

Mrs L Watts Ms J L Watts

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 28 and 29 June 2018 and was unannounced.

Ashurst Place is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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. There are bedrooms over two floors of the service and a lift is available for people to move between the floors. The service is registered to accommodate 37 people and there were 19 people living at Ashurst Place at the time of our inspection.

At our last inspection in January 2017, the service was rated requires improvement. We asked the provider to take action and they sent us an action plan. The provider wrote to us to say what they would do to meet legal requirements in relation to the breaches we found. We undertook this inspection to check that they had followed their plan and to confirm that they now met legal requirements. At this inspection we found that the breaches of regulation we previously found in relation to keeping care plans up to date and having effective systems to monitor the quality of the service continued. We also found seven new breaches in relation to four regulations and a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of the report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded

There was a registered manager employed at the service. 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.

Medicines were not being managed safely as people with PRN (as required) medicines did not have specific and detailed guidance instructions on how to administer PRN medicines. Other medicines were being administered safely to people.

Risks around possible infections were not consistently being managed with control measures. Some parts of the service were not clean and some national guidance had not been implemented. We have made a recommendation about this in our report.

People were protected from abuse by staff who understood their role in keeping people safe. The safeguarding adults policy was up to date so staff had up to date information to refer to about how to keep people safe from abuse. Staff we spoke with understood how to keep people safe from abuse.

Recruitment procedures had not consistently been followed. Some historical convictions had been risk assessed but some gaps in employment had not been explained. We have made a recommendation about this in our report.

People were at risk of not having their health needs met as care plans did not reflect their diagnoses and explain all conditions. Not all training had been delivered as per the providers' policy. We found that some staff had not received equality and diversity training frequently enough. Other training had been sourced and provided to staff who told us that their training was effective.

Pre-admission assessments were not detailed enough and did not contain all relevant information and there was a lack of clinical monitoring tools used to check people's skin, weight and nutrition intake. The building met people's needs and there were extensive and well-kept grounds. Some parts of the building looked a little dated and were in need of redecoration. We have made a recommendation about this in our report.

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. People living at the service were deemed to have capacity to make day to day decisions.

Staff treated people with kindness and compassion. Staff knew people's needs well and people told us they liked their staff and enjoyed their company. People and their relatives were consulted around their care and support and their views were acted upon. People's dignity and privacy was respected and upheld and staff encouraged people to be as independent as possible.

People received personalised care but it was not planned systematically. The care people received relied on staff verbally handing over information to each other and care plans were not person centred. People were supported in their last days and weeks to have a pain free and dignified death. However, end of life care plans did not cover areas such as how families should be supported, or personalised details such as which music people wanted to be played at their funeral.

There was a complaints policy and form, including an accessible format available to people. Complaints had been used to improve the service delivered to people.

There had not been an improvement in the quality auditing system and issues identified at this inspection were not picked up and put right by management audits. The registered manager had failed to notify us of all incidents.

There was an open and homely culture in the service and staff worked well as a team. People, their relatives and staff members were engaged in the running of the service. There was a culture of working collaboratively with other professionals and local health providers to ensure partnership working resulted in good outcomes for people.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so people, visitors and those seeking information about a service can be informed of our judgements. The provider had displayed the rating conspicuously in the service and on their website.

This is the second time the service has been rated as required improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Risk assessments did not have enough detail in them to keep people safe from possible harm.

Not all medicines were managed safely; as required (PRN) medicines did not have sufficient information about them.

There were sufficient staff deployed to meet people's needs.

People felt safe and were protected from the risk of potential harm and abuse. Some recruitment records were not clear.

Some areas of the service needed to be cleaner and the infection control policy did not reference national guidance.

Lessons were learned when things went wrong and accidents and incidents were investigated and learning fed back to staff.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Pre-admission assessments lacked detail and there was a lack of nationally recognised monitoring tools to check things such as people's weight or skin integrity.

Some staff had not received training as per the providers training policy.

People were at risk of not having their health needs met as care plans did not reflect people's diagnoses or needs.

People were supported to eat and drink enough to maintain good health and this was monitored where needed by staff.

Staff members worked effectively with other agencies and organisations to ensure the care people received was effective.

The environment was suited to people's needs but needed to be redecorated in some areas.

Staff understood their responsibilities under the Mental Capacity Act 2005 and used these in their everyday practice.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and caring; we observed positive interactions between people and their staff.

People were involved in the development of their care plans and were involved in making decisions about their care and support.

Staff supported people in a way that upheld their dignity and protected their privacy.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

People received person centred care but it was not being planned systematically. Information about people's needs was handed over verbally by staff.

Activities were not happening as planned and those activities that did take place were not being recorded.

A complaints policy and procedure was in place and available to people.

People could receive a pain free and dignified death in their final days, though the end of life care plans needed reviewing.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Quality auditing systems for assessing, monitoring and developing the quality of the service being provided to people had not been reviewed and changed since our last inspection.

The registered manager had not notified CQC of all significant events.

There was a homely culture where staff were kept informed and able to suggest ideas to improve the service.

Staff, people and their relatives were involved in the service.

The service worked effectively in partnership with other agencies.

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

This inspection took place on 28 and 29 June 2018 and was unannounced. Three inspectors and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We asked the provider to complete a Provider Information Return (PIR) before this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the previous inspection reports and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law. We contacted the local authority safeguarding and commissioning teams for feedback before the inspection.

We spoke with the provider, the registered manager, six members of care staff and the cook. We looked at seven people's support plans and the associated risk assessments and guidance. We looked at a range of other records including five staff recruitment files, the staff induction records, training and supervision schedules, staff rotas and quality assurance surveys and audits.

During our inspection we spent time with the people using the service. We observed how people were supported and the activities they were engaged in. Some people were unable to tell us about their experiences of care. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

At our last inspection on the 23 January 2017 we made a recommendation that the registered manager ensured that all risk assessments were updated and completed in a timely manner. At this inspection we found that risks still had not been updated in a timely manner.

Risk assessments had not been completed with sufficient detail to keep people safe and reduce the possibility of harm to people. The risk assessment document in people's care plans gave only a brief description of potential hazards and what action would be needed to ensure people's safety. For example, in one person's risk assessment under the 'eating' section there was no mention of the person being under the care of the dietician. The risk assessment mentioned a medical condition that required a special diet but not what action staff needed to take to reduce the risk of the condition worsening. The same risk assessment had a section for 'medical conditions' and this was blank despite the person having input from a psychiatrist and the community mental health team. Another person had a falls risk assessment that indicated they were mobile with a walking aid. However, we saw the person walking around the service without their walking aid. We raised this with the registered manager who confirmed that the person uses a walking stick. We confirmed that this was not happening and observed the person walking without their stick throughout our inspection. Staff were not reminding the person to use the stick and their care plan and risk assessment had not been updated. The provider was in the process of making changes to their care planning system and making updates to people's plans, but the updates had not been enacted.

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

Medicines were not being managed safely. Some people had been prescribed as when required (PRN) medicines, such as pain killers or anti sickness medicines. Although some information around people's PRN medicines had been written on to the medicines administration records (MAR), there were no separate PRN protocols to inform staff when to give PRN medicines, how much of each medicine people could have and the reasons for administration. The reliance on basic information entered on to the MAR chart and generic information contained in each medicines' patient information leaflet meant staff did not have detailed and person-centred guidance on when and how to give people medicines they required 'as and when'. We asked a senior support staff who was administering medicines about PRN medicines and how they would know about the medicines and were told, "We keep the medicine information from the box and go on that information". However, patient information leaflets are not person centred. The purpose of a PRN protocol is to provide information about how the person may indicate that they need the medicine, for example what symptoms they might display. Also, some frail or elderly people may need to have a reduced maximum daily dose or frequency of the medicine that may be different from the leaflet. The guidance document 'Managing medicines in care homes' created by The National Institute for Health and Care Excellence (NICE) states that providers need to consider: the reasons for giving the 'when required' medicine; how much to give if a variable dose has been prescribed; what the medicine is expected to do; the minimum time between doses if the first dose has not worked; offering the medicine when needed and not just during 'medication rounds'; when to check with the prescriber any confusion about which medicines or doses are to be given; recording

'when required' medicines in the resident's care plan. None of these steps had been adequately carried out in respect of PRN medicines.

The failure to have in place detailed guidance for staff on the administration of PRN medicines is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff supported people to take their medicines and people received their medicines as prescribed by their GP. The service used a monitored dosage system where tablets arrived from the pharmacy pre-packed and in a separate compartment for each dosage time of the day. We checked the MAR charts for people and found that medicines were being signed in to the service and counted correctly. MAR charts had been signed correctly to indicate that people had received their medicines. Medicines were stored safely in lockable cabinets, within a locked room, including medicines that required additional security. The temperature of the medicines room and the medicines fridge had been monitored and recorded. Good administration practices were observed and staff checked the medicine, person, route and dosage before offering the tablets to people with a glass of water.

We checked the staff files for four staff members selected randomly. We found that two files contained reference to past convictions. There had been no risk assessment of the possible risk these convictions may pose to people in the staff files. Subsequent to our inspection the provider sent copies of risk assessments. There were some gaps in the employment history for two people that had not been explained on the file. One file contained a reference from ten years before the person started working at the service and a recent character reference had not been sought.

We recommend the registered manager audits each recruitment file to ensure gaps in employment are accounted for and staff have up to date references

People were being kept safe from the risk of infection and there had been no recent outbreaks of infectious illness. However, some parts of the service were not consistently kept clean. Some tables in the dining room were soiled with food remains. We saw some carpets in communal areas, as well as people's bedrooms that had not been vacuumed clean. The sluice washing machine in the laundry room, used for cleaning soiled linen and clothes, was broken during our inspection. Subsequent to our inspection the provider told us that they had another machine that was used to clean any soiled items. Infection control audits were taking place and there was an infection control policy. However, this did not contain reference to the range of compliance criterion as set out in the government guidance document, The Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance, meaning there were responsibilities and tasks such as, providing suitable accurate information on infections to service users and their visitors that were not in place to mitigate the risk from infection.

We recommend that the registered manager reviews and implements appropriate guidance in relation to infection control.

At our last inspection we made a recommendation that the registered provider reviewed the bathing arrangements so there is a sufficient supply of hot water and renovated the upstairs bathroom to allow people to bathe where they want. At this inspection we found that the work had been carried out and people told us they could bathe when they wanted to.

People had been kept safe from abuse. There had been no recent safeguarding incidents reported or referrals made. The registered provider had a safeguarding adults policy that was up to date and referenced the changes in safeguarding adults that were implemented in The Care Act 2014. The Care Act 2014 changed

the way that local authorities investigated possible abuse concerns. Staff were knowledgeable about safeguarding and knew what actions to take in order to protect people from abuse. One staff member told us, "If I found something I thought was abuse I would go to the manager and explain why I had concerns. If I had to take it further I would go to social services."

Suitable levels of staffing had been deployed to keep people safe and meet their needs. The registered provider did not use a dependency tool to set staffing levels. The registered manager used a staffing audit to see whether people required the assistance of one or two carers. The registered manager told us, "We speak to residents and staff and ask if they need more staff and if people tell us they need more we listen and take action." We reviewed a copy of the staffing rota and it showed the level of staffing set by the registered manager was being provided. One staff member said, "In general there are enough staff: today we had one emergency and one staff off sick. We usually work with five staff. We have enough staff to spend time with residents and do things nicely."

Lessons had been learned when things went wrong in the service. Any accidents or incidents had been recorded and investigated appropriately. The registered manager had audited incident and accident reports to determine if the same person or location had been identified, and whether action needed to be taken to reduce the risk of future incidents. There was a falls sheet completed by the registered manager that checked whether falls had been transferred to care plans and that they had been updated. One person had been admitted to the service with a history of falls. It had been noted that they had fallen from a chair in the past. The person was supported to try wearing different material skirts and trousers and this reduced the number of falls. Lessons such as this were shared verbally with the staff team during handovers and team meetings.

Is the service effective?

Our findings

People were a risk of not having their healthcare needs met as their needs had not been recorded in their care plans. One person had been discharged from hospital to the service with a list of five diagnoses that would require specific care from staff in order to meet their health needs. However, the person's care plan did not reference any of the five medical diagnoses. There was no care plan for staff to work to around the person's particular health needs; either in terms of what support the person required, what signs or complications staff should be aware of, or what interventions or services they required in order to receive effective healthcare support. We raised this with the registered manager and asked where the specific support the person required was recorded and were told, "We contact the doctor and ask what help people need. We need to put a bit more into [the care plans]. I need to put some more detail in the care plan." Another person's care notes contained reference to skin damage and a pressure wound. This had been treated by the district nurse and a pressure relieving cushion and mattress had been provided. However, the person's care plan did not mention pressure areas, how to care for the person, or how to use the specialist equipment provided. We asked a member of senior care staff about the person's care and were told that staff were informed at handover about the airflow mattress so they know to check the person. The staff admitted that the care plan was not clear about what exactly should be checked. Pressure relieving mattresses are set by a district nurse depending on a person's weight and can be adjusted. If the setting is incorrect pressure wounds may not heal and may get worse. The member of senior care staff confirmed that checks were not taking place on the setting of the airflow mattress.

The failure to adequately plan for people's health needs is a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At our last inspection we made a recommendation that the registered manager reviewed the training programme to ensure that all staff felt confident in their role. At this inspection we found that training had been provided in most areas. However, we identified that equality, diversity and human rights (EDHR) training had not been provided to staff, despite the registered provider's policy stating that staff should be trained in this area every year. During our inspection a comment of a racially sensitive nature was made to an inspector. This remark was made in private and not heard by people living in Ashurst Place. We raised this with the registered manager and it was confirmed that the person who made the remark had not received EDHR training since 2010.

The failure to provide comprehensive training to staff in line with the provider's policy is a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Staff told us that they were confident in their role. One staff told us, "We're offered updates all the time. I've just finished my QCF level 3 and we're offered in house training. I did extra training in palliative care; it's encouraged here." New staff had an effective induction programme which lasted for three months. The induction covered areas such as, introduction to all staff, fire procedures, on call system, emergency first aid, fire safety, and moving and handling. Supervisions had been recorded on a tracker and had been taking place five times a year for last three years. There was a separate appraisal and supervision tracker for 2018

which recorded supervisions being completed every two months in 2018, this included for night staff. We spoke to two staff who said they felt they could raise issues, concerns and ideas with the registered manager and they would be listened to.

Assessments of people's needs prior to admittance to the service were basic and some were missing important information. There was a lack of nationally recognised, evidence based guidance, used to ensure that risks around people's health conditions were minimised. The pre-admission assessment form was a tick sheet. We reviewed four of these and found they contained very basic information. One person's assessment was left blank in the sections regarding, 'special needs of client' and 'Details of hospitalisation within the last year'. This was despite the person being discharged from hospital with a diagnosis of dementia and a secondary mental health diagnosis. The person's dementia was not assessed and their mental health diagnosis was not assessed or explained. The person had a history of pressure sores but there was no Waterlow assessment or similar monitoring tool to assess the person's skin. A Waterlow assessment is a tool that gives an estimated risk for the development of a pressure sore in a person. Other people at risk of skin breakdown did not have assessments to monitor their skin. People at risk of malnutrition, or on special diets did not have a MUST, or similar assessment, to monitor their weight loss or gain. MUST is a tool that identifies adults who are underweight and at risk of malnutrition, as well as those who are obese.

The failure to assess risks to people's needs is a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At our last inspection we made a recommendation that the registered manager reviewed the bed rails assessment tool and staff training on the Mental Capacity Act (MCA) 2005 to ensure that people were fully protected under the principles of the MCA 2005. At this inspection we found that people were being supported in line with the MCA.

The 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 found that people's right to make decisions was promoted and the principles of the MCA were adhered to. There had been no applications to deprive people of their liberty as the registered manager told us that people had capacity to make decisions around their care and support. The registered provider had an MCA policy that referenced up to date national guidance. There were consent forms in people's care plans. One person had their capacity to make decisions signed by their GP. Staff spoke confidently about MCA and what their understanding of people's capacity was. One staff told us, "I know people's capacity can change and that's important. We don't have anyone here at the moment that would lack capacity."

People received adequate food and drink to maintain good health. People had a choice of meals and drinks, and meal times were an enjoyable social experience for people. One person we spoke with said, "I can't complain about the food." Seven other people we spoke with were very happy with the food that they received from the service. One person said about the food that it is "Very nice, good food", while another person commented, "There is a lot of choice." One staff member told us, "The food is good and I eat it. It's home cooking and it's what the residents are used to eating. People have a choice of meals and there's always leeway if someone change their mind." The cook kept an information sheet in the kitchen of which

people were on which special diets. The chef was aware of how to prepare foods to meet each dietary need. There were sugar free ingredients for people who had diabetes. The cook told us, "Today jam tart is on the menu so we are making one tart with diabetic sugar so it's safe for people with diabetes to eat." The cook spoke to people after meals to find out if they liked the food or wanted it prepared differently. The cook told us, "For example, with shepherd's pie some like it with lots of gravy and some with less. One person likes it very dry so I make a separate one for them and a separate one for another person who prefers (meat substitute)."

Effective support was maintained when people moved to or from the service. The registered manager told us that if people are unsuitable for the service they are not accepted. The registered manager commented, "When people move in we sit and go through the paperwork and involve any relatives. We give people a welcome pack and a care assistant helps the person to unpack, if they want." When people leave the service, the registered manager ensured that copies of care plans and risk assessments were available to any new provider. People's medicines were reviewed to ensure that they had a supply to go to their next service. The registered manager told us, "When people come for respite and then leave we give them packs of food to take and always make sure they have enough medication."

People's needs were met by the design and adaptation of the service. One person said that if they wanted to go out in the grounds the service provided wheelchairs to use, which they said was very good. There were extensive grounds that were well maintained. One staff member told us, "The grounds are amazing. The other day we took some people out to feed the geese in the lake and to see the horses. The building meets people's needs. It could do with a bit of paint, but it's a home from home." The building is an old large 'manor house' style building that was homely but a little dated in places and there was scraped and flaked paint in some areas. We raised this with the registered manager who acknowledged that some redecoration and repainting would be beneficial. There was a lift to move people between the ground and first floors. There was a lounge, dining room, and conservatory.

We recommend the registered provider reviews the decoration and maintenance programme.

Is the service caring?

Our findings

At our last inspection on the 23 January 2017 we made a recommendation that the registered manager reviews care plans to include evidence that people and their relatives are involved in the care planning process. At this inspection we found evidence that people were involved in reviews of their care.

Reviews had taken place each month, with a major review every three months. We spoke to a key worker about reviews and were told that every month key workers met with people they are key worker for and talked about how things had been going and any progress or changes. One member of staff told us, "When [name], for example, first came here they were walking but will now only do just a couple of steps. [Name] washes their face but needs two carers now instead of one. Sometimes they cannot stand so we need to use the hoist. [Name]'s family are involved; the son visits every day and will attend the review. Sometimes [person] will sign to show the review took place, sometimes the son signs." People's relatives had been kept informed of any changes or developments within their care. Other people were signing their care plans to indicate they had been involved in reviews.

People told us that staff were caring. We observed positive and caring interactions between staff and people. One person told us, "I think they [staff] are very caring here, I think they do a good job." Staff commented, "We get to build very strong relationships with people. For example, one person is very anxious and little things can upset them. One of their alarm clocks broke and they were very upset so I went out and bought one. When I gave it to the person the reaction I got was huge: they were over the moon. I knew I had to give it brand new in the packaging otherwise they would think it was someone else's. We get to know people like that and what they like."

Staff spoke to people with kindness and compassion. We observed one person who was a little apprehensive during a medicines round. Staff sat on the bed with the person holding their hands and talking about their day. The staff member spoke with a very gentle and warm manner, and used appropriate humour to put the person at ease. A member of staff spoke the native language of one person and they were able to talk together which helped the person when they were distressed.

People's independence was promoted by staff. Staff relayed to us the strategies they used in their day to day care to encourage people to do more for themselves. For example, during personal care staff encouraged people's independence by asking them to wash their own hands and face. People were encouraged to remain as independent as possible around their mobility. One staff member told us, "We know what residents are capable of and if someone asks for a wheelchair we ask them to take two steps before they have the chair." People were offered choices throughout our inspection around day to day issues, such as where to have breakfast, or where they wanted to be.

People's relatives could visit whenever they wanted to and were invited to have meals with their loved ones. On Mother's Day and Christmas day families are invited to share a special lunch. One relative worked late and was free to visit in the night times.

People are treated with dignity and respect. One staff member told us, "We knock in the morning. When they answer we shut the door behind us and ask them if they are ready to get up. If they are not we will come back a bit later. I will tell them when I am washing them what I'm going to do, such as 'I'm going to wash you under your armpits'. I am always talking, always communicating with them. I wouldn't want someone to powder my back without asking me. I always ask if there is anything they would want me to do for them. There is a do not disturb sign we use then providing care. People tend to keep the doors open [during the daytime]. We close the doors and curtains when we do care and when they want to use the toilet. We wouldn't speak to people about their personal lives in front of other people unless it's a member of the team." During our inspection we observed that staff were respectful of people and upheld their dignity.

Is the service responsive?

Our findings

At our last inspection on the 23 January 2017 we made a recommendation that the registered manager reviewed care plans to ensure that the information staff members were using to support people was included in care plans and that people's social needs were reflected in their care plans. At this inspection we found that sufficient improvements had not been made. People were receiving personalised care but their care and support was not being planned systematically. For example, changes in people's needs were not being recorded in care plans and the information was being handed over verbally between staff. Although people were currently receiving the care and support they required this rested upon staff telling each other about changes. If staff were to leave or be off sick at the same time, people would be at risk of not having their needs met. Staff used a 'handover book' to record some information on health issues, such as, district nurse visits, whether a person was confused and if anyone had a blood test. However, the information in the handover book was brief. We spoke with a member of senior care staff who told us that this was a prompt and that handovers were done verbally. The information recorded did not go in to sufficient detail and would not replace a care plan for people's individual needs. All people had 'my life story' booklets in their care plans but of the seven we checked these were all blank and had not been completed.

The failure to put in place person centred care plans is a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At our last inspection we made a recommendation that the registered manager reviewed activities provision to ensure that all activities were recorded and that people felt activities on offer were meaningful. At this inspection we found that information about people's activities was available but activities were not being provided. For example, one person liked to play chess and was reliant on a friend who visited to play chess as staff told us they did not know how to play. Activities were advertised on a white board but the activities that were on offer were not aligned to this board and were not being recorded. One staff member told us, "We used to have an activities coordinator but the residents weren't doing anything. We were making pictures, they like bingo. Last did it a couple of weeks ago but some of them can't see the numbers." One current staff member had completed a specialist activities training course. They confirmed that they had completed the training and that they worked on activities with people. The staff confirmed with us that nothing around activities provision was recorded and there was no activities plan. The staff member told us, "I'd like to be able to do things with [people] more in line with what they used to like before they moved in, but we don't always have the time. I'd love to be able to do something with them between, say 10 and 12. Some people don't want to come down for activities." One person told us that they liked to do activities; they said, "There are quite a few games, but we don't do many." Another person said that they were not that bothered about taking part in activities because they were visited regularly by their daughters. However, another person said that they haven't been given the option of going out and would like to be asked. A relative told us, "[Name] has been very well looked after; they've put on weight since being here. However, I think staff only do things now and again with residents." Another relative commented, "They used to do painting, but this doesn't happen anymore." The same relative told us that they think the service could, "Provide people with a few more things to do".

The failure to provide personalised activities to people is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

At our last inspection we made a recommendation that the registered manager recorded all verbal complaints and their resolution in the complaints log. At this inspection we found that there had been no complaints since our last inspection. The registered manager told us, "We try to catch complaints before they become anything major. We speak to people, speak to the residents and their family members and try to sort things before they escalate to a formal complaint." There was a complaints policy and procedure which stated that the service views complaints as an opportunity to identify anything that is going wrong in the organisation and to make it right. There was a process setting out what would happen if a complaint could not be resolved. There had been compliments recorded in a log thanking staff for the care they provided to people's loved ones, including one compliment for the end of life care given to a person.

People could receive a pain free and dignified death in their last weeks and days. At the time of our inspection there was nobody receiving palliative or end of life care. Palliative care aims to manage pain and other physical symptoms of diseases. People had an advance care plan summary in their care plans that set out their preferred place of care when dying, whether they had a funeral plan in place, an appointed funeral director, whether the person had a DNAR in place (do not attempt resuscitation) and whether there was an appointee with lasting power of attorney. The local hospice had been involved with people's end of life care and the service had used end of life medicines. The registered manager told us, "The hospice comes in and makes the decision, and the district nurse comes in to put in a syringe driver." The care plans for end of life care covered the practicalities of dying but did not cover the emotional or personal aspects of death. We spoke to one staff member who told us, "There are no specific care plans for choices, such as choice of music or smells. But we try to make it how they like it. We involve the families so we know what people would like. When someone passes we need to wait for the doctor to confirm it. We then ring the funeral parlour. We lay them out peacefully, as peaceful as possible. If it is a close friend [of another person] we will sit down with them and tell them."

We recommend that the registered manager reviews end of life care plans in line with best practice.

Is the service well-led?

Our findings

At our last inspection on the 23 January 2017 we made a recommendation that the registered manager reviewed audits in order to rectify any shortfalls in service delivery in a timely manner. At this inspection we found that improvements had not been made and the same system of audits was in place. Issues highlighted at this inspection had not been identified in audits or acted upon by the management team. We discussed with the registered manager how audits of care plans were completed and were told that the care plans were not good enough. The registered manager said, "We need to put information back in; it's not good enough. I left this to a previous admin assistant and it went pear shaped and I need to step back in." We raised with the registered manager that some of the issues identified at the previous inspection, such as a lack of personalised information in care plans, or poor audits of bathing, remained at this inspection. We asked what the improvement plan was and the registered manager commented that they were always looking at ways to improve and do things differently. "We are always asking for advice from doctors. The audit of bathing has been done but I have not written it down; we changed the tick sheet so it states whether a bath or a strip wash is offered." The system of audits in place was quantitative in that it checked, for example, when a person had seen an optician. However, there was a lack of qualitative auditing in that the effectiveness of care plans had not been audited nor how or which activities were being delivered.

The failure to effectively assess, monitor, record and improve the quality of service to people is a continued breach of Regulation 17 of the health and Social Care Act 2008 (regulated Activities) Regulations 2014.

The registered provider had not notified us of all events that had occurred within the service so that we could have an awareness and oversight of these to ensure that appropriate actions had been taken. There was an incident resulting in a serious injury that we were not aware of and had only become aware of during our site visit. We use these notifications to help inform our inspection scheduling, so had we been made aware of incidents we may have inspected the service sooner.

The registered provider had not ensured that the Care Quality Commission had been notified without delay of these incidents. This is a breach of the Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The registered manager was supported by the provider and sought external sources of assistance. The registered manager attended a local manager's network and received helpful advice. The registered manager told us, "We help each other and get talks from people such as inspectors or discharge managers from hospital. We have talks and share learning such as one home had an incident when a duvet was placed over a lamp and caused a fire. We came back and replaced all the lamps by people's bedsides with battery powered ones." The provider was aware of changes to data protection legislation and had made changes such as to the signing in book to protect people's information.

At our last inspection we made a recommendation that the registered manager reviewed the management structure to ensure staff members know who to contact for guidance. At this inspection we found that staff were confident in the management structures and knew who to contact for advice. Staff were actively

involved in developing the service and were encouraged to give their views. Staff had suggested changes to the way that people chose their meals, where people were given a choice of meals the previous day and could have time to decide. This had proven to be successful and popular with people. The registered manager told us that staff were encouraged to try new things even if they didn't work out, "The staff suggested a 'tuck shop' for people which was a good idea but we had to stop as diabetic and non-diabetic people ended up swapping sweets. It was a good idea and staff know they can keep trying ideas."

The service had strong links with the local community. A local vicar visited regularly to give a service that people could choose to attend. The registered manager had planned and held a summer fete in the grounds that was dog friendly and raised funds for a dog rescue charity. A local classic car club met at the service and displayed their vehicles for residents. There was also a visiting clothes shop. Some relatives and relatives of people who had passed away visited for occasional activities such as painting. The provider had links to the local school who visited and people from the service attended the school fete. Staff had been supported to question practice and raised concerns. During one investigation the registered manager had ensured staff anonymity to protect them under the whistle blowing policy. The registered manager had given their home phone number to all staff to ensure that they could be contacted privately.

The service had a homely feel and the staff worked well as a team which was borne out by good staff retention. The registered manager kept the day to day culture under review. The registered manager and provider were a visible presence in the service and described themselves as hands on. One staff told us, "[Registered manager] is very supportive and is only a call away; I've called nights and mornings and they're always there to offer advice. They encourage training and are supportive." The registered manager told us that they had noticed when staff have not done things the correct way and had taken action. The registered manager said, "I've had to take staff aside and told them they're doing it wrong. When they come here I teach staff how I want things done and how I want people to be spoken to." The management team ensured that staff were supported and valued. One staff commented, "If I have a worry then [Registered manager] and [provider] will sit and talk to me and they listen." There was regular supervision and an annual appraisal to help staff develop and give them the opportunity to raise ideas or receive feedback. The registered manager commented, "We speak to staff all the time and even though I'm the manager here they feel they can come and speak to me even if it's a problem at home."

The service was working effectively with other agencies and was sharing information appropriately. The registered manager attended network meetings with other professionals and through this network sourced fire marshal training. There were strong links with healthcare professionals such as GP's, district nursing teams; occupational therapists, and a dietician had been visiting during our inspection. The local hospice worked in partnership with the service when people were in their last weeks and days. The service was working closely with the local authority and was in regular contact with social workers and the adult safeguarding team. The local authority commissioning team visited regularly to conduct quality visits and social workers had attended annual reviews at the service. The registered manager had been appropriately sharing information with other services, for example when people moved out of the service the new provider would be securely given copies of care plans and risk assessments. A district nurse had visited to review some people at the service and the registered manager provided a care plan summary securely to aid the review process.

The registered manager was aware of the statutory Duty of Candour which aims to ensure that providers are open, honest and transparent with people and others in relation to care and support and when untoward events occurred. The registered manager confirmed that no incidents had met the threshold for Duty of Candour. It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so people, visitors and those seeking information about a

service can be informed of our judgements. The provider had displayed the rating conspicuously in the service and on their 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 The registered provider had failed to adequately plan for people's health needs. The registered provider had failed to safely assess people's needs. The registered provider had failed to provide personalised activities to people. The registered provider had failed to put in place person centred care plans. |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider had failed to assess and mitigate the risks to people's health and safety. The registered provider had failed to put in place detailed guidance for staff on the administration of PRN medicines. |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had failed to effectively assess, monitor, record and improve the quality of service to people. |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA RA Regulations 2014 Staffing The registered provider had failed to provide comprehensive training to staff in line with the |

organisations policy.