

Indigo Care Services Limited

Lymewood Court Nursing Home

Inspection report

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08 November 2017

15 November 2017

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 07, 08 and 15 November 2017. This first day of the inspection was unannounced.

Lymewood Court is a purpose built service, all bedrooms and communal areas are located on the ground floor. The service is registered to accommodate 46 people, there were 41 people living at the service at the time of this inspection.

A registered manager was in post at the time of the inspection visit. They were registered with the Care Quality Commission in July 2017. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The last inspection of the service was carried out in March 2017 and found that the service was not meeting all the requirements of Health and Social Care Act 2008 and associated Regulations. We asked the registered provider to take action to make improvements in relation to people's safety, dignity and respect, management of medicines and quality monitoring systems. We received an initial action plan and subsequent actions plans outlining actions completed to date and those that were ongoing. At this inspection we found that the provider had made improvements however we found further improvements were required to become fully compliant with the Fundamental Standards of Quality and Safety.

We have made a recommendation about the management of some medicines. Improvements had been made to the management of medication, however further improvements were required. Some prescribed medication not safely stored and administered in line with national guidance.

People received their prescribed medication on time and medication administration records (MARs) had been signed to indicate this. Where medication was not administered the circumstances for this was recorded. Medication such as eye drops were labelled on opening and used within the expiry date. Handwritten entries made on MARs were signed by two staff to ensure the accuracy of the information recorded.

Improvements had been made to the safety of the environment. People were protected against the risk of fire. Repairs had been carried out on fire doors and automatic closure devices were used for holding fire doors open. Pathways to external fire doors were clear from obstructions and regular checks were carried out to ensure this was maintained.

Improvements had been made to minimise the risk of the spread of infection. Cleaning schedules had been put in place and followed for the cleaning of equipment used by people to help with their comfort and mobility. Each person had their own hoist sling which was stored in their bedroom.

Improvements had been made to the recruitment of staff, however further improvements were required. The required checks on applicant's criminal background had been carried out before they were allowed to start work at the service. However references obtained for some staff employed since the last inspection had not been obtained in line with the providers recruitment procedure.

Improvements had been made to the system for communicating people's needs, however further improvements were required. Wound care provided to one person was not effectively communicated making it difficult to establish the actual care provided. Agency nurses were still heavily relied upon to ensure people were supported by the right amount of suitably skilled staff. However the same nurses who were familiar with people's needs were booked well in advance thus improving communication and consistency of care for people. In addition two permanent nurses had been recruited since the last inspection and further appointments were in the process of being made.

Improvements had been made to assessments, care plans and supplementary care records so that they reflected people's needs. However further improvements were required. Care plans for some people had not been updated in a timely way to reflect changes which were identified during reassessment of their needs. Charts which were in place to monitor aspects of people's care such as fluid intake, weight, positional changes and air flow mattress settings provided specific details of the care people required. Charts had been completed to reflect the care people received and the information was used to evaluate their care.

Improvements had been made to staff support and supervision. The majority of staff had received supervision since the last inspection. Timescales had been set to ensure all staff received the required level of supervision in line with the provider's policy.

Improvements had been made to people's confidentiality, dignity and privacy, however further improvements were required. On occasions staff lacked respect for people when speaking about them and some records about people lacked compassion and referred to them in a negative way. Bedrooms which were overlooked from the car park at the front of the building had been fitted with vertical blinds. This enabled people to have more choice and control over their level of privacy. Personal records about people were kept secure when not in use and staff supervised records closely when completing them in communal areas.

Improvements had been made to assessing and monitoring the quality and safety of the service, however further improvements were required. More robust checks were required to ensure staff were recruited in line with the provider's recruitment procedure, safe use and storage of some prescribed medication and the maintenance of care records.

People who lived at the service were safeguarded from abuse and potential abuse. People told us that they felt safe at the service and that they trusted staff. Safeguarding training was completed by staff and they had access to information about how to prevent abuse and how to respond to an allegation of abuse. Staff knew what was meant by abuse and said they would not hesitate to report any kind of abuse which they were told about, suspected or witnessed.

People were cared for by staff who had received appropriate training. Staff completed a variety of training relevant to people's needs and their role and responsibilities. Staff completed online training and classroom based training which took place in a dedicated training room at the service. Competency checks were carried out following each training session to make sure staff understood and benefited from the training undertaken.

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.

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 always safe.

Checks on new staff were not always obtained in line with the provider's recruitment procedure.

Some items of medication was not safely stored and administered.

People received their prescribed medication at the right time.

The environment was safe, clean and hygienic.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Some care records lacked information about people's changing needs.

Staff received appropriate training and support for their roles.

People's dietary needs were understood and met.

Is the service caring?

Requires Improvement ●

The service was not always caring.

On occasions staff lacked respect when speaking about people and when referring to them in records.

Personal records about people were treated in confidence.

People had more choice and control over their privacy when occupying their bedrooms.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People's need were not properly assessed and planned for.

The environment lacked wayfinding and stimulus for people with memory loss.

Complaints were listened to and acted upon.

Is the service well-led?

The service was not always well-led.

Records required by regulation were securely stored however some people's care records were not kept up to date.

Systems were in place for assessing and monitoring the quality and safety of the service were not always effective.

The provider took action to make the required improvements following the last inspection.

Requires Improvement 

Lymewood Court Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered 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 site visit took place over two days, the first day was unannounced. Two adult social care inspectors and an Expert by Experience carried out the inspection on the first day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day which was announced was carried out by one adult social care inspector and a nurse specialist advisor.

We used information the provider sent us in the Provider Information Return. This is a document we require providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk to us.

We observed the interaction between people who used the service and staff. We spoke with 12 people who used the service and five family members. We spoke with the registered manager, deputy manager, two improvement managers and staff who held various roles including, care staff, nurses, kitchen staff and domestic staff.

We looked around the premises including communal lounges and dining rooms, bathrooms, bedrooms, the kitchen, laundry and outside areas.

We reviewed a number of records, including care records for six people who used the service and four staff files. Other records we looked at related to the management of the service including quality monitoring audits, safety certificates for equipment and systems in use at the service.

Before our inspection we reviewed the information we held about the service including notifications that the registered provider had sent us. We also looked at information we received from the local authority and members of the public.

Is the service safe?

Our findings

At our last inspection in March 2017 we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to make improvements to people's safety in relation to the management of medication, the premises, infection control and staff recruitment. During this inspection we checked whether the registered provider had made the required improvements. Whilst the provider had made improvements we found some further improvements were required.

People told us that they felt safe living at the service. Their comments included, "There's nothing I am worried about", "I feel safer now I'm here". Family members commented; "I think she [relative] is safe", "Never had any problems" and "Mum would say if she didn't get her medication".

Improvements had been made to the management of medication; however we found further improvements were required. Prescribed food supplements and thickeners were safely stored; however on the first day of inspection we found two items of cream on a shelf in one person's bedroom and a tub of cream on a table next to one person in bed. This put people's safety at risk. The items were removed from people's bedrooms and safely stored after we raised it with staff.

At the time of inspection five people were individually prescribed the same brand of thickener to be added to fluids to minimise the risk of choking. However, we found that one person's prescribed thickener was being used for all five people. This was not in line with guidance set out by the National Institute for Health and Care Excellence (NICE) which states that medicines should be administered to the right person they are prescribed for.

We recommend that the service consider current guidance on the use of prescribed medicines and take action to update their practice accordingly.

On both days of our inspection the medication rounds were carried out in a timely way. There were a number of people who required time specific medication, for example before getting out of bed each morning or before food. We looked at the records for people who required time specific medication and spoke with the nurses about this. The nurses were familiar with those people who required time specific medication and they knew the times when it should be administered. Records showed that time specific medication had been administered to people who required it in line with the directions set out by the prescriber. This meant people received their prescribed medication at the right time. We checked medication stocks against the medication administration records (MARs) and found that stocks tallied with the records. This meant people received all their prescribed medication.

Medication such as eye drops which when opened had to be used within a set period of time were dated to show when they were first opened. This enabled staff to monitor when the items were no longer fit to use. Opened items of medication which were in use were within their use by date and those which required to be kept cool were stored in the medication fridge to ensure they remained effective. Daily temperatures of the fridge and the medication room were taken and recorded to ensure they remained within the temperature

range for the safe storage of medication.

Each person had a medication administration record (MAR). Each person's MAR displayed their photograph and the allergy section was completed to show any known allergies. This information reduces the risk of medicines being given to the wrong person or to someone with an allergy and is in line with current guidance. MARs detailed items of prescribed medication, the time they should be given and any instructions for use. MARs were completed appropriately, for example they were initialled to show people had taken their medication. Some people were prescribed PRN medication. These are items of medication which people are given only when needed, such as painkillers. Protocols were in place for the use of PRN medication and they provided staff with guidance and instructions about their use such as what they were used for and when and how they should be given. Items of medication and instructions for use which on occasions staff were required to handwrite onto some people's MARs had been signed by two members of staff to check the accuracy of the record made.

There was a dedicated room for storing people's medication and it was kept locked and accessed only by authorised staff. Staff with responsibilities for managing medication had received appropriate training and had their competency regularly checked. There were safe systems in place for the receipt, storage and disposal of medication. This included the maintenance of records detailing medication received into the service, disposed of and returned to the supplying pharmacist. Controlled drugs (CDs) were stored securely in appropriate cabinets and a CD register which was in place was properly maintained. Controlled drugs are medications prescribed for people that require stricter control to prevent them from being misused or causing harm. We checked a sample of CDs and found the stock tallied with the records kept.

Improvements had been made in relation to fire safety. During our last inspection we contacted Merseyside Fire and Rescue Service because of concerns we identified at the service in relation to fire safety. The concerns we identified put people and others at risk as full protection was not guaranteed in the event of a fire. This included holes found in internal fire doors and bedroom doors which did not close tightly into the recess. Other fire safety concerns included trailing wires and equipment obstructing external fire routes. Following our last inspection an officer from Merseyside Fire and Rescue service carried out a visit at the service to evaluate the fire safety provided. The visit report which was shared with us identified a number of actions required to improve fire safety. This included repairs to internal fire doors and the clearance of obstructions from external fire escape routes. During this inspection we found that all the actions had been completed. This meant people were better protected in the event of a fire.

Improvements had been made in relation to the control and spread of infection. Cleaning schedules had been put in place and records showed they had been followed to ensure the cleanliness of equipment which people used to help with their mobility and comfort. Equipment used by people at the time of the inspection including wheelchairs, stand aids, hoists, pressure cushions and mattresses were clean and hygienic. This meant people were better protected against the risk of the spread of infection.

Improvements had been made in relation to the recruitment of staff. However we found some further improvements were required to better ensure the safe recruitment of staff employed. A number of new staff had been employed since the last inspection and records showed that a check with the Disclosure and Barring Service (DBS) had been carried out before they were allowed to start work at the service. A DBS check consists of a check on people's criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. However references for two staff employed were not obtained in line with provider's recruitment procedure. For example, there was no reference in place for one staff member employed from their previous employer, despite these details being provided by the applicant on their application form. References obtained for another member of staff showed that they

had been sent via a private email address. Whilst the references were supplied by those who had worked with the applicant in a professional capacity this was not in line with the providers procedures which require references to be supplied from an official address of the previous employer.

Improvements had been made since the last inspection to pathways and surrounding areas outside of the service, however work was ongoing to improve it further and make it safer for people and others to access.

Checks had been carried out by a suitably qualified person on systems and equipment used at the service to ensure it was safe to use and a record of these checks were kept. This included checks on the gas and electricity systems, appliances and hoists.

There was a system in place for reporting and recording any accidents or incidents which occurred at the service. The records were analysed on a regular basis as a way of identifying any trends or patterns and they were used to learn lessons and help prevent any future occurrences.

There were enough staff to support people in the event of an emergency. All staff had received training in topics of health and safety such as first aid, fire awareness and evacuation procedures and they were aware of their responsibilities for ensuring people's safety in the event of an emergency.

Personal evacuation plans (PEEPs) were in place for each person who used the service and they were kept under review to ensure that they reflected people's current needs. A copy of each person's PEEP was held in a file which was located near to the main entrance of the service making them easily accessible to staff and emergency services in the event of an evacuation.

Staff had completed safeguarding training and they had access to the provider's safeguarding policy and procedure and those set out by the relevant local authorities. Staff also had access to a step by step guide describing what they were required to do if they witnessed, suspected or were told about abuse. Staff knew the different types and indicators of abuse and they said they would not hesitate to report any concerns they had. The registered manager notified the relevant agencies of allegations of abuse or suspected abuse. They informed relevant agencies such as the local authority safeguarding team and the Care Quality Commission (CQC). Records showed that safeguarding concerns were dealt with promptly and that appropriate action had been taken to reduce further risks to people.

Is the service effective?

Our findings

At our last inspection in March 2017 we found breaches of Regulation 12, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to make improvements to how people's care needs were monitored, updated and communicated and supervision of staff. During this inspection we checked whether the registered provider had made the required improvements. Whilst the provider had made improvements we found some further improvements were required.

Improvements had been made to the way information about people's needs was communicated amongst the staff team. However we found further improvements were required. We found that records for one person who required wound care were not completed consistently which led to a lack of clear information about the care they received. Although eventually we found that the person had received the care they required, the records for communicating this had not been completed in line with the provider's communication systems in place. This put the person at risk of not receiving effective care.

At the previous inspection there was a high use of agency staff working at the service due to a shortage of permanently employed nurses. The use of agency nurses was appropriate to ensure staffing was in line with the requirements, however a lack of communication amongst agency nurses meant people's needs were not effectively met. Although at this inspection we found that the use of agency nurses remained quite high, agency nurses were booked in advance. This helped to ensure the use of regular nurses who were familiar with the needs of people who used the service and the communication systems. In addition two permanent nurses had been employed at the service since the last inspection doubling the team of permanent nurses. A number of applications were being processed at the time of this inspection with a view to further appointments being made. Nurses on duty at the time of our inspection demonstrated good knowledge of people's needs and the lines of communication.

Verbal and written handovers in respect of each person took place between nurses leaving their shift and nurses commencing the next shift. This was to communicate important information about the events of the previous shift and to highlight any relevant information about people's needs for the next shift. We reviewed handover records which covered a period of four weeks and found that they were completed as required. The records provided an overview of the care and support each person received and where appropriate they reported on aspects of people's care which required further intervention or observations.

Improvements had been made to monitoring aspects of people's care. Some people required aspects of their care monitoring to ensure effective outcomes. This included monitoring people's fluid intake to help them remain hydrated and monitoring people's positional changes and air flow mattress settings to help reduce the risk of them developing pressure ulcers. People had a separate chart in place for each aspect of their care which required monitoring and they included guidance and instructions for staff to follow. For example, fluid intake charts identified the recommended amount of fluid people were required to consume in a 24 hour period to remain hydrated. In addition the total amount the person consumed within that period was required to be calculated and recorded onto the chart at the end of the 24 hr period. Positional change charts provided the frequency the person required repositioning. We looked at the care records for

five people who required the use of an air flow mattress on their bed to minimise the risk of developing pressure ulcers. Records were in place for each person which detailed the required setting of the mattress and daily checks carried out on the setting to ensure they were correctly set.

We checked monitoring charts for ten people and found that they had been completed to show that people had received the right care in line with their care plan. Charts were completed with information such as who delivered the care, the time it was delivered and the outcome for the person. The charts were evaluated each day by a senior member of staff to ensure that goals set out for people were being met, and if not what action needed to be taken.

Improvements had been made to ensure that people received the right healthcare. GP's and other healthcare professionals were called upon when staff were concerned about a person's health or wellbeing. Since the last inspection we were notified of two instances when people did not receive their prescribed medication due to errors which occurred. Records showed that at the time staff contacted appropriate medics for advice regarding any impact the errors could have on people.

Improvements had been made to staff supervision and support. However further improvements were required. Records provided to us showed that since our last inspection the majority of staff had attended a one to one supervision with their line manager. This provided staff with the opportunity to discuss matters relating to their work, including their role and responsibilities, their performance and personal development.

People were cared for by staff that had completed the required training. On appointment new staff commenced an induction programme which consisted of training in line with the care Certificate. The Care Certificate is a nationally recognised qualification introduced in April 2015 for health and social care workers. Staff appointed since the last inspection told us that during their induction they were provided with a tour of the building and met with people who used the service and staff and introduced to the registered providers policies and procedures. They told us they had also shadowed more experienced staff for a period of time before being included on the rota. Refresher training in topics covered during induction and others topics relevant to people's needs. For example Dementia awareness, fire safety, infection control, emergency first aid and diet and nutrition. Training was delivered in a number of ways including face to face training delivered by accredited trainers and e learning (on a computer). Following each training session staff underwent a competency check to test their knowledge and understanding of the training completed. If staff failed to meet the requirements of the competency check, they were required to undertake the training again. Training records showed that the majority of staff had completed all the relevant training required of them and that training for others was ongoing.

There was a lack of clear signage and stimulus for people living with dementia. Some people's bedroom doors did not display their name and there was no other signage to aid orientation of people and reduce confusion. The main communal areas which people regularly occupied, including lounges and the dining room lacked items of interaction or stimulus which could be used to support reminiscence and wayfinding such as pictures of the local areas and favourite pastimes of people who lived at the service.

We recommend that the registered provider refers to best practise guidance on dementia friendly environments such as Kings College.

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 people lack mental capacity

to make particular decisions, any decisions 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 2005. The application procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS). We checked that the service was working within the principles of the MCA 2005 and found that they were.

There were processes in place to protect the rights of people living at the service. Staff had undertaken training in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and they understood the main principles of the act in their day to day practice. Staff were observed giving people choices and obtaining their consent prior to any intervention. The management and senior staff understood their responsibilities and the process for making appropriate applications if they considered a person was being deprived of their liberty. Applications for a number of people who lived at the service had been made to the relevant supervisory body, and authorised at the time of our inspection.

People's dietary needs were assessed and planned for. A care plan was put in place where a person was assessed as being at risk of malnutrition and dehydration. The aim of the plan was to promote a healthy intake of food and drink. Any encouragement, prompting and/or assistance people needed with eating and drinking was also included in their care plan. Records were held in the main kitchen about any special dietary requirements people had. For example, people with diabetes, people's food likes and dislikes and any specific food textures which people who were at risk of choking needed.

Is the service caring?

Our findings

At our last inspection in March 2017 we found a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to make improvements in relation to confidentiality, privacy, dignity and respect. During this inspection we checked whether the registered provider had made the required improvements. Whilst the provider had made improvements we found some further improvements were required.

People told us that the staff were kind and caring. Their comments included "Staff are lovely" "Staff are kind and caring", "I feel listened to", "I can do things for myself if I want to. The staff help me if I need it", "Yes they [staff] are nice, some more than others". Family members told us "Always pleasant when we come", "I feel listened to if I have anything to say" and "Yes they [staff] are nice. Do their best".

Improvements had been in relation to ensuring people's confidentiality and privacy; however we found further improvements were required. People were not always treated and referred to in a respectful and dignified way. Whilst visiting one person who was being nursed in bed we observed some dark staining around their mouth. We alerted staff and discreetly pointed this out to them. One member of staff said loudly in front of the person "It's from down below he will have to be changed". We also observed staff speaking to each other over people for example one member of staff said to another over the head of a person, "I'll put [name of person] there then she [another person] can go there".

Records for another person included statements which lacked compassion and reflected the person in a negative way. This included statements such as 'Can be quite uncooperative' 'Has a tendency to get up quite early and will not go back to bed', 'Found wandering in corridor topless refused to go back to bed and quite aggressive'. There was a lack of recordings to show how staff had supported the person in an attempt to settle them during these periods.

At lunch time on the first day of inspection some people were left waiting for the assistance they needed from staff after their meal had been served. We observed one member of staff assisting one person before moving on to assist another person.

This is a continued breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's personal records were locked away when not in use and accessed only by authorised staff on a need to know basis. When accessing and completing records staff ensured this was done discreetly. Staff had received updates regarding their responsibilities for ensuring the security of personal records and maintaining people's confidentiality and privacy. Since the last inspection bedrooms which were located on the ground floor and overlooked from outside, had been fitted with vertical blinds. This helped to ensure people's privacy and dignity whilst they occupied their rooms. One person told us that they welcomed the new blinds as they could close them when they wanted full privacy and open them when they wished to watch the coming and goings outside.

Improvements had been made to enhance the outside and inside of the premises. Outside areas had been made more attractive for people and their visitors to use. Outside areas including patios, pathways and flower beds were free from litter, cigarette butts, broken flower pots and weeds. Outside seating was available for people and their visitors to use if they wished to spend time outdoors.

Clocks situated in communal areas were set at the correct time and information about the date, time of year and weather which was displayed showed the correct information. One TV was in use in lounges. This was an improvement since the last inspection when clocks and dates were set incorrectly and two TVs were in use in the same lounge which had the potential to confuse and distract people.

Dining tables were attractively laid with tablecloths and napkins and people were provided with hand wipes before their meal was served. Staff were caring and supportive in their approach when assisting people with eating and drinking. They maintained eye contact with the person and engaged exclusively throughout the meal with the person they were assisting.

Bedrooms were personalised to suit people's wishes and preferences, for example they displayed family photographs, plants, flowers and other personal items which people owned. Bedrooms were considered as people's own personal space where they could spend time alone when they wished or meet in private with family and friends. People received visitors at intervals throughout the two days of our inspection and they were welcomed by staff and offered refreshments. Visitors confirmed to us that this was usual.

Some people had a 'do not attempt resuscitation' (DNACPR) order in place which had had been authorised by their GP. These were put in place where people had chosen not to be resuscitated in the event of their death or in cases where they cannot make this decision themselves. A GP and other individuals with legal authority had made this decision in a person's best interests. DNACPR certificates were placed at the front of people's care file so it was clearly visible.

Is the service responsive?

Our findings

At our last inspection in March 2017 we found a breach of Regulations 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to make improvements in relation to assessing and planning people's care. During this inspection we checked whether the registered provider had made the required improvements. Whilst the provider had made improvements we found some further improvements were required.

People and family members told us that they would complain if they needed to. Their comments included; "Oh yes I would tell someone right away if I was unhappy about something", "I've been to the office. Nothing serious. It was sorted". And "Minor complaints I've had have been responded to" and "We are satisfied generally". People's comments regarding activities at the service varied. Their comments included, "There is something going on most days", "I take [relative] out if there is nothing going on" and "We sit in the lounge a lot".

Improvements had been made to assessing and planning people's needs however we found further improvements were required. People's needs were assessed and planned for when they first started to use the service. People's needs were reassessed each month or when a change to their needs occurred. It was an expectation that care plans were updated with any changes identified through the assessment process. However we found examples where some people's care plans had not been updated to reflect changes to their needs which were identified through assessments. For example, a recent assessment showed that one person's waterlow score had increased; despite this their care plan had not been updated to reflect this. We also found evidence that another person's care plan had not been updated to reflect the care they required after being assessed as requiring end of life care. Whilst we evidenced that those people were receiving the right care the lack of up to date information meant there was a risk that they would not receive the right care to meet their changing needs. This was raised with management on the first day of inspection and on the second day of inspection both people's care plans had been updated and reflected their current needs and how they should be met.

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

There was evidence to show that care plans were kept under review however review records failed to evidence that people and/or their representatives had taken part in the assessment, development and reviewing of people's care. Assessment and care planning documents included a section for people and or their next of kin to sign to show that they had taken part in the planning and reviewing people care. These sections had not been signed on any of the records we looked at and family three family members told us that they had not been approached and asked to take part in a review of their relatives care.

Complaints received were dealt with in line with the provider's complaints procedure. The process for making and responding to a complaint was clearly set out in the registered provider's complaints procedure. Information about how to complain was made available to people and relevant others such as

family members. The procedure clearly stated that all complaints would be recorded, acknowledged and investigated and the findings shared with the complainant. A record was kept of complaints made since the last inspection and this showed that the complaints were acknowledged, investigated and responded to within the appropriate timescales.

People were provided with opportunities to engage in activities if they wished. We met with an activity coordinator who was employed at the service on a full time basis and they talked us through some changes which had been made since the last inspection. Following consultation with people a dedicated activities room which was previously in use had been rearranged to provide more dining space for people. However dedicated areas in each communal lounge had been equipped with various items for people's use. For example there was corner in one lounge dedicated to knitting and art and craft and there was a reading corner in another lounge. Rummage boxes, board games and books were located in each of the communal lounges so that people could busy themselves at their leisure. Group activities which were arranged and facilitated by the activities coordinator included film shows and sing a longs.

Is the service well-led?

Our findings

During the last inspection in March 2017 we found a breach of Regulations 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to make improvements to the systems for monitoring the quality and safety of the service and the maintenance and security of records. During this inspection we checked whether the registered provider had made the required improvements. Whilst the provider had made improvements we found some further improvements were required.

Following the last inspection the provider acknowledged the failings which we identified and submitted an action plan detailing how and when they intended to make the required improvements. Action taken by the provider included the recruitment of a new manager who subsequently was registered with CQC in July 2017. A new deputy manager was also appointed following the last inspection. In addition the provider assigned an internal improvement team to implement and monitor the required improvements. Following the last inspection the provider kept us updated of the progress made through regular action plans.

Compliance officers employed by the provider conducted monthly visits to the service to assess and monitor the quality of the service following which they produced a report with the findings. We viewed the last three months reports which showed that when shortfalls were identified an action plan was put in place to make the required improvements. Actions plans set out the specific action/s required, area for improvement who was accountable for the action and the timescale for action.

During this inspection we found that improvements had been made in line with the action plans set however we found that further improvements were required to ensure that people received safe and effective care. This included improvements to recruitment of staff, deployment of staff, dignity and respect, maintenance of care records and the suitability of the environment.

The system for assessing and monitoring the quality and safety of the service and for making improvements to the service people received were followed in line with the provider's framework. The required checks were carried out at the right times on aspects of the service including the environment, systems and equipment and medication. However we found that there was a lack of audits carried out on care plans which lead to a failure to identify that some people's care plans did not reflect changes in their needs and a lack of people's involvement in the reviewing process. Immediate action was taken to update the care plans.

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

Accidents or incidents which occurred at the service were recorded and reported in line with the provider's procedure. This included the completion of accident/incident forms and copies were held in the person's care records. The occurrences were also reported through a newly implemented web based system, which was reviewed by the provider each month. Information held on the system helped the provider to identify any patterns or trends and plan for any additional measures which needed to be put in place to reduce the

risk of further occurrences.

The registered provider had a comprehensive set of policies and procedures in relation to aspects of the service and they were made available to all staff. Each policy provided statements of how the registered provider intended to conduct the particular aspect of the service and the procedures described how the policy was to be put into action. The procedures identified who will do what, what steps they needed to take and how. The documents were reviewed regularly to ensure that the information contained within them was relevant and up to date with current legislation and codes of practice.

The rating following the last inspection was prominently displayed near to the entrance of the service making it accessible for all to see. The registered provider had notified the Care Quality Commission (CQC) of significant events which had occurred in line with their legal obligations.

This section is primarily information for the provider

Action we have told the provider to take

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

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 10 HSCA RA Regulations 2014 Dignity and respect |
| Treatment of disease, disorder or injury | People were not always treated with dignity and respect. |

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance |
| Treatment of disease, disorder or injury | Checks carried out on the quality and safety of the service were not always effective. Records were not kept up to date. |