

Panaceon Healthcare Ltd

Field View Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection of Field View Care Home took place on 25 October and 1 November 2017. We previously inspected the service on 16 November 2016; we rated the service Requires Improvement. The service was not in breach of the Health and Social Care Act 2008 regulations at that time. We asked the provider to complete an action plan to show what they would do and by when to improve their ratings for key questions; Responsive and Well Led to at least good.

During this inspection, we identified the service was breaching regulations related with safe care and treatment, staffing, care and welfare and good governance. This is the second time the service has been rated Requires Improvement.

CQC regulates both the premises and the care provided at Field View Care Home, and both were looked at during this inspection. The home accommodates a maximum of 40 people; on the day of our inspection 31 people were living at the home.

The service had a manager in place although they had commenced their application to register with the Care Quality Commission (CQC), at the time of the inspection this process was not completed. 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. In the month following the inspection the registered provider told us the manager had subsequently resigned from their post, they assured us they were taking action to fill the vacancy.

Although most people told us they felt safe, we found aspects of the service were not safe. Risk assessments did not always contain sufficient detail and in four of the five files we reviewed the risk assessments had not been updated for the previous two months. Personal emergency evacuation plans lacked relevant information to support staff to evacuate people safely and we could not evidence all staff had recently attended a fire drill.

Records relating to medicines needed to be improved to ensure they provided an accurate record of the medicines and creams people had been administered. There were no protocols in place to provide clear and consistent guidance for staff when administering medicines prescribed to be taken 'as required'.

We saw equipment was not always clean or stored hygienically.

The manager was in the process of recruiting to a number of positions at the home; we saw processes were in place to reduce the risk of employing unsuitable staff.

Not all staff were up to date with their training requirements and staff had not been receiving regular management supervision, although action was being taken to address these shortfalls.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. We have made a recommendation in regard to evidencing compliance with the Mental Capacity Act 2005. People had access to external health care professionals.

Prior to the inspection we received information that people's meals were not always hot. On the day of the inspection we did not find this to be the case. We were concerned the nutrition and hydration needs of one person had not been met.

People told us staff were caring. Throughout the inspection we observed staff to be kind and attentive; there was a warm, friendly atmosphere in the home. People's care was delivered in a manner which respected their right to privacy and maintained their dignity.

There was a range of activities provided at the home which people were enabled to participate in as they wished. People's care plans were person centred, but the information within them was not always consistent throughout their care plans.

There was a system in place to manage complaints. We saw there were a number of active complaints the manager was investigating at the time of our inspection.

Feedback regarding the new manager was positive. The manager told us they had identified a number of areas where improvements were needed, audits were being undertaken and an action plan was in place to monitor progress. The manager told us the registered provider was supportive of the changes they were making. The manager had held a recent meeting with staff and with people who lived at the home. They had also sent surveys to people to ask for feedback in regard to the quality of the care they received. However, the concerns we identified demonstrated the systems of governance have not been effective.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

Risk assessments did not always provide an adequate level of detail.

Procedures to protect people in the event of a fire were not sufficiently robust.

Records relating to the management of peoples medicines needed to be improved.

Inadequate ●

Is the service effective?

The service was not always effective.

Staff training and management supervision were not up to date.

Staff understood the principles of the Mental Capacity Act but records did not evidence compliance with the Act.

Not everyone's nutritional and hydration needs were met.

People had access to external healthcare professionals.

Requires Improvement ●

Is the service caring?

The service was caring.

People told us staff were caring and kind.

Care was centred on individual's needs and preferences.

People's privacy and dignity was respected.

Good ●

Is the service responsive?

Not all aspects of the service were responsive.

There was a range of activities for people to participate in.

Not all care plans had been updated and reviewed.

Requires Improvement ●

There was a system in place to manage complaints. □

Is the service well-led?

Not all aspects of the service were well led.

Feedback regarding the management of the home was positive.

Audits were completed on a regular basis, but these had failed to ensure people received safe and effective care.

Action was being taken to seek the views and opinions of people and staff.

Requires Improvement ●

Field View 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 25 October 2017 and was unannounced. The inspection team consisted of two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. One inspector also visited the home again on 1 November 2017. This visit was announced and was to ensure the manager would be available to meet with us.

The inspection was prompted in part by a number of concerns we had received regarding the quality of the care and support people were receiving at the home. Prior to the inspection we reviewed all the information we had about the service including statutory notifications and other intelligence. We also contacted the local authority commissioning and contracts department, safeguarding, infection control, the fire and police service, environmental health, the Clinical Commissioning Group, and Healthwatch to assist us in planning the inspection. We reviewed all the information we had been provided with from third parties to fully inform our approach to inspecting this service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information was used to help inform our inspection.

We used a number of different methods to help us understand the experiences of people who lived in the home. We spent time in the lounge and dining room areas observing the care and support people received. We spoke with seven people who were living in the home and three visiting relatives. We also spoke with the company director, the manager, deputy manager, three care assistants, the activity co-ordinator, a domestic and two members of the catering team. We reviewed four staff recruitment files, five people's care records and a variety of documents which related to the management and governance of the home.

Is the service safe?

Our findings

Most people told us they felt safe, one person said, "They keep vulnerable people safe." Another person said, "I do feel safe." A visitor said, "[Person] is safer than being at home." However, one person told us they did not feel safe, although they were unable to tell us why they felt this way. During our inspection we identified a number of aspects of the service that were not always safe.

Each of the care plan files we reviewed contained a variety of risk assessments, including falls, bedrails, skin integrity and malnutrition although we noted risk assessments in four of the five files we reviewed had not been updated for the previous two months. This included one person whose choking risk assessment identified them as being at high risk of choking, but the most recent assessment was dated 30 May 2017. We also noted two peoples moving and handling assessment scored them as '1 and '10' respectively but we could not see any information on the document to indicate what the score meant. We asked the manager about this, but they were unable to provide any rationale for the score. At the end of the inspection the registered provide told us they were updating the documentation and reviewing the current system for reviewing risk assessments.

Where people were nursed on an alternating airwave pressure mattress there was no information recorded to inform staff which setting the mattress should be set to. It is important these mattresses are set correctly to ensure they provide effective pressure relief to people who may be at risk of developing pressure ulcers; we spoke with the manager about this at the time of the inspection. However, we saw a notice on one person's bedroom wall which told staff who to contact in the event the mattress was not functioning correctly.

We found the moving and handling documentation for a person who required a hoist did not provide adequate detail to reduce the risk of harm to either the person or staff. For example, the details of the specific sling to be used were recorded but there was no detail as to which loops were to be used and the method of application was not recorded.

Some people used a zimmer frame to enable them to mobilise and reduce the risk of falls. We saw three zimmer frames in the home which did not identify who they belonged to, we asked a member of staff but they said they did not know. It is important for staff to be able to identify personalised equipment, Zimmer frames are for individual use to ensure they are suitable, for example, they are adjusted to the appropriate height for a specific persons use.

Procedures to protect people in the event of a fire were not robust. In the event of an emergency, where people may not be able to reach a place of safety unaided or within a satisfactory period of time, they should have a personal emergency evacuation plan (PEEP) in place. We saw a risk assessment in two of the care files we reviewed which referred to the support the person would need in the event of a fire. However, both documents were dated January 2016 and lacked relevant information. For example, one document noted 'needs help due to confusion' but there was no detail as what the 'help' entailed. We spoke to the manager about this and they told us they had already identified this was an area which needed to be

addressed; they showed us a template document which they said they intended to implement.

The deputy manager told us they provided in-house fire training for all staff. They told us about the topics they covered as part of this training which included fire detection, firefighting equipment and evacuation procedures. They said the most recent training had been completed prior to the commencement of the manager in August 2017, but there was no record to confirm which staff had or had not recently completed this. This meant that although periodic fire drills were completed we could not evidence all staffs' fire drill training was current. Participating in regular fire drills helps to ensure staff are confident in their role in the event the fire alarm is activated. Following the inspection we telephoned the manager to see what actions had been taken since our inspection. They told us a series of fire drills had been held with staff and an external trainer had been booked for December 2017 to provide evacuation training for staff. They also told us the PEEPs had been updated for everyone who lived at the home.

On the first day of our inspection both inspectors arrived at the home shortly after 7am. We saw one person's bedroom door was propped open by a cushion. This meant in the event the fire alarm was activated the bedroom door would not be able to automatically close properly. A number of doors within the home had 'keep locked' notices attached to them, but we found they were not locked; this included two storage cupboards, a hair salon and a sluice room. When we opened the sluice room door, we saw six containers with a variety of cleaning chemicals in the room. We asked a member of staff to lock the door, which they promptly did.

We saw evidence which demonstrated external contractors were used to service and maintain equipment, for example, gas appliances, electrical wiring and the fire system. We also evidenced the passenger lift and hoists had been serviced in line with the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER). However, the LOLER for the slings simply recorded the total number of slings tested, this meant we could not clearly evidence all the slings had been tested. We discussed this with the manager and when we returned for the second day of the inspection, we saw they had collated a list of the slings. We checked this list against the serial numbers of slings we had identified on the first day of the inspection and saw each one had been included.

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

We also saw evidence which showed regular internal checks were completed on a range of equipment including the fire alarm, the nurse call system and wheelchairs. A monthly water temperature check was also completed by the maintenance person on the bath and shower. In both a shower room and a bathroom we saw a file for staff to record the water temperatures the most recent record in one of the files was dated September 2016. This demonstrated staff were not routinely checking and recording the water temperature prior to immersing people in the bath. We noted the water temperatures for the shower had been recorded by the maintenance person in August 2017 as 48.9 and in October 2017 as 48.4 degrees centigrade. Subsequent water temperature checks submitted by the registered provider after the inspection evidenced this issue had been addressed, this demonstrated an effective system of monitoring. Health and Safety Executive guidance states 'Engineering controls should be provided to ensure that water hotter than 44 °C is not discharged from outlets that may be accessible to vulnerable people and where there is the potential for whole-body immersion'. Although people would not be fully immersed, where people may have a reduced ability to communicate, this increased temperature may pose a risk of harm to some people.

Action had been taken to reduce the risk of people falling. For example, we saw one person who had a sensor mat in place and we saw a falls audit recorded the involvement of the falls team with a person. The

manager was able to describe steps that could be taken to reduce falls risks and also where equipment may increase the risk of falls, for example the risk of a fall from height where bed rails are used inappropriately. We saw accidents and incidents were logged each month and found the manager had implemented a more robust analysis in August 2017 to include the location and time of the fall as well as if the fall had been witnessed or not. Reviewing this level of information provides an opportunity to detect trends or patterns which may indicate a change to someone's care or support was needed.

Appropriate checks were undertaken before staff began work. We looked at the personnel records for four staff; three of the records were for staff already employed by the registered provider and the fourth was due to commence employment in the days following our inspection. We saw identification had been verified and relevant background checks were made through references and the Disclosure and Barring Service (DBS). The DBS is a national agency that holds information about criminal records.

People told us there were enough staff deployed on a daily basis. One person said, "I think there are enough." One relative said, "They are there quickly when [person] presses the buzzer." Another relative said, "Most of the time there are enough, they can be pushed if too many people need care at the same time."

At the time of the inspection there were insufficient numbers of senior care staff to ensure a senior carer was on duty every night. For example, on the week of our inspection there was senior carer on duty at night time. The manager, deputy and other staff we spoke with explained in the short term a suitably trained member of staff from the day shift stayed later in the evening and came in earlier in a morning to administer people's medicines. The manager and deputy told us if anyone needed any medicines during the night they would be able to come in during the night or support would be gained from the registered provider's sister home which was located in the same grounds. The manager and the deputy told us there was an ongoing recruitment programme in place and there were two new staff ready to commence employment subject to receipt of satisfactory pre-employment checks.

We saw from the registered providers training matrix, that relevant staff had completed medicines training. During this inspection we did not check the current competency assessments for staff who were authorised to administer people's medicines, but the deputy told us their most recent assessment had been completed six months ago. The manager also showed us a template of a new medicine competency assessment document they planned to implement. We saw this covered a number of aspects of medicines management, including, the administration of different types of medicines, recording and disposal of medicines.

One person required some of their medicines to be crushed to enable them to swallow them safely. We saw evidence in their records of discussion with the person's GP and the dispensing pharmacist to ensure this was safe and in the person's best interests.

We observed the deputy manager administering medicines to people. This was done in a kind and sensitive manner, for example they only administered half the tablets for one person, and then went back with the rest a short time later. The deputy manager told us the person became, "overwhelmed" if they received all their morning medicines at the same time.

The files where people's medicine administration records (MAR) were kept was shabby and many of the MARs were torn where they fastened in to the file which meant they could easily come out of the file and become lost or misplaced. The deputy manager told us new files had been requested from the pharmacist. When we reviewed the records we found the recording of creams was poor. We reviewed the MAR for one person and saw there was a number of creams, but the MAR had not been signed to indicate they had been

applied. We went in two bedrooms with the manager. One person had two creams and the other person had four creams, but there was no topical medicine administration record (TMAR) to evidence staff were applying these prescribed items.. The deputy manager told us a meeting had been held the previous week with the dispensing pharmacy to request new files and to discuss obtaining TMARs and body maps to record the application of creams.

People's medicines were stored randomly within the trolley; this meant it was not easy to locate individual medicines. We checked a random selection of medicines to see if the stock tallied with the number of recorded administrations, but we were not able to reconcile all the medicines we checked. For example; two people were prescribed a variable dose of paracetamol, but as the records did not always record how many tablets had been administered, we could not accurately reconcile the stock. Another person was prescribed a medicine which was 'as required', but the number of individual tablets left in stock at the end of the previous month had not been carried forward to the new MAR, therefore we could not reconcile the stock to confirm it was correct.

Where staff had transcribed medicines or instructions on to people's MARs they had not all been checked for accuracy by a second member of staff. We also saw a medicine for one person was entered twice on their MAR, once by the pharmacist and then handwritten by staff. This meant there was a risk the person may receive additional doses of this medicine We checked the stock which indicated the medicine had been administered correctly and brought this to the attention of the deputy manager.

Where people were prescribed 'as required' (PRN) or variable dose medicines we found protocols were not always in place. For example, one person was prescribed a PRN medicine to help them to sleep. Staff told us the person was not able to inform staff if they needed this medicine and therefore staff made the decision whether to administer it or not. Having a protocol in place provides guidelines for staff to ensure these medicines are administered in a safe and consistent manner.

These examples further demonstrate a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not all aspects of the home were clean. When we arrived on the first day of our inspection, we found some equipment to be unhygienic; we saw a wheelchair which a person was using, the frame of the wheelchair was dusty and visibly dirty. A pressure relieving cushion in a lounge was also malodourous. Cleaning records in two toilets and a shower room recorded they had not been cleaned since 23 October 2017. We saw two hoist slings stored on the back of a communal toilet and a sling clearly named for a particular person, hung up in another person's room. This showed equipment was not always stored hygienically and staff were using individual's slings for other people. On the first day of the inspection, we also saw un-named packets of incontinence products left on the floor in the corridors, toilets and bathrooms.

The manager told us they had taken steps to address infection control shortfalls, this included a recent audit and they also said they had contacted the local authority infection prevention and control (IPC) team to ask them to visit the home and meet with them. This was confirmed when we spoke with a member of the IPC team. A member of the domestic team also told us that during a recent outbreak of diarrhoea and vomiting at the home the manager had purchased a new carpet cleaner and steamer, they said, "This was really helpful during a recent outbreak." This showed the manager was taking action to address shortfalls in cleanliness at the home.

The staff we spoke with were aware of the different types of abuse, for example, physical, emotional and neglect. Another staff member said, "Anything I think isn't reasonable or fit for anybody, I would tell a

senior." The manager also expressed a good understanding of what constituted a safeguarding concern and how and where to report any issues. This demonstrated the manager and staff were aware of their responsibilities in keeping people safe.

Is the service effective?

Our findings

People told us staff had the skills to meet their needs. A relative said, "They always seem to be competent, they know what they are doing."

Staff received an induction when they commenced employment. This was confirmed when we spoke with staff and reviewed staff records. One of the staff we spoke with told us they had completed an induction when they commenced employment at the home, this included a period of time spent shadowing a more experienced member of staff. We also looked at the personnel file for a member of staff whose employment was due to commence and saw an induction pack had been prepared ready for their first day of employment.

The home was using some agency staff to cover shifts at the home. The manager showed us a file they had set up which included a profile of the agency worker and evidence they had received an induction to the home at the beginning of their first shift at Field View Care Home. We saw the induction included action in the event of a fire, security and the nurse call system. This showed agency staff were supported when they began working at the home.

We saw evidence of training in each of the staff files we reviewed, although we noted the dates on the certificates recorded they needed to attend refresher training; we saw evidence in their personnel file of the action being taken by the manager to address this matter. One of the staff we spoke with had been employed for less than six months, they told us they had completed some of their training but they were aware they still had some modules left to complete. The manager acknowledged not all staff were up to date with their training, but this was being addressed and the training matrix, emailed to us following the inspection, demonstrated the manager had oversight of staffs training needs.

Staff had not received regular management supervision. Two of the staff we spoke with who had been employed for less than twelve months told us they had not yet had any supervision. The manager acknowledged staff supervision was behind schedule although they showed us a spreadsheet which they said enabled them to have oversight of the staff's supervision. The spreadsheet listed the staff and recorded the supervisions they had received during 2017.

Although action was being taken by the manager to address this matter, these examples demonstrate, at the time of our inspection, not all staff had received adequate training and management supervision. This demonstrates a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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, and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager told us DoLS applications had been submitted to the local authority for six people who lived at the home and were awaiting review.

People told us they were able to make their own choices and decisions. One person said, "I get up when I want, when the hoist and staff are available." Another person told us, "They do explain what they are doing and make sure I'm happy."

We observed staff offering people choices and gaining their verbal consent prior to providing care and support; staff were also respectful of people's choices. All the staff we spoke with except one, expressed knowledge of the MCA and how that impacted upon their work. One staff member told us, "It is if they can make their own decisions, if they can't, we make decisions in their best interests." The manager was also knowledgeable, for example, in regards to assuming capacity, supporting people with decision making and acting in peoples best interests.

However, where people lacked capacity to make decisions, documentary evidence of compliance with the Mental Capacity Act 2005 was not always evident. For example, we saw the medicine care plan for one person recorded the details of a best interests meeting involving a family member, the GP and a member of the senior care team to decide how the person should receive their medicine in the event they declined to take them. However, decisions can only be made in another person's best interests if they lack capacity to make the decision, but there was no evidence a capacity assessment had been completed, specific to this aspect of their care. The care plan for another person recorded they lacked capacity to make decisions regarding any aspect of their care and support, but there were no capacity assessments in their care plan, although specific care plans referred to acting in the person's best interests.

We recommend that the service consider current guidance to ensure care records evidence compliance with all aspects of the MCA.

Feedback about meals at the home was mixed. One person said, "Too much to eat really, the food is good with good choices." Another person said the quality of the meal depended upon the cook and said they did not always get the meal they wanted. Another person said the meals were often cold. This issue had also been raised in the concerns we had received prior to the inspection, although on both days of the inspection the meals being served to people were hot.

On the first day of our inspection, 25 October 2017, we saw the menu on display in the dining room was dated 23 October 2017, although it was updated later in the day. At 8.50am we saw six people were sat in the dining room, they were offered a choice of drinks, cereals, porridge and toast. At 9.45am a member of the catering team began to offer people a cooked breakfast, which comprised of sausage, egg and bacon. We asked a member of staff why people had to wait until mid-morning to be offered a cooked breakfast. They told us hot food was cooked at the registered provider's sister home, which was situated on the same site, and then brought across to Field View in a hot trolley. Although they told us plans were in place to enable kitchen staff to cook meals in the kitchen at Field View.

We raised concerns with the manager and deputy manager regarding the nutrition and hydration support

for one person. We saw an entry in their care records where the district nurse had said their sore skin was due to 'strong urine'. This can be caused by insufficient fluid intake. We reviewed their diet and fluid records. We reviewed the fluid records for 20, 21 and 22 October 2017; staff had recorded their intake as being a maximum of 500mls each day. We also reviewed two days food records; on 19 October 2017, according to the record they had only been offered and eaten breakfast and supper, on 20 October 2017 staff recorded they had eaten breakfast, dinner and tea. There was no evidence they had been offered or had eaten any snacks in-between these times. We could not locate the food records dated 21 to 25 October 2017. On the second day of the inspection further records had been located, to include these dates, but we found the entries were random and lacked sufficient detail. This meant we could not clearly evidence this person had been provided with sufficient drinks and meals.

On the first day of the inspection we saw people began to move into the dining room for lunch at 12.35pm, however, the person identified as being nutritionally at risk, was being nursed in bed that day and they did not receive their lunchtime meal until 1.30pm. On the second day of the inspection they were sat in a lounge, at 1.45pm we asked a member of staff what they had eaten for their lunch. They were able to tell us about their main course, but during this conversation it transpired they had not been offered a dessert.

This demonstrated the person was not receiving person-centred care and that met their individual needs, this is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us staff weighed them regularly, a relative said, "They check their weight, she has put weight on." The manager showed us a tracker they had implemented which provided both a monthly and a weekly overview of people's weight, the entries were colour coded to highlight where people had lost any weight. This showed the manager had begun to implement a system to identify weight loss and to enable timely action to be taken to address any concerns.

People had access to external health care professionals, including doctors, district nurses, podiatrists and speech and language therapists. We saw evidence of this in the care plan files we reviewed. One person said, "The chiropodist and dentist come in, they get the doctor if needed." This showed people received additional support when required for meeting their care and treatment needs.

People's bedroom doors were numbered but from the outside of the door, very few gave any visual indication as to whether anyone lived in the room or not, although bedrooms were personalised with pictures, photographs and personal mementoes. This helped to make each room personal and homely. The deputy told us the dementia friendly signage was being purchased and the manager told us they were looking at making bedroom doors more personalised by using colour, words and pictures or photographs. This can help people who may have a cognitive impairment orientate themselves in the home.

Is the service caring?

Our findings

People told us the staff were caring and kind. One person said, "They are lovely, couldn't get better." Another person told us, "They know me." Relative's comments included; "They are lovely lasses, they are called carers and they do care", "The staff know her" and "They know [name of person] as a person, they are not just doing a job."

Throughout our two days in the home we found the atmosphere to be relaxed, warm and friendly. We saw numerous examples of banter between people who lived at the home, relatives, visitors and staff. It was clear the majority of staff knew people well and people were relaxed and comfortable in the presence of staff. The deputy manager said, "Doing the job we do is a privilege; they put their trust in you." Each staff member we spoke with including staff from the catering and domestic team were able to tell us about individual's needs, likes and dislikes.

All staff were attentive and kind during their interactions with people who lived at the home and their families. For example, we heard a staff member ask what channel people wanted on the television. People were asked where they wanted to sit and staff asked if people had enough to eat before they removed their plates.

We noted one person was not able to verbalise their needs or preferences, a member of staff told us a new picture board was due to be delivered which would be an effective way of them enabling to communicate choices about their care.

People told us staff treated them with respect, comments included; "They are kind and caring, they treat me properly with respect", "They do respect my privacy and dignity, I make sure they do" and "They always knock and ask if it is ok to come in." Staff were able to give examples of how they maintained people's privacy, for example by closing doors and curtains and using towels to cover people during personal care. We saw one person needed their nose wiping, but they were unable to do this themselves. Staff noticed this and responded immediately by wiping their nose with a tissue, explaining to the person what they were doing and why.

People told us staff encouraged them to retain their independence. One person said, "I try to do as much as I can, they let me." Another person told us, "I keep what independence I can." A relative said, "Yes, they let her do as much as she can." Staff were able to give examples of how they encouraged people to do what they could for themselves. One member of staff said, "We give them the flannel to use and the towel to dry." Care plans recorded the tasks people could do independently; one care plan detailed 'allow time for [person] to remain independent by leaving them and going to check at intervals to ensure they don't need help'.

People's care plans reflected their individual preferences. We saw one care plan recorded 'two female staff preferred, but will accept a male if necessary, [person] never wants two male staff.'

We have rated this domain as good, staff's caring and committed approach was a key strength of the

service, in spite of the shortfalls in all of the other domains.

Is the service responsive?

Our findings

At our previous inspection we did not always find it easy to locate specific pieces of information within peoples care plan files. At this inspection we were able to locate the information we needed to review; however, we noted two of the care plan files contained records which had not been updated since 2016 and some of the individual care plans within one of the files had not been reviewed for over three months.

Not all the information within peoples care plans was consistent or up to date. The skin integrity care plan for one person, dated May 2017 recorded staff were to reposition them four hourly, but their moving and handling care plan recorded a two hourly re-position. The skin integrity care plan also referred to them wearing heel boots but they were not wearing them. When we asked a member of staff they told us the person no longer needed to wear them. We looked at a sample of their daily records. The document included a range of sections for staff to complete, including personal care, continence care, diet and fluids and pressure area care, but the quality of the records were variable. For example, an entry dated 15 October 2017 recorded 'remained in bed' but no reason for this was noted despite a number entries on other days which recorded the person spent the day in the lounge. A section for staff to record the frequency and times of when they repositioned the person were predominantly blank. For example we reviewed their records for a period of twelve nights and saw this section had not been completed.

In the care plans we reviewed we saw examples of where further development was needed to improve the quality and appropriateness of records; this included staff referring to the person as having 'senile dementia' and noting they were 'unable to hold a rational conversation'. We reviewed another care plan file for a person who could sometimes display behaviour which could be challenging for staff. We saw the care plan directed staff to distract the person by engaging them in conversation, but the care plan lacked detail as to appropriate topics which would be effective. Providing this level of information ensures staff provide effective and consistent care.

These examples demonstrate people were not consistently receiving person-centred care which met their individual needs, this is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager told us they had begun to review everyone's care plan; we looked at a care plan which they had begun to update, the file was organised and easy to navigate, the information within the care plan detailed the person's likes, dislikes and preferences. For example, they liked 'bubble bath in their bath' and 'likes a cup of tea with their meals'.

Care plans contained information about the person's life history, this included information about the childhood, family life, employment, hobbies and interests. We saw where family members had completed the document; a higher level of detail was recorded. Information about people's life history can give staff valuable insight into people's needs, preferences, likes, dislikes and interests.

People did not always feel they were involved in their care plan. One person said, "There is one, but I haven't

discussed it for a while now", although another person told us, "I am involved in discussing my care plan". A relative said, "We have discussed the care plan in the past." We saw some evidence of people's involvement in care plans. For example, one care plan recorded 'we have asked daughter, what [name of person] would like'. Involving people in the care planning process helps in monitoring whether care records were up to date and reflective of people's current needs and preferences.

We asked people if they knew how to complain in the event they were dissatisfied with the service they received. One person said, "I've not really wanted to [complain]." Relatives told us, "There is nothing to complain about", "I haven't, If I needed to I would go straight to the office" and "I did once, she was inappropriately dressed, they changed her, and it has never happened again."

People spoke positively about the activities provided at the home. People told us, "I join in with quizzes, sing songs", "I join in with them all, there is plenty to do" and "She [name of activity co-ordinator] does come in and talk to me." A relative said, "There is always something going on for her to join in with."

We saw people engaged in a range of activities, including listening to the radio, watching TV and knitting as well as group activities. On the first day of the inspection, we saw a group of people participating in a music and movement session. People were provided with long tubular swimming floats which they used to tap in time to the music or hit the balloon which was passed around. People were clearly having fun and enjoying themselves. The activities co-ordinator told us they had seen this activity on a dementia website, they said they had tried it out at the home and people enjoyed it. Later in the morning, we heard a person ask for Elvis to be put on the CD player, the activities co-ordinator promptly went to find the CD and put it on for them. We also saw the activities co-ordinator go with a tambourine to spend some time with a person who was being nursed in bed. They said the person, "Loved the music."

We spoke briefly with the activities organiser who told us they worked five hours a day, on five days of the week. We asked them if they enjoyed their job, they responded, "I love it." They kept a record of the activities people participated in, for one person they recorded 'played balloon tennis' and 'watched Laurel and Hardy'. An entry for another person noted 'declined to make an autumn picture'. A newsletter, dated May 2017 referred to a visit to the home by a 'dementia dog' and a trip to a local hotel to participate in tea party.

The manager told us there were a number of complaints they were looking into, they said some of these were historical. They explained some relatives had commented they had raised issues previously, but no action had been taken. Therefore, the manager was classing these as active complaints.

We reviewed the complaints file and saw complaints were logged for February, March, August, September and October 2017. There were also five complaints at the front of the file which the manager said they were currently dealing with. We looked at a complaint dated February 2017 which raised concerns regarding a member of staff's moving and handling practice. In regard to the member of staff, the investigator had recorded 'needs further supervision' but we were unable to see evidence of this although we did see evidence they had received further moving and handling training. In response to a complaint, dated October 2017, we saw the manager had sent a letter to the complainant, acknowledging their complaint and informing them they would investigate the issues raised. This demonstrated the current manager was addressing concerns raised regarding the service people received.

Is the service well-led?

Our findings

We asked people if the home was well led. Their comments included; "Certainly not", "Very good during the week, not really at the weekend", "It's reasonably well managed I think" and "Yes, definitely well run, nine out of ten." Relatives commented, "I would recommend it, yes", "It is lovely, I love it" and "It's well managed."

The registered provider is required to have a registered manager as a condition of their registration. There was a manager in post on the day of our inspection, they told us they had commenced their application to be registered with the Care Quality Commission, but the registration process was not yet completed. However, the month after the inspection the registered provider confirmed to us that the manager had since resigned from their post and would be leaving the home when a new manager had been recruited.

Comments about the manager from people who lived at the home and relatives were positive; "Yes, she is very approachable and reassuring, they are all brilliant", "She is easy to talk to, approachable" and "She is nice to talk to, very polite." All except one staff member were positive. One staff member said, "She is a lovely lady, she is approachable." Another staff member said, "[Name of manager] is doing a great job, she is turning it around really quick."

The manager told us since they commenced employment at the home in August 2017 they had identified numerous areas where improvements were needed. They said they were not admitting any new people to the home to give themselves and the staff time to implement a number of planned changes regarding how the home operated. The manager also said, "I care about what they are doing, I am out on the floor working with them. I do walk arounds, if I see something; I act on it straight away." They said they felt supported in their role and said the company director visited the home frequently during the week. They told us the company director had completed an unannounced visit to the home at 5.45am on 25 October 2017, the first day of our inspection. They showed us an email the director had sent to them informing them of their findings. This demonstrated the registered provider was supporting the manager in their role.

We saw evidence of a weekly telephone conference call between the registered provider, company director, the manager and deputy manager. These discussions were minuted and covered a range of topics. Where matters had been addressed this was evidenced on the minutes. The manager also showed us a weekly report they submitted to the registered provider each week to give feedback on key areas of performance, for example, staff training, complaints, safeguarding concerns and accidents.

A range of audits had been completed on a monthly basis at the home. The audits assessed medicines management, catering and dining, the environment and activities. We saw changes had been made to the method of accident analysis and the manager had implemented a tracker to enable them to monitor people's weights. They also said they had completed an audit of the pressure reducing equipment which had identified some equipment needed to be replaced and this had been agreed by the company director. We saw evidence of the manager's daily walk around during September and October 2017 which had been completed on the majority of days.

We asked one of the staff if there had been a recent staff meeting, they said, "Yes we have meetings, the last one was three to four weeks ago." We saw minutes of the most recent meeting, dated 19 September 2017, this was led by the manager; they raised a number of issues including roles and responsibilities, medication and regulatory compliance. They said the next scheduled meeting was the week following our inspection. Staff meetings are an important part of the manager's responsibility in monitoring the service and coming to an informed view as to the standard of care and support for people living at the home.

The manager had taken steps to gain the opinions and views of people who lived at the home and their relatives. The manager told us they had held a recent meeting for people who lived at the home and their relatives; they said this had been a positive meeting. We saw minutes from the meeting where discussions were held regarding the catering service, laundry and activities at the home. The manager was unable to locate feedback from historical satisfaction surveys, but said they had just issued a survey to people and to date they had received three responses. One of the survey responses contained a number of negative comments regarding the meals, but feedback regarding the conduct of the staff was positive.

Following the inspection the manager emailed us three documents entitled, 'what we asked', 'what you said' and 'what you did'. We saw this evidenced concerns raised by people and staff and the action taken being taken to address these concerns. An action plan was also in place and we saw this recorded the actions taken or to be taken to address the items listed.

At our previous inspection we found that although areas for improvement had been identified, audits did not have action plans to summarise what action was needed and the timescale for completion. During this inspection, as evidenced within this report we found a number of concerns relating to safe care and treatment, staff training and supervisions, nutrition and catering, as well as one person's care and welfare and records. The overall rating for this service is Requires Improvement. Registered providers should be aiming to achieve and sustain a rating of 'Good' or 'Outstanding'; good care is the minimum that people receiving services should expect and deserve to receive. The concerns identified within this report evidence that the systems of governance have not been effective in ensuring people have received a consistently high standard of care to meet their individual needs. These findings demonstrate a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Under the Care Quality Commission (Registration) Regulations 2009 registered providers have a duty to submit a statutory notification to the Care Quality Commission (CQC) regarding a range of incidents. At our previous inspection on 16 November 2016 we found evidence the registered provider was not submitting notifications in a timely manner. Prior to the inspection we saw evidence notifications had been submitted and the manager had maintained a log of submitted notifications.

There is a requirement for the registered provider to display ratings of their most recent inspection. When we arrived at the home the ratings from the previous inspection were not on display however, later in the day we saw the front page of the November 2016 report, which included the ratings, had been attached to a notice board. A link to the CQC report was available on the registered provider's website.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People did not consistently receive person-centred care which met their individual needs.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not adequately protected from the risk of unsafe care and treatment. Procedures to protect people in the event of a fire were not robust. Not all aspects of medicines management were safe.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems or processes did not operate effectively to ensure compliance with all aspects of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Not all staff had received adequate training and supervision.

