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Ashurst Place

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?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 23 January 2017 and was unannounced.

Ashurst Place is registered to provide personal care and accommodation for up to 37 people. There were 22 people using the service during our inspection who were living with a range of care needs. These included diabetes and mobility support.

Ashurst Place is a large detached converted property, set in 23 acres of parkland and fields in the village of Langton Green, three miles from Tunbridge Wells. The home is located in a rural area where there are some shops, a church and a bus service.

A registered manager was in post. A registered manager is a person who has registered with the care Quality Commission to manage the service. 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.

Ashurst Place was last inspected in May 2016, when it was rated as inadequate overall. This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures. We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014 at that inspection and issued requirement actions and warning notices. The breaches of regulation related to risks around maintenance, the safe storage of medicines, sufficient staffing levels, the risk of people being socially isolated, effective quality auditing systems, compliance with the MCA 2005 and failure to respect people's privacy. The provider sent us an action plan to tell us how they would address these breaches by September 2016. At this inspection we found that previous breaches and warning notices had been met. However we also found two new breaches and made some recommendations. You can see the recommendations in the main body of the report and you can see what action we asked the provider to take at the end of this report.

People had access to a range of healthcare professionals to have their needs met. However, there was a risk that people's assessed needs may not be met as care plans were not always updated to reflect peoples' changing needs.

People were living in a safe environment as the home's equipment was well maintained. Staff understood the importance of people's safety and knew how to report any concerns they may have. Risks to people's health, safety and wellbeing had been assessed and plans were in place which instructed staff how to minimise any identified risks to keep people safe from harm or injury. However, there were risks to people's health as not all risk assessments and care plans had been updated in a timely manner.

There were suitable arrangements in place for the safe storage, receipt and management of people's medicines. Medicine profiles were in place which provided an overview of the individual's prescribed medicine, the reason for administration, dosage and any side effects.

Environmental risk assessments had been completed and a maintenance system was in place. However, some people told us there was not a sufficient supply of hot water and one upstairs bathroom needed to be renovated.

There were sufficient numbers of staff employed to meet people's needs and staff knew people well and had built up good relationships with people. The registered provider had effective recruitment and selection procedures in place.

People had enough food and drink to meet their needs and to stay healthy and people could see a GP when they wanted to.

The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Not all staff felt confident speaking about the principles of the MCA 2005 and some requested further training. People's mental capacity was assessed but the bed rails assessment tool did not have a space for people to consent to the use of bedrails.

Care plans contained people's preferences and had details of people's backgrounds and personal histories. However, people's involvement in care planning was not always recorded.

Staff treated people as individuals with dignity and respect. Staff were knowledgeable about people's likes, dislikes, preferences and care needs. Staff were skilled to approach people in different ways to suit the person and communicated in a calm and friendly manner which people responded to positively.

People who wanted to be occupied had busy lifestyles which reflected their lifestyle choices and likes and dislikes. However, people told us that they were not always happy with the frequency and range of activities and that there were not enough outings.

Complaints were recorded and logged and were used to improve the quality of the service. Verbal complaints were not being recorded at the time of our inspection but the registered manager told us they will record all verbal complaints formally.

There was an open, transparent culture and good communication within the staff team. Staff spoke highly of the registered manager and their leadership style.

The registered manager took an active role within the home and led by example. The provider had systems in place to assess and audit the quality of the service but these were not yet robust enough to identify area needing improvements and audits did not happen frequently enough to capture all shortfalls.

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

Ashurst Place was not consistently safe.

Risk assessments were not always completed in a timely manner. Falls risk assessments had been planned but not written for all people at risk.

Staff understood their roles and responsibilities around safeguarding and people were kept safe from abuse.

Staffing levels were sufficient to keep people safe and calls bells were answered in a timely manner.

Medicines were being managed safely and stored correctly.

Is the service effective?

Requires Improvement

Ashurst Place was not consistently effective.

People had access to a wide range of health and social care professionals but they were at risk of not having their health needs met as care plans were not always updated.

Staff had access to training to ensure t they were skilled to meet people's needs.

People who lived at Ashurst place had the capacity to consent and the principles of the MCA were being complied with.

People had sufficient food and drink to meet their needs.

Is the service caring?

Good

Ashurst Place was caring.

Staff developed caring relationships with people and people knew staff well.

People's privacy was respected and their dignity was upheld.

Care plans had people's personal details and preferences.

Is the service responsive?

Good

Ashurst Place was not consistently responsive.

Staff knew people's routines and preferences and details from assessments were pulled through to care plans, but some details were not recorded.

Activities were on offer for people but not all people felt that activities were meaningful. People wanted more outings to attend.

Complaints were recorded and dealt with in line with the complaints policy but verbal complaints were not being recorded.

Is the service well-led?

Requires Improvement

Ashurst Place was not consistently well led.

The registered manager provides leadership to the service but not all staff felt clear about the management structure.

The culture of the service was friendly and homely and staff report that the management had the right values.

There were quality auditing systems in place but these did not always happen regularly enough to capture all shortcomings in the service delivery.

Ashurst Place

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 comprehensive inspection was carried out 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 was carried out on 23 January 2017 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person with knowledge of using these types of service.

Before the inspection we examined previous inspection reports and notifications sent to us by the registered manager about incidents and events that had occurred at the home. A notification is information about important events which the provider is required to tell us about by law. We did not request the provider to send us a provider information return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spent time with people who lived in the home, we observed the care they received and how they responded to staff. We spoke with 11 people, seven care workers, the kitchen assistant, one senior carer, the registered provider and the registered manager and we also spoke with four relatives and two visitors to the service. We asked the local authorities quality monitoring team about their views of the service.

At our previous inspection in May 2016 the service was rated as inadequate overall and inadequate in the safe and well led domains.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living at Ashurst Place. One person commented, "When I lived at home I realised I was not safe after I had a fall, so that is why I came here and now I do feel safe. All the carers are kind and make me feel safe and my family know that I am safe." Another person told us, "Yes I feel quite safe here with my carers: they make me feel safe". Relatives told us they felt their loved ones were kept safe at Ashurst Place: some comments we received included, "Mum is safe there because she had a fall and is meant to ring bell for help but doesn't so they've put a mat on the floor to alert staff. Her walking isn't too good and she likes to walk to lunch and they help her to walk and someone is behind her with a wheelchair to keep her safe." and "There is a slope from the conservatory to car park and Mum would think 'I'll go there and sit outside' but staff are very good at reasoning with her and are realistic in what she is able to do: it's how they react to her and it's very, very good from my observations."

At our last inspection on the 13, 20 and 27 May 2016 we found that the registered provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. They had not ensured that appropriate action was taken to identify and reduce risks to people's safety and welfare and to ensure the premises were effectively maintained. At this inspection we found that improvements had been made and the breach had been met.

Environmental risks had been identified and were being managed through a range of risk assessments that ensured regular checks had happened to maintain people's safety. There was an environmental risk assessment which included checks of flooring, floor levels, lighting and electrical appliances amongst other potential hazards. There was a health and safety file used by the registered provider to ensure compliance with food safety regulations, and to make sure that lifting equipment used for people was safe. There were safety checks carried out in many different areas such as fire safety, clinical waste, and first aid equipment, and we could see that safety checks were happening regularly.

However, risk assessments relating to people's care and support needs were not always completed in a timely manner or used to inform care planning. We saw that work was underway to update care plans and risk assessments but not all people had up to date risk assessments. For example we saw that one person's care plan detailed their needs regarding mobility. They were recorded as a high risk of falls and that they must have a walking frame with them at all times. We saw that this was with the person as they sat in the lounge. The care plan demonstrated they had been seen by the falls team in September 2016 and it contained recommendations that the service was following. A falls assessment had been completed taking into account all the falls the person had experienced in the last 12 months. The assessment led to an action plan including reminding the person to ask for help, where staff should supervise, changing the person's armchair and risk assessing the bedroom and moving some furniture. In addition, some falls risk assessments had not been completed. One person had a pre-existing medical condition that would make them more susceptible to falls. A 'resident's risk assessment' had been updated to show that the risk for mobility had changed from medium to high in January 2017 and the person's file recorded that they were 'now using a Zimmer frame and an alarm has been placed on the floor in case of falls', but there was no falls care plan or falls assessment in place for the person. We saw that other people at risk of falls also did not

have up to date information in their risk assessments. We raised this with the registered manager and were told that work had begun to complete all falls assessments and that they were planned to be in place for all people by the end of January.

Some people were at risk of not having their medical needs met because of the failure to consistently update care plans. For example, two people had been recorded as experiencing weight loss but their care plans had not been updated and actions to address the weight loss had not been implemented. One person had their weight checked and recorded monthly but where there was a weight loss there had been no clear action recorded. The person lost 12lbs in three months from November 2016 to January 2017, but this did not lead to a review of the care plan relating to nutrition. We asked the senior carer on duty about this and were told that carers would keep an eye on anyone who has lost weight, but they had not implemented food intake charts or any formal monitoring. Another person had lost weight and their care plan had not been updated, food charts had not been implemented and in neither case had a referral been made to a GP or a dietician.

Where people experienced weight loss it is good practice to use a nationally accepted method of calculating nutritional risk, such as the Malnutrition Universal Screening Tool (MUST). MUST is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition), or obese. The registered provider had not implemented a risk analysis of nutrition, which meant the provider had no oversight of people's nutritional needs. Another person had been hospitalised and diagnosed with low sodium levels, which required a restricted fluid regime. However, there were no fluid charts in place and the person's daily notes did not contain the information on how much fluid the person should consume per day, and whether this included fluid derived from their food intake. The information was included in the person's hospital discharge letter and in their GP visits notes but this information had not been transferred to their care plan or their daily notes sheets. We raised this with the registered manager who agreed that the care plan should have been updated the day the person returned from hospital. The registered manager took immediate action to ensure that the care plan was updated and fluid charts were implemented.

The failure to assess and mitigate the risks to people's health and safety is a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At our last inspection on the 13, 20 and 27 May 2016 we found that the registered provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. They had not ensured that there were sufficient numbers of suitably skilled and competent staff deployed to meet people's needs and ensure their wellbeing and safety. At this inspection we found that improvements had been made and the breach had been met. We checked the services rotas and saw there were six care staff in the morning and four care staff in the afternoon; this matched our observations on the day of our inspection. In our last inspection we found staffing shortages impacted upon the care that people received and was reflected in failures around repositioning people, meeting peoples assessed needs, and bathing.

In this inspection we observed that call bells were answered promptly and staff members confirmed that all people could use the call bells to request assistance if they needed it. The call bell needed to be answered at the point of call and if a call bell was accepted but not logged the alarm would change to emergency mode. People told us that call bells were usually answered quite quickly. We observed people in their rooms had easy access to their call bells. People told us that usually there appeared to be enough staff. One relative told us, "Mum is downstairs and has a lot of autonomy to come and go and functionally once she's up and dressed she can move around and there is enough staff for her. I've never seen staff running around or people call out for help and no response." We saw that re-positioning charts were completed, people's assessed needs were provided for and staff did not appear to be rushed. There were two members of staff

on night shifts at our last inspection and this had not changed. However, there were fewer people living at Ashurst Place and two staff were sufficient to meet the needs of people at the time of this inspection.

At our last inspection on the 13, 20 and 27 May 2016 we found that the registered provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. They had not ensured that there was safe storage and administration of medicines. At this inspection we found that improvements had been made and the breach had been met. Medicines were kept in a separate locked room and there were two drug trollies which were secured to a wall. The senior carer on shift kept the keys for the medicines room with them at all times. The service used a pre-dispensed dosette system so that medicines arrived from the pharmacy in separate compartments for each person and for each time of administration. This is a system specially designed for care home use. For medicines that were not safe to be pre-dispensed in the dosette system there was an enclosed plastic box for each person kept within a locked cupboard. The temperature of the medicines room was checked regularly to ensure that medicines were stored within a safe temperature range and there was a cooling unit in the medicines room. The temperature of the medicines fridge was recorded daily to ensure medicines that require refrigeration were safe to use. Controlled drugs were kept in a separate locked cabinet and there was a controlled drugs book that audited the amounts of tablets. We saw that audits were accurate. Controlled drugs had their own returns book following a recommendation from the pharmacy.

The registered provider used an anticoagulant treatment record for people being administered blood thinning medicines. We reviewed medicine administration record (MAR) charts and found that all MAR charts were completed correctly. Medicines had been signed in to the service and all medicines that had been administered were signed for. We observed a medicines round and saw that the staff member followed best practice guidelines when administering medicines. The staff member used protective gloves, knocked on people's doors and obtained their consent to administer medicines. Medicines were dispensed in to a pot for people to take unless people asked for their medicines to be placed in their hands. Some people had 'as required' (PRN) medicines: these are medicines prescribed for occasional use, such as painkillers. PRN medicines were carried forward on MAR sheets so they were accurately stock checked and people had PRN protocols in place to advise staff on when they could be given. People were offered PRN medicines during the medicines round.

People were protected against the risks of potential abuse. Staff were knowledgeable about adult safeguarding and their roles in protecting people. One staff member told us, "We can look out for signs of abuse such as acting differently from normal or coming home from day services acting withdrawn. If I suspected anything I would talk to the manager and go to the community learning disabilities team and inform CQC." The registered manager had ensured that all staff were trained in safeguarding. Staff were able to talk confidently about the reporting procedure and the different types of abuse. They also knew what potential signs to look out for, such as a change in behaviour, in order to be vigilant against potential abuse and keep people safe. Records demonstrated that the service was pro-actively reporting safeguarding alerts. The safeguarding folder contained information on three recent referrals where the correct process had been followed and the service had been open in their dealings with other agencies.

The registered provider had ensured that the environment was safe for people. There were up to date safety certificates for gas appliances, electrical installations, portable appliances, lift and hoist maintenance. The registered manager ensured that general risks such as slips, and trips were regularly assessed. Regulatory risk assessments were completed to reduce hazards around manual handling, Control of Substances Hazardous to Health (COSHH) and food safety. Each risk assessment identified the risk and what actions were required of staff to reduce the risk. The fire risk assessment was effective and up to date and people had detailed personal evacuation plans to use in the event of a fire. Fire drills were happening and records

showed that this included night time drills when staffing levels were lower. People had individual room risk assessments that covered all areas of a person's day to day life.

There was a maintenance worker employed by the service and any faults or jobs were recorded in a maintenance book. We saw that requests were dealt with swiftly. However, people told us that there was a problem with the hot water supply and a broken bathroom. One person told us, "There is not always enough hot water to have a bath you have to wait until the tank fills up." Another person commented, "Sometimes you can't have a bath straight after someone else because the tank needs to fill up." The registered provider had informed us subsequent to our site visit that this was not the case. One staff member told us that in a meeting they had raised the issue about the broken bath and how it had been causing problems as some people who live upstairs do not like to go downstairs to use the bath. The registered provider had informed us subsequent to our site visit that another adaptive bath was available on the same floor. Another staff member told us that the hot water supply can be a problem if more than three people want a bath. They gave an example of one person that had wanted a bath but the water was cold so they had to be told they would have to wait. We saw that the upstairs bathroom was out of order due to a broken chair hoist. We spoke to the registered manager about this and were told that the bath was due to be renovated. Subsequent to our inspection the registered provider informed us that they had taken steps to improve the supply of hot water and to arrange for people to have baths at different times throughout the day.

We recommend that the registered provider reviews the bathing arrangements so there is a sufficient supply of hot water and renovates the upstairs bathroom to allow people to bathe where they want.

The service followed safe recruitment practices. Staff files demonstrated that thorough recruitment procedures were followed to check that staff were of suitable character to carry out their roles. Criminal records checks had been made through the Disclosure and Barring Service (DBS) and staff had not started working at the service until it had been established that they were suitable. The registered provider had consistently tracked the employment history of each newly recruited person to maintain the safety of the recruitment process. Staff members had provided proof of their identity and right to reside and to work in the United Kingdom prior to starting to work at the service. References had been sought and taken up one of which was from the last employer.

Requires Improvement

Is the service effective?

Our findings

At our last inspection on 13, 20 and 27 May 2016 we found that the registered provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. The registered provider had not ensured that people received effective care and treatment that met their health needs. At this inspection we found that improvements had been made and the breach had been met. However, we identified other areas for improvement. Care plans did not always contain the information and guidance required to ensure people's healthcare needs were effectively met. People had access to a wide range of health professionals. Care plans showed that people had access to a GP, dentist, district nurse, chiropodist, physiotherapist, and an optician and could attend appointments when required. People were supported to mobilise by staff who used the correct techniques and equipment. One person had attended a routine eye appointment and it was identified that they required an operation to repair their cataracts; this was followed up later in the year. Other people had accessed planned and emergency hospital appointments and on the day of our inspection a chiropodist had visited the service. Where people had been seen by a GP, they had recorded notes of the visit in the persons' care plan. Topical creams had a body map and charts which had been recorded and signed every day by staff. We saw that repositioning charts had been completed as directed by clinical staff. When one person had a pressure wound on their leg they had received visits from a tissue viability nurse and a district nurse until the wound had improved.

At our last inspection on the 13, 20 and 27 May 2016 we found that the registered provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. The registered provider had not had not ensured that the requirements of the Mental Capacity Act 2005 were followed and people were therefore at risk of having their liberty restricted unlawfully. At this inspection we found that improvements had been made and the breach had been met. 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager had ensured that people's freedom had not been restricted and systems were in place to keep people safe. The registered manager had not made any referrals for DoLS as people had the freedom to leave the service if they wished. The registered manager was using the principles of the MCA to protect people. Care plans contained consent forms that people had signed to consent to their photo being used in their care plan and in social media and advertising. People's mental capacity was recorded in their care plans. For example, people with a do not attempt resuscitation order signed by a GP had received a mental capacity assessment. The registered manager informed us that no people living at Ashurst Place at the time of our inspection had any concerns with their mental capacity. One person was recently using bed rails and there was a bed safety rail assessment tool completed by the provider. However, although the person had consented to the use of the bed rails there was no space on the form for a person to sign to

indicate that they had consented. Subsequent to our report the registered manager informed us that this form had been updated to include a space for a signature for people to give their consent. We spoke with staff members about the MCA and were told by one staff member that they did not feel confident in using MCA. Another staff member was not clear about the principle that decisions should be decision specific. We found no instances where people had been deprived of their liberty unlawfully but staff member's understanding of the act could be improved.

Staff told us they had access to training to meet people's needs, but would like more face to face courses. Subsequent to our report the registered manager informed us that staff had face to face training with their external assessors. One staff member told us, "I have completed training in medicines and now give this, but I didn't feel very well prepared from the training as it was only a DVD. I decided myself to shadow other staff giving medicines before I did it myself." Another staff member commented, "The training needs improving, a lot of it is DVD only." We reviewed training records and saw that all staff, including kitchen and administrative staff, were expected to complete a basic package of courses. Care staff were then given additional training in areas such as medication competency, NVQ training and person centred care. The registered provider showed us a new set of courses they had purchased for the coming year, which included courses in meaningful activities, diabetes awareness and caring attitudes. The registered provider and registered manager delivered practical training for the use of hoists, first aid, moving and handling and fire drills. There was an effective induction programme in place for new staff members covering use of the call bell system and general care procedures.

We recommend that the registered manager reviews the training programme and tools available to staff to ensure that all staff feel confident in their role.

People appeared to enjoy mealtimes and had access to food and drink they liked. One person told us, "Breakfast is the best meal of the day we have a choice of cereal and toast, sometimes we are offered bananas as well." Another person commented, "They serve up too much food at lunch but its ok and they will make an alternative if you don't like what is on the menu." A third person told us, "I didn't fancy the lunch today so they will make me an omelette." One relative commented, "(Person) enjoys the food there and there's always a choice. I've seen the food; when I go in the afternoon. They do an afternoon trolley with sandwiches all cut up neat and cakes and it looks lovely. When I've been late morning the aroma from the kitchen is fabulous and it looks like it is served well and looked very nice." During our inspection the chef was on leave and other members of staff, who had food safety training, had been working extra shifts to cover the absence. We spoke with one member of staff who was working in the kitchen. The staff member knew about people's dietary needs and had the information printed on the wall to explain if people had any food allergies. We were told that there was always a hot option for supper, for example beans on toast or soup, and that people had tea and biscuits at 8pm. The kitchen was also open at night for snacks. The menu was not rigid to reflect the fact that sometimes people do not want either menu option. The staff member showed us a range of other meal options in the freezer that could be provided. This included some vegetarian options, so although the menu did not show two vegetarian options there was a range for people to choose from.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion in their day-to-day care. One person told us, "The carers are kind and caring they come when needed and are all very good." Another person told us, "They are very good at keeping me clean and they do all my washing, they are so kind." A relative commented that, "They [staff] have a general caring demeanour. There is a lady who sits next to (person) and she needs two people to help her move from her chair and the staff seem very patient and tolerant: the staff are delightful, caring and encouraging with this lady." Another relative told us, "Staff are very caring. Often when I visit they tell me they've had a good old chat with Mum and I can see they care." On the day of our inspection we observed staff talking to residents in a kind and caring manner. We saw staff members knocking on doors and waiting to be invited in, and heard staff speaking to people in a friendly manner: people and staff knew and used each other's names.

At our last inspection on 13, 20 and 27 May 2016 we found that the registered provider was in breach of Regulation 10 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. The registered provider had not ensured that people's privacy was respected. At this inspection we found that improvements had been made and the breach had been met. Staff members respected people's privacy and upheld their dignity. One relative told us, "Mum always has her bedroom door closed. I've never heard staff speaking about confidential things with other people present. Mum was unhappy about them putting a net curtain in her room, for privacy, so they took it away so she can see the wildlife in the grounds." Another relative told us, "My mum always like the door open and staff respect this but they close the door when the GP visits." We saw that staff members knocked on people's doors and waited for a response before entering. We observed that where medical professionals visited the service, such as the chiropodist who visited on the day of our inspection, they saw people in their own rooms and people could choose if they wanted another staff member present or not.

On the day of our inspection we observed very open, familiar relationships between people and staff and these were apparent throughout our inspection. We observed staff checking if people were warm enough. Some people had blankets placed around them and other people had heated pads as it was a particularly cold day. People appreciated this gesture from staff. When a chiropodist visited the service we saw that staff members explained who the visitor was. One staff member knelt down to communicate on eye to eye level with a person. The interaction was not rushed and was conducted at a pace that was appropriate for the person. The staff member asked the person how they were in general and held their hand whilst a conversation was conducted around hearing problems and whether ear drops were in use. The staff member offered to raise this with the doctor if the person consented and they were happy with this. One person got the attention of a staff member who was passing and asked, "Hello my dear, can I have some cheesy biscuits?" The staff member replied, "Yes my darling" and returned within a few minutes with a plate of cheese biscuits. The staff member asked the person about their visit at the weekend, and a conversation was held. The staff member clearly had a good knowledge base about the person's family and this enabled a warm and familiar chat between the person and their staff.

People were supported to express their views and be actively involved in making decisions about their care.

However, involvement in care planning was not always clear. The registered manager explained that key workers sit down and chat with people when they are writing their care plans, but relatives are not always involved. One person's relative did not realise their loved one had a care plan so the registered manager met with the relative and they reviewed the plan and signed it off. When a person moved into the service they were assessed before the move and were involved at this stage to gain as much information as possible about the person; the registered manager also tried to involve relatives at the pre-admission stage to maximise the amount of information available to staff.

We saw that one person's care plan had a very detailed life history that they had provided which mentioned the sports they used to play, places they lived and jobs they did in the past, as well as giving lots of detail about their family history. When there were annual reviews held by people's social workers, the registered manager invited as many people as possible including relatives and any people from services the person was involved with. The registered manager told us, "We've been doing lots of work on the end of life care and work history parts of care plans, so we've found out more information from relatives and friends. We've updated people's details to include their friends and we're going to expand the care plans to include sections on grandchildren and their likes." We reviewed six care plans and found that although they contained personal information which had been given by people and their relatives, there were not many signatures in the plans to say that people had been involved.

We recommend that the registered manager reviews care plans to include evidence that people and their relatives are involved in the care planning process.

Good

Is the service responsive?

Our findings

At our last inspection on 13, 20 and 27 May 2016 we found that the registered provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. The registered provider had not the registered provider had not kept accurate, complete and up to date information to ensure people received the care they needed. At this inspection we found that improvement had been made and the breach had been met. However, we found other areas for improvement. People's needs and preferences were included in their care plan and care plan summary, but some details had not been recorded. In our last inspection we found that basic assessments were not happening and people were not having their fundamental needs met. At this inspection we saw that peoples fundamental care needs were being met and that assessments had been completed. We spoke to staff members and we could see that staff knew people's individual needs. One staff member gave examples of people's preferences in their care, such as one person who liked their care in a particular order in the morning. Another staff member knew about the importance to one person to have their moisturising creams applied during care and that two particular people liked a weekly bath. One person told us, "They do know my likes and dislikes: they know I can't drink milk as it makes me ill." However, care plans did not consistently contain detailed information for care staff to deliver person centred care. For example care plans did not always contain important details for people's personal care routines such as what each person could do independently and what support they needed. Other care plans did contain good person centred information such as their life history, including hobbies and religion, but the knowledge held by staff was not consistently embedded in the care plans and this meant the care planning process was not person-centred.

We recommend that the registered manager reviews care plans to ensure that the information staff members are using to support people is included in care plans and that peoples social needs are reflected in their care plans.

At our last inspection on the 13, 20 and 27 May 2016 we found that the registered provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. The registered provider had not ensured that people received personalised responsive care that met their needs. Some people were at risk of becoming socially isolated with little activity to stimulate or interest them. At this inspection we found that some improvements had been made and the breach had been met. However, we found further improvements that could be made. One staff member told us, "I feel that people get the care they need here. They have more activities to choose from now." A relative commented, "The activities I've seen them do with other residents. I used to play badminton with one lady and she gets to do things; another lady does knitting and made bobble hats. Certain people are always doing something and others don't want to." One member of staff was responsible for activities and kept a summary record of the group activities in the service and who attended. However, this record was completed based on the staff member's knowledge of who usually attended which activity rather than an accurate reflection of who was there. We asked how the activities co-ordinator would know if someone at the weekend, when they did not usually work, had not participated in the activity. Subsequent to our site visit we were told that this information is communicated in the diary and passed on at hand over time. The records showed a range of activities including, a music man, social games, films, knitting, school choir for Christmas carols and craft activities.

The activities co-ordinator told us they celebrated key events in the service such as Easter and did arts and craft events around these.

We saw that some improvements had been made to the provision of activities but people still felt there were not enough meaningful activities on offer. Some people told us that they wanted more activities and that at present they had someone come in and play music on a Sunday evening and every other week they had exercise to music, they also had a hairdresser every week. Some people commented that they did not get taken out in the summer and despite extensive grounds they did not use them in the summer. One person told us, "We do have some music on Sunday evenings but that's about all it's such a shame that the grounds are not used more, we have no picnic tables or gazebos, we used to have a summer fair." We saw evidence that some summer garden activities had been held. Another person commented, "My only complaint is the lack of activities, I like music and exercise but we don't do it very often, I used to like playing cards and dominoes, I have some dominoes but don't have anyone to play it with." The activities co-ordinator said there had been no outings since she started in April 2016. The registered manager told us that there were vehicles available and individual outings that occurred. We were told that it was difficult for people to go out as they had to keep stopping for toilet breaks and that the lack of a vehicle also prohibited outings. We reviewed the daily records for three people and these showed limited activities. Group activities were recorded separately but were not commented on in the daily notes. Staff had not recorded other one to one activities although they said they chatted with people, did their nails and read to them and we saw some examples of this during the inspection without it being recorded. We spoke to the registered provider about the improvements required in activities provision and were told that a training pack specifically for how to provide meaningful activities had been purchased and would be rolled out for all staff in the coming months. The registered manager told us that they would use this training to make improvements to the range of activities on offer.

People and their relatives were encouraged to be involved with their care and support. People had regular reviews with their social worker and the registered provider and families were invited. One relative told us, "At the review (staff member) was present and it was very thorough and they demonstrated the depth of knowledge of my mum's care and social needs and made me think 'gosh they really know her'." Another relative commented, "I have lasting power of attorney but the home encourages (person) with decision making. (Person) made the decision to move to a room downstairs that was smaller but gave them more autonomy. They involved me in the room move. I also remembered the home talking to me about the trip to the seaside where (person) wanted to go." Some people had medical reviews recorded in their care plans and where appropriate relatives were involved.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. The registered manager described several instances where people had bought matters to their attention during general conversations and these were resolved. The service recorded all written complaints in a complaints log and there had not been any formal written complaints received since our last inspection. There was a complaints policy which explained who can complain, who can assist in a complaint and mentioned advocacy services. There was an explanation of how to make a formal complaint with reference to social services and CQC. The registered provider had a complaints notice for people which explained when written complaints would be responded to, for example an acknowledgement letter would be sent within two days and a resolution should be reached by 25 days form receipt of the complaint. Complex complaints would result in the complainant being notified if the matter would take longer than 28 days to resolve.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection on 13, 20 and 27 May 2016 we found that the registered provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. The registered provider had not ensured that systems were being used effectively to assess, monitor, record and improve the quality of service to people.
At this inspection we found that improvements had been made and the breach had been met.

There was a quality monitoring file with a range of audits being carried out to monitor the care and support people received. We checked the audits in a range of areas such as foot care, which tracked which people had been seen by a chiropodist and whether they wore slippers at home. Falls were being monitored and where people had fallen the registered provider had taken action such as placing a sensor near people's beds. Other audits had been competed, such as for eye tests, and had resulted in action being taken such as an optician being contacted for one person who was overdue their eye test. The registered provider had implemented an end of life assessment which detailed if people had a DNAR in place and the date it was signed, whether people wanted to be buried or cremated and other important information to ensure people's wishes around their death were respected. We reviewed a range of audits in areas such as medicines, religious beliefs, hearing and electoral voting. The registered manager told us how they conducted daily quality audits in their walk around of the service. The registered manager commented, "I am pro-active and staff see me every day and I monitor them and ensure that people do their jobs properly." We saw that staff meetings were held where the registered manager invited staff members to speak about any issues. The registered manager explained how they report any issues with equipment or the building through a maintenance repair system. We reviewed the maintenance book and saw that faults had been recorded and followed up as a result of the registered managers walk rounds.

However, we found that the quality assurance systems introduced were not sufficiently robust and embedded to ensure that all areas for improvement were identified and addressed. Some issues we identified in our inspection had not been highlighted by quality audits as they had resulted from recent changes and audits had not always been carried out regularly enough. For example, monthly bathing choices audits had been carried out and recorded people's preferences as to whether they would prefer a bath or a shower or a strip wash. However, the actual baths or showers that had occurred had not been captured in the audit meaning that the registered manager would not be aware if people had not received their desired amount or type of personal care. This had been raised as an area for improvement in our previous inspection. At this inspection people did not tell us that they wanted to bathe more often, although some people told us that they had to wait for the hot water supply to replenish. Work was needed to ensure that risk assessments, care plans and records of activity were comprehensive, up-to-date and promoted personalised care, and to ensure that staff training was effective. We enquired whether verbal complaints were being recorded. The registered manager told us, "I'm active in the home so people sit and talk to me about any issues and we can head it off before it becomes a formal complaint." The registered manager acknowledged that there would be no record of these issues if verbal complaints were not recorded. The registered manager agreed to start recording verbal complaints in the complaints log. Subsequent to our site visit we were informed by the registered manager that a 'book of concerns' is now in use to log verbal

complaints.

Systems were not always being used effectively to assess, monitor, record and improve the quality of service to people. This was a breach of Regulation 17 (1)(2)(b)(c)(e)(f) of the health and Social Care Act 2008 (regulated Activities) Regulations 2014.

The registered manager and the management team provided leadership to the service. The registered manager told us that he watched how staff worked with people. The registered manager told us, "I will pull people up and show them how to do it right. I listen and see if staff knock on people's doors before entering. I was in a room recently when someone entered without knocking and they were reprimanded and re-trained on why it is important to respect people's dignity. We knock on empty rooms because you never know who is in there: it could be a relative using the room and it's just courtesy." The registered manager explained how they used the supervision and appraisal process to offer leadership to the staff team. The registered manager told us, "I ask people how they feel about the job and we discuss any challenges they may be facing. I give feedback to staff and if they need any extra help or training they get it. I help people if they need assistance with their NVQ [National Vocational Qualification is a practical work based qualification available to people in different industries including the care sector] and this recently happened as the result of an appraisal." One staff member told us, "The registered manager is here every day and pops in at weekends too." Relatives we spoke with told us that they knew who the registered manager was. However, some people told us they were unsure who was in charge. One staff member told us, "We don't always know who is in charge. You get told one thing by one person and another thing by another. The care is very good, but the management could be clearer." Another staff member told us, "Sometimes we're not sure about the management structure and who to go to." A visitor to the service told us, "We don't know who the manager is we never see anyone."

We recommend that the registered manager reviews the management structure to ensure that all staff members, relatives and visitors know who to contact for guidance.

The service promoted a positive culture that was open, inclusive and homely. One relative told us, "I think it's actually quite a happy home. I've never heard staff shouting or anything like that. I get a good feeling in the hone when I visit." Another relative told us, "It suits my Mum really well and it is quite casual and perfect for someone like my mother but if you scratch the surface there is a great deal of care going on; I think it is a very, very good home." One staff member told us, "The home is family orientated and has a homely atmosphere." The registered manager told us, "It is friendly and homely and I make sure that people are happy and contented. When relatives visit [looking for a prospective home for their loved one] we're outgoing, friendly and honest. We always sit and have a cup of tea and I always say to them to go and look at other homes." We saw that people were able to bring their own furniture and make their room homely to their own tastes. People were also encouraged to bring their own pets to the service when they moved in to make a homely atmosphere for everyone. The service only advertised their vacancies in the local paper and they rely on word of mouth and local knowledge.

The registered provider had a clear vision for the home and an understanding of the challenges faced by the service. The registered provider told us, "Our vision is to continue on forwards and make improvements. We have nine vacancies so money can be an issue. There are lots of improvements we have planned. We have received quotes for the floor in the lounge and conservatory and are putting carpet in the conservatory to make it warmer and the carpet in the lounge and hallway are to be replaced. The bathroom upstairs has been costed and will be converted in to a wet room." We reviewed the business continuity plan and saw that these works had been planned and costed. The registered manager spoke with us about how they would like to strengthen existing links with the community. The service had links with the local church and one

person runs a local museum that is open by appointment and is supported by the registered provider to maintain this interest. The registered manager spoke about plans to increase outings in the summer months by having smaller groups of people attending each outing. There was a social media page managed by the registered provider to update people and their relatives. The local classic car club and the local women's institute also attend for different events.

The registered manager was aware of their responsibility to comply with the CQC registration requirements. They had notified us of events that had occurred within the home so that we could have an awareness and oversight of these to ensure that appropriate actions had been taken. They were aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support. The Duty of Candour is to be open and honest when untoward events occurred. The locality manager confirmed that no incidents had met the threshold for Duty of Candour.

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 12 HSCA RA Regulations 2014 Safe care and treatment The registered manager had not ensured care plans were kept up to date.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered manager had not ensure that systems were established and working effectively to assess, monitor and improve the quality and safety of services provided to people.