in place, however, records did not always show that complaints were satisfactorily resolved and how this was communicated to the person. We have made a recommendation about managing complaints.

The provision of activities to support people who lived with dementia to ensure their social and emotional needs were met were being improved.

People's care plans could be enhanced further to ensure the guidance consistently reflects the personalised care people were provided with.

Staff were responsive to people's needs and knew people well.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The provider had not always submitted statutory notifications as they are required to do by law.

The provider's quality assurance processes to monitor the quality and safety of the care provided was ineffective as it did not identify the shortfalls and breaches in Regulations.

People could provide their feedback about the quality of their care.

Staff told us they enjoyed working at the home and the acting manager was supportive.

The Haven Rest 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.

This inspection took place on 17 and 20 September 2018 and was unannounced. The inspectors returned to conclude the inspection announced on 21 September 2018.

The inspection team consisted of two inspectors and an expert by experience who was present on the first day of this inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience was knowledgeable about older people and dementia care.

We checked the information we held about the service and the provider including statutory notifications. Statutory notifications include information about important events which the provider is required to send us by law. We sought information about the quality of service from the local authority who purchase care and support from the provider on behalf of some people who lived at the home. We also asked Healthwatch for their views. Heathwatch is an independent consumer champion who promotes the views and experiences of people who use health and social care.

We spoke with five people and three relatives about what it was like to live at the home during the inspection visit. Following our inspection visits we also spoke to a further four relatives by telephone. We spent time with people and saw the care and support being provided in communal areas which included how people were assisted with their meals. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

During our inspection visits we spoke with the acting manager, five care staff which included senior care staff, the activities coordinator, the chef and providers representative. We looked at a range of documentation, including four people's care and assessment records, safeguarding records, medicines

records, complaints records, accident and incident records, and staff training records. We also looked at five staff members' recruitment records and records associated with the provider's quality assurance.

The acting manager provider further documentation which included risk assessments and complaints following our inspection visits.

Requires Improvement

Is the service safe?

Our findings

At our last inspection, we rated this key question as Good. At this inspection, we found there was a failure in some systems to ensure the safety of people who lived at the home. The rating has changed to Requires Improvement.

The staff members who had received training to support people with their medicines ensured they checked each person's medicine record alongside their medicines. The medicine records we looked at showed people had received their medicines as prescribed. People's medicines were stored in a locked trolley and there were systems in place to ensure people's medicines were available to them. One person we spoke with about medicines told us they did have their correct medicine at the right time because they were feeling better.

However, there were some medicine practices which required strengthening. For example, we saw some medicine records had been handwritten and had only been signed by the staff member who had written the record. The records had not been countersigned by another member of staff to confirm the instructions were correct, as is best practice considered by The National Institute for Health and Care Excellence (NICE).

Another example, was the lack of written information to assist staff to know when to administer medicines prescribed to be taken 'as required', for example medicine to relieve people's pain. Most people who lived at the home were not always able to indicate to staff in a consistent way whether they needed their 'as required' medicines due to their mental health needs. Staff told us because of this they would look for certain signs the person may show which informed them of whether to administer people's 'as required' medicines. However, without written information specific to each person they may not consistently receive their medicines appropriately as staff were required to make individual decisions on when to offer medicines.

We spoke with one person and relatives to gain their views about the cleanliness of their home. One person told us, "It's [the home] as clean as it can be." We received different views from relatives. One relative told us they had not used the toilets and bathroom but felt the other communal areas were, "Very clean." Another relative said, "It's not as clean as (family member) would have wanted it to be," with a further relative stating there was a lack of soap.

Although the provider had policies and procedures to ensure the home environment was clean and hygienic, they had not done all that was reasonably practical to reduce risks of infections spreading. The acting manager advised us there had been a lapse in having a consistent dedicated person to undertake the cleaning duties which was mainly due to staff members leaving this position. The acting manager told us there was no identified infection control lead and was unable to show us any schedules to confirm how often domestic duties were undertaken and by whom. We found there were shortfalls in the cleaning of the home environment especially in communal toilets, a bathroom and shower room. For example, dirty light pulls cords, dirty toilet brush, a hand washbasin and a waste bin in a communal bathroom was unclean, the foot pedal mechanism was not working and there was dried brown substance on the walls in a toilet area.

We identified these shortfalls to the acting manager together with communal toilets and a shower room which had areas which required attention to ensure cleaning was effective. For instance, the padding on the back rest for people using the toilet was split and a toilet seat which was damaged in a communal shower room.

We did not have the assurances that the provider was assessing, reviewing and monitoring to ensure that good standards of hand hygiene were maintained. This was because of the shortfalls we identified in the measures to ensure the home environment was consistently cleaned. In addition, the lack of suitable facilities in communal toilets, bathroom and shower room to enable people to wash and dry their hands did not ensure the reduction the risk of cross infections. For example, in communal toilets and a communal bathroom there were no facilities in place for people to dry their hands. In one communal toilet there was no hand wash basin or other alternative inside the toilet area for people to be able to clean their hands. The acting manager told us this toilet should not be used however there was no notice to state this so people knew this was the case.

Another example, we saw was several items left on a rail in a communal hallway which included a liquid cleaner which could potentially place people at risk. In addition, care staff entered the kitchen area on many occasions without wearing the correct personal protective equipment to reduce the risks of cross infections. We spoke with the acting manager and chef about staff not wearing personal protective equipment in the kitchen area. The chef told us they would ensure staff did this.

The provider did not have consistently suitable facilities designed to support preventing and controlling infections. This was a breach of Regulation 15 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Premises and Equipment).

Action was taken by the provider and the acting manager to remedy some of the shortfalls we identified in the facilities to reduce risks of cross infections. For example, on the second day of the inspection visit we saw the provider had purchased hand towel and soap dispensers to fix on the walls of toilets, bathroom and shower room.

People were not being kept safe, because robust systems for staff recruitment were not consistently in place. We identified gaps in the providers recruitment process which did not evidence that a full recruitment process had taken place in line with the providers own recruitment policies and procedures. For example, on one file there was no evidence to show the references had been received prior to the person commencing their position at the home. The acting manager was unable to confirm whether references had been sought and received. Another staff member had started their caring role before the provider had secured references and risk assessed their Disclosure and Barring Service [police record] check which had been gained at a former place of employment. The acting manager took action to remedy the shortfalls we identified and would arrange for staff files to be checked.

People we spoke with were happy with how staff responded to their needs. They told us staff were available at all times they needed them. One person said they did not have to wait long for staff assistance when they required this. Another person stated if they woke in the early hours of the morning and were hungry staff would ensure they had some food they enjoyed. A relative we spoke with commented, "I felt at one time that they were understaffed but it feels under control now… there's always someone around." We saw staff supported people so their safety was not compromised. For example, when people required staff to assist them, this was provided. In addition, staff were consistently in the lounge and dining area so they could visually check whether people required assistance.

Staff we spoke with told us they believed there were sufficient numbers of staff to meet people's needs safely and the acting manager ensured shifts were covered. For example, agency staff were supplied to cover shortfalls in staffing levels and this happened during the inspection visit.

Staffing levels were based on people's assessed needs. For example, the staffing numbers alongside people's needs had been reviewed and there were now three staff to cover the shifts during the day up until when the night shift commenced. There was a period where the day shift overlapped with the night shift so that amongst other things the handover period between staff sharing information about people's needs had been strengthened. New staff had also been recruited to assist with maintaining staffing levels.

We saw examples where staff were aware of the risks to people and managed them safely. For example, one person who was at risk of falls was supported by staff when they walked. Their risk assessment provided guidance for staff to reduce the risk of them falling. Our observations assured us staff knew how to manage the risks.

People gave us their views about how safe they felt living at the home. One person said, "I do feel safe…I've never had any problems here." Another person told us, "I feel very safe…. it's just a very easy relaxed atmosphere." Relatives also gave us their views about the safety of their family members. A relative told us, "[Family member] is settled here now and I wouldn't move them …. I don't worry when I go home, they're professionals."

People's safety from avoidable harm and abuse was maintained because staff had received training and were knowledgeable in recognising, responding to and reporting abuse or potential abuse. Staff we spoke with told us they would be comfortable in raising any concerns they had with the acting manager and senior staff, and were confident their concerns would be investigated and responded to. The provider had procedures in place to report concerns of abuse to the local authorities for investigation. However, the provider had not reported all incidents of abuse to the Care Quality Commission [CQC] as they are required to do under our registration Regulations and we have reported on this in the well led question.

We looked at how the provider monitored accidents and incidents. Although we saw staff had reported incidents we did not see any overall analysis to see if there were any patterns or trends. This may help the provider prevent further occurrences from lessons learnt.

There were emergency plans in place so that people would be supported in the event of a fire or other serious event. Each person had a plan to show what support they would need about the safest way to move people quickly and evacuate them safely.

Requires Improvement

Is the service effective?

Our findings

At our last inspection, we rated this key question as Requires Improvement because we found when making decisions principles of the Mental Capacity Act [MCA] had not been consistently applied. At this inspection the provider had made improvements to ensure the principles of the MCA were consistently followed. However, the rating of Requires Improvement remains for this key question because we saw some people's individual needs were not fully met by the design and adaptation of the home environment. This was because suitable steps had not been taken to support people who lived with dementia to find their way around their home. For example, little had been done to signpost different areas of the homes facilities so people knew where they were and could be as independent as possible.

We looked at the building and physical environment of the home to see how this had been adjusted to respond to the needs of people living with dementia. Physical environment can assist people living with dementia by providing use of colour and lighting and signage to help people to find their way around. We found there was a lack of signs fitted to bathroom and toilet doors so people were provided with easy-to understand information that are often helpful for people who live with dementia. We were also concerned to note that little had been done to distinguish each person's bedroom door so there was less risk of them entering the wrong room. Although the doors had peoples' names displayed this provision had not been further developed by displaying items, such as significant photographs or pictures and other personal keepsakes to help people recognise their own room. In addition, we saw people mistakenly trying to enter other people's bedrooms. Staff told us that this regularly occurred and for this reason they had locking mechanisms on people's doors. This was so people were unable to gain access but people were still able to open their door from the inside. One person tried to open another person's door and through their facial expressions and body language we saw they became frustrated at not being successful in doing this which did not assist their sense of wellbeing.

We also found there were aspects of the provider's policies and procedures to ensure the home environment was suitably maintained were not consistently followed. For example, a door was left unlocked and had varied items, such as, bleach, cleaning materials and disinfectant which could potentially place people at risk. Some people enjoyed walking around their home and having these items in an unlocked room increased risks to their safety and wellbeing.

The above is evidence shows the provider had not provided suitable premises for people who lived at the home and is a breach of Regulation 15 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Premises and Equipment).

The acting manager told us the door should have been locked as per the provider's procedures and was locked after we had identified this.

People could choose to sit in the lounges or in the dining room. There was also an accessible garden with places for people to sit and enjoy the warm weather.

Staff told us when they had started work at the home they received an induction which helped people who lived at the home to become familiar with them." Shadowing" [working alongside] experienced staff was also part of the provider's induction. The provider had not implemented the Care Certificate into their induction processes for new care staff. This is a set of standards that health and social care workers can work in accordance with. It is the minimum standards that can be covered as part of the induction training of new care workers. However, one staff member said their induction alongside the training they received assisted them to learn about their roles and responsibilities.

Staff received training that was specific to the needs of the people they supported. They told us their training helped them to understand and support people in meeting their particular needs. Staff felt supported in their roles and told us they had opportunities to discuss their practice which helped them to improve the quality of care they gave to people. One staff member talked about how the online training they had received in dementia care had benefitted their understanding of how to support people's individual needs effectively. We saw staff used their knowledge effectively when meeting people's needs. For example, a staff member successfully used colouring books to support a person with their feelings and helped them to feel better. We heard the staff member say, "It's what you used to do isn't it? They're your books. You bought them in with you…"

The acting manager told us they had taken steps to arrange some practical training, such as how to assist people using equipment and first aid.

However, we saw some staff practices which did not show staff consistently put their knowledge into practice when meeting people's needs, such as staff's poor infection control practices.

People told us staff met their needs. One person said, "Staff are trained to hoist me." Another person told us, "Staff are trained to help me move." Most relatives were equally positive about staff's knowledge in meeting their family member's needs. A relative said staff were, "Looking after [family member] very well considering their needs are quite high."

Prior to people moving into the home, the management team met with them, their relatives and community professionals involved in their care. This enabled staff to develop care plans to achieve positive outcomes for people and to ensure people's needs could be met. We saw technology and equipment was used to support people's needs, such as alarm mats where people were at risk of falls.

People told us they enjoyed the meals offered. One person said, "The food's pretty good really." Another person told us, "They [chef] make excellent porridge, and cheese and chutney sandwiches…. I always eat in my room... sometimes I have to wait but usually it's hot." A relative commented, "The food is good and another relative said their family member, "Eats well and food is first class."

At lunchtime people who needed assistance with their food and drinks were assisted by staff who used their communication skills to successfully encourage people to eat their meals. A relative praised staff who assisted their family member to eat with lots of time provided so their family member was not rushed. During the meal time we saw a staff member assisted a person with their meal which was done at the person's own pace and they informed the person what the food was as they lifted the spoon to the person's mouth. This was done discreetly and from the person's facial expressions and body language they looked content with the assistance provided. Where people were at risk from not eating or drinking enough, staff maintained monitoring procedures and liaised with the doctor when required.

Staff showed they worked with other healthcare professionals to meet people's diverse needs and as a team

so people's needs were met. One example was how the chef was provided with information about people's dietary needs and choices of meals. When we spoke with the chef they showed their knowledge around meeting people's dietary needs which included how they prepared food to suit people's health needs.

We heard from people who lived at the home and relatives how staff supported people with their healthcare needs. One person told us, "If any problems they [staff] get the doctor." One relative commented their family member, "Sees the doctor when needed." Another relative told us, "If [family member] is ill or their legs are bad they [staff] get the doctor and always let me know." Staff had a detailed knowledge of the health and emotional needs of people who lived at the home and told us staff ensured any issues were followed up promptly. This was supported by one person who said, "I've had a brief spell in hospital..several times my breathing's gone funny. You only have to say, 'Get me a doctor' and they're [staff] poised to call him."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. We found improvements had been made following our previous inspection and the acting manager and staff were now following the principles of the MCA and understood people's rights under the MCA. Appropriate applications for DoLS authorisations had been made. However, the provider had not ensured all DoLS which had been approved by the supervisory body had been submitted to CQC by way of notification which is a legal requirement. We have reported on this in the 'safe' question. Although no conditions had been granted on authorisations at the time of this inspection the acting manager knew they would need to review these if they had been granted to comply with these. We saw staff sought people's permission before carrying out their routine care and support. In addition, formal mental capacity assessments and best-interests decisions had been recorded in relation to significant decisions about people's care and support.

Requires Improvement

Is the service caring?

Our findings

At our last inspection, we rated this key question as Good. At this inspection, we saw practices did not consistently support people's dignity and right to confidentiality. The rating for this key question has changed to Requires Improvement.

The provider had not ensured people were adequately supported in terms of protecting their rights. Although staff had the best interests of people at heart we saw some care practices did not always maintain or support people's dignity or privacy. For example, staff did not always knock on the doors of people's personal rooms before entering and information about people's needs were shared in a communal area during staff handover meetings. In addition information about the assistance people needed to evacuate the home in an emergency was on display in a communal area of the home. This information showed people's personal details, such as their names and their physical needs. A further example was of care records being stored in an unlocked room where potential unauthorised people could access these.

Staff were friendly, patient and discreet when providing support to people. Staff spoke with people as they supported them. We saw positive communications and saw these supported people's wellbeing. However, there were some occasions when staff's communication did not show respect for people and regard for their feelings. For example, one staff member in a communal area with people close by said, "They've all got dementia."

The provider did not ensure people were treated with dignity and their privacy and right to confidentiality respected. This was a breach of Regulation 10 Health and Social Care Act 2005 (Regulated Activities) Regulations 2014 (Dignity and Respect).

The registered manager acted so people's personal information was not accessible for anyone to read once we had identified this.

People we spoke with made positive comments about the care provided at the home and the kindness of staff. One person told us, "Staff are caring, we have a laugh." Another person said, "Nice people [staff]……. Don't forget I asked for another cup of tea and I got it." Relatives we spoke with were reassured by the caring conversations they saw between their family members and staff. A relative told us, "Really good to [family member], talk to them, have a little laugh with [family member]. Another relative commented, "They [staff] absolutely adore [family member]."

Staff assumed people had the ability to make their own decisions about their daily lives and gave people choices in a way they could understand. Staff respected people's choices about how they spent their time. They also gave people the time to express their wishes and respected the decisions they made. Some people lived with dementia, and had reduced comprehension skills and needed some support to communicate their feelings. For example, we noted how staff had learnt to understand what could make a person feel anxious. We saw an example where staff used communication as a way of reassuring a person to come down the stairs.

People we spoke with were positive about how staff supported them in ways which took account of their independence. One person told us, "I would rather do it [shower] in my own times than get dependent … Staff do ask me if I want help… there's no problem, there's a buzzer in there [shower room] if I need it…" We saw people's levels of independence were supported, such as staff enabled people to do as much as they could for themselves. For example, staff checked with one person whether they required support and fully respected the person's wishes when they responded they did not need assistance. On another occasion we saw staff encouraged a person to successfully stand up from sitting in their chair to support the person to maintain their level of independence.

There were no restrictions on visiting times and we saw visitors arriving at the home throughout the days of our inspection visit. Staff were welcoming to visitors and supportive of them being with people in communal areas of the home, in the garden or in people's own personal rooms if they wanted more privacy.

Staff had access to local advocacy services and would use this to support people if they required independent assistance to express their wishes. Advocates are independent of the service and support people to make and communicate their wishes.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection, we rated this key question as Good. At this inspection, we found complaints were not always documented to show how these had been followed through with outcomes and further opportunities for people to be involved in activities they enjoyed as required. The rating for this key question has changed to Requires Improvement.

The provider had looked at some ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. For example, providing people with pictures to assist people when making their own choices about meals. The acting manager knew this needed to be further expanded into amongst other things, directional signage in the home environment.

All people and relatives we spoke with said they would talk to the management team or staff if they had any concerns or complaints. The acting manager told us they welcomed the opportunity to learn from complaints and fed this back to the staff team. Some relatives however, felt their concerns were not always listened to and were not acted on in a timely way. We looked at how complaints were recorded and noticed this was not clearly organised to obtain a picture of how complaints had been responded to and what learning had taken place as a result.

We saw staff meetings had sometimes taken place following a complaint and staff were reminded of good practices. However, the actions taken to resolve complaints for people who had made these had not consistently been recorded. In addition, there was no documentation to show how any lessons had been learnt to drive through improvements where required.

We discussed the complaints procedures together with the organisation of the documentation with the acting manager. They acknowledged complaints were not documented clearly and told us about one complaint where they had spoken with a relative to resolve the issues. However, this had not been recorded within the complaints records they showed us at the time of our inspection visit. Therefore, we could not be assured complaints were handled in line with the providers procedures and lessons had been learnt where required.

Following our inspection the acting manager sent us documentation of written complaints which included notes on where they had verbally spoken with people.

We recommend that the provider seeks advice and guidance from a reputable source about the management of and learning from complaints.

The provider had recruited an activities coordinator to support people in having fun and interesting things to do. The activities coordinator worked on a part time basis and when they were not at work care staff

undertook suitable activities to meet people's individual needs and to support people's interests. We saw when the activities coordinator was at work they encouraged people in different things, such as reminiscence, hand massages and provided talking points to involve people in conversations. In addition, there was regular music entertainment.

However, when the activities coordinator was not at work we noticed people were sat in the communal areas with less things to do as staff were focused on care tasks. People we spoke with however told us they had things to do for interest. One person said, "I've got the newspaper...The Telegraph….my real delight is the crossword. The concise one it helps to keep my mind active." Another person told us, "If I'm bored, I go out in the garden or round about here [in the local area]. My brother takes me." Most relatives we spoke with felt supporting people to follow their interests was an area which could be further improved.

Most people who lived at the home needed some support to follow their interests and hobbies due to living with dementia. When we discussed the lack of specifically designed activities for people who lived with dementia to do, the acting manager told us they were working to improve opportunities for people to be engaged in these. The acting manager told us there used to be a table with different things for people to pick up and do as they chose however this was not in place at the time or our inspection visits. We talked with the acting manager about individual rummage boxes to hold tactile items of interest for people as one example of providing stimulation. However, there was a lack of stimulus within the environment of the home for people living with dementia, and there was little to stimulate people's memories and provide opportunities for conversation.

Following our inspection, the acting manager told us of plans to seek ideas about providing specifically designed activities and stimulation for people living with dementia by visiting other homes. In addition, the acting manager told us the smaller lounge area would become a sensory area.

Although people's needs were recorded in care plans so staff had some guidance in order to respond and meet people's needs, we found care plans could be further developed. For example, in one person's care plan some of their interests were documented. However, the acting manager informed us of other things the person liked to do which were not detailed in their care plan. The acting manager told us they would ensure people had all their needs written into care plans to make sure people were not at risk from receiving care which was not responsive to their needs.

Despite the above concerns, we found people's changing needs were identified and met. For example, staff could tell us about how one person's physical care needs had reduced, and how to manage the risks associated with another person's care. Staff told us they knew how to respond to people's needs because they knew them well and learnt about people's changing needs through staff meetings held daily between shifts to handover information from one staff team to the next.

At the time of our inspection visits, no one was in receipt of 'end of life' care. Staff told us they could support people to spend their final days at the home, if it was their wish to do so. Arrangements could be made for anticipatory medicines to be available to help manage pain relief and staff worked in partnership with other health professionals to support people to have a pain free and dignified death.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection we rated this key question as Good. At this inspection we have changed the rating to Requires Improvement. This was because the provider had not ensured they were meeting their regulatory responsibilities in sending notifications to us and their quality checks were not consistently effective in identifying areas where improvements were required.

There was a registered manager in post. However, this person was on a period of absence, since November 2017 and the provider had appointed an acting manager to cover this. 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 could not be assured the provider understood the responsibilities of their registration with us. This was because the provider had failed to ensure within the present management structure 'statutory notifications' were being sent to us as required by law. Registered providers must, in accordance with their registration with the CQC, notify us about certain changes, events and incidents that affect their service or the people who use it. These 'statutory notifications' play a key role in our ongoing monitoring of services. These incidents included where some people had been referred to the local authority under safeguarding procedures and where people's Deprivation of Liberty Safeguards [DoLS] had been authorised. The acting manager acknowledged they had not sent these notifications to us so we can take follow up action where required.

The provider had not notified us of safeguarding incidents and DoLS authorisations which was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The provider had promoted an existing staff member to the role of acting manager who supported the inspection process. The acting manager told us they were responsible for the day-to-day management of the home, with the support of the provider. They spoke about their role with clear commitment and passion. However, we found they did not have a sufficiently clear understanding of the 'statutory notifications' to be submitted to the CQC. The acting manager told us they would send the 'statutory notifications' following our inspection once we had identified the failure in sending these to us. However, at our previous inspection the provider had also failed to ensure they had notified the CQC of incidents of potential safeguarding. This did not show the provider had clear oversight of the service and learning was consistently taken from previous inspections to drive through improvements.

The provider and management team had a number of quality and safety checks in place to monitor the quality of care provided to people. However, these were not consistently effective. For example, infection control audits were conducted but these had not identified the issues evident on the first day of our inspection. Another example was the suitability of the home environment to meet people's individual needs and the failure to notify CQC of important events.

In addition, the provider did not ensure there were accurate and complete records in place for a controlled drug which is a medicine that requires extra checks and special storage arrangements because of the potential for misuse. Whilst we found controlled drugs were securely stored there was a controlled drug which had not been accounted for in the register. This meant there was a potential for this controlled drug to be misused due to the providers shortfalls in maintaining accurate records..

The provider did not have effective systems and processes in place to monitor the safety and quality of the service and to drive improvement. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The acting manager acknowledged the quality monitoring systems required improving and ensured that all shortfalls identified during the inspection were communicated to the provider.

Whilst we were concerned the provider's own checks had not identified the issues we found on the first day of our inspection visit, on the second day we were assured immediate action was being taken in response to some of the concerns raised. For example, the provider had purchased paper hand towel dispensers and liquid soap for toilet areas.

It is also a legal requirement that the provider displays their current inspection ratings at the home. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had failed to meet this legal requirement as they had not displayed their rating.

The provider had not displayed their current inspection ratings which was a breach of Regulation 20A of the of the Health and Social Care Act 2008.

The acting manager acknowledged the current inspection ratings were not displayed at the time of the inspection visits. The acting manager told us they thought people may have removed this from where all the other information displayed by the main front entrance to the home.

The provider sought views from people who lived at the home, relatives and staff. Relatives were always welcome at the home and regularly visited their family members. People and relatives were sent questionnaires to complete. We saw compliments had been made. One person's compliment read, 'Thank you for the wonderful care you gave [family member] over the three years [family member was] with you……seeing the way you looked after [family member] was a great comfort to me. You do an amazing job.' Another person's comments read, '[Acting manager] was very kind and helpful to us and it was comforting to know [family member] was with people [staff] who really cared.'

The acting manager and staff team worked in partnership with other organisations to make sure they were providing appropriate care for people. These included health and social care professionals, such as social services and healthcare professionals GP's and district nurses.

The acting manager was eager to bring about changes to make the home environment dementia friendly and to enhance the activities specifically for people living with dementia. The acting manager stated they would be actively seeking ideas from other home managers in their quest to make improvements for people who lived at the home. In addition, the acting manager spoke about their vision and how they wanted to achieve a rating of outstanding. The acting manager said, "I am going to make a difference" for people who live here and one ambition was to make, "The home dementia friendly."

Staff meetings had been held to support staff to understand their roles. During one meeting we saw that

staff were reminded about different aspects of their caring roles which required improving, such as, ensuring people's toileting needs were effectively met and how the ironing of people's clothes could be improved on. Staff we spoke with told us they found the meetings useful.

The acting manager was consistently described in a positive manner by people who lived at the home, relatives and staff. They were described as supportive, approachable and caring. One staff member said, "[The acting manager] is always there for us, she's very supportive".

Staff described the culture in the home as good. One staff member told us, "It's like a home from home, residents can do what they like", another staff member told us, "It's like a family here, I really enjoy my work." Staff members were also complimentary of each other. One staff member told us, "We all work well together" and another staff member said, "The team is good here".

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 10 HSCA RA Regulations 2014 Dignity and respect People's dignity, privacy and confidentiality was not always respected.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider had not provided suitable premises to meet the individual needs of people living with dementia and the facilities did not effectively maintain standards of hygiene to ensure the risks of cross infections were reduced.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have systems or processes which operated effectively to assess, monitor and improve the quality and safety of the service and identify where they were not meeting the Regulations.