Indigo Care Services (2) Limited

Thornton Hall & Lodge

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
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 22 & 23 May 2018 and the first day of the inspection was unannounced.

Thornton Hall and Lodge 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.

Thornton Hall and Lodge is registered to provide residential care and support for up to 96 people. The home is purpose built and the accommodation is in four units over two floors. Two of the units within the home are designed to support people living with dementia. The home has aids and equipment to help people who are less mobile and the first floor is accessible by a passenger lift and staircase. Since the last inspection there has been a change of legal entity for the service however the senior management team remains the same as the previous legal entity. We therefore considered the previous ratings and breaches when planning and conducting this inspection.

During the inspection, there were 68 people living in the home. Twenty eight people were residing on "The Lodge" and 36 on "The Hall". Following the last inspection, the provider took the decisions to stop admissions to the service to enable them to concentrate on making improvements. Prior to the inspection the service commenced a phased admission process; this was in light of the improvements they have made and following a review by the local authority to assess standards. The admission process is being carefully monitored by the registered manager and senior management team to support the service.

At the comprehensive inspection in March 2017, we identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations in relation to how consent to care and treatment was sought, the management of medicines, risk management, care planning and systems in place to monitor the quality and safety of the service. The service was rated as 'Requires improvement' and we issued warning notices in relation to Regulation 12; safe care and treatment and Regulation 17; good governance. A Warning Notice was served in relation to Regulation 12, of the Health and Social Care Act 2008, Regulated Activities Regulations 2014, by way of unsafe medicine management.

We returned in October 2017 to carry out a comprehensive inspection and found the service had not improved and there were further breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service had been unable to demonstrate sustained compliance with standards of quality and safety and there was a failure to sustain improvement. We found areas of continued breach and new breaches. We identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations in relation to Regulation 12, the safe management of medicines; risks to people's safety, the equipment and environment; Regulation 18; staffing levels, Regulation 11; consent in accordance with the Mental Capacity Act 2005 and Regulation 17; people's plan of care and governance of the service. Following the inspection in October 2017 the service was rated as Inadequate and placed in Special Measures.

Special measures:

The overall rating for this provider is 'Inadequate'. This means that it has been placed into Special measures by CQC. The purpose of special measures is to:

• Ensure that providers found to be providing inadequate care significantly improve

• Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.

• Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration.

Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

At this inspection in May 2018 we found a number of improvements had been made to improve the service. The service is no longer rated as Inadequate and has been removed from Special Measures. The rating for the service is now Requires Improvement.

We looked at medicine management. Although we found some improvements we found people were still not fully protected against the risks associated with medicines because the provider's arrangements to manage medicines were not consistently followed. For example, some stock balances were incorrect and medicines had not been administered as prescribed. These areas were discussed with the registered manager and Head of Improvement and they took swift action to look into the concerns we raised. This included contact with external professionals, arrangements for advanced medicine training for staff and increasing the frequency of the safety checks and overall governance of medicines.

Areas of improvement for medicines included protocols for medicines prescribed as and when required (PRN). The protocols were detailed and provided staff with person specific information to help ensure they knew when to administer these medicines, even when people were unable to inform staff when they required them and the management of covert medicines with the right permissions was being obtained in accordance with the Mental Capacity Act 2005.

At the last inspection we found the provider was in breach of regulation as people's plan of care did not always provide sufficient detail regarding people's care needs and were not always updated when people's needs changed.

During this inspection we found some improvements around recording people's care needs though we found anomalies for three people's care plans. Care records lacked information to help staff deliver care on how to meet people's needs safely and well. We brought this to the registered manager's attention and action was taken to update the care records.

At this inspection we looked at systems and processes to mitigate risks and assure the quality of the service. We found some improvements however, we saw examples, particularly around the medicines, where analysis had not led to immediate action to prevent reoccurrence, to learn from what had gone wrong. We also found the governance arrangements needed to be more effective in other areas, as we found anomalies with the recruitment files, care records and risks analysis for incidents. The service's governance arrangements were therefore still not robust. This brought into question the effectiveness of the tools used to assess aspects of the service, maintain standards and drive forward improvement.

At the last inspection we identified concerns regarding risk management. This included risks to people's safety and within the environment. During this inspection we looked to see if improvements had been made.

People had risk assessments which now correctly identified risks to their health and wellbeing. These helped to ensure people's ongoing safety and welfare. We saw emergency evacuation plans were now in place and apart from one these were accurate. The registered manager took appropriate action to rectify this. Previously fire doors had not closed properly and chemicals were not stored safely. Actions had been taken to address this. We found the environment to be safe and well maintained therefore this breach had been met.

At the last inspection we identified concerns regarding the staffing levels. This was because there were not always sufficient numbers of staff on duty to meet people's needs in a timely way. During this inspection we looked to see if improvements had been made.

At this inspection we found the staffing levels were satisfactory. We observed staff supporting people in accordance with their individual needs and when requested. The support was given in a timely and responsive manner; the staffing rotas evidenced consistent staffing numbers with good deployment of staff across the home. Feedback from people living at the home, relative and staff confirmed staffing had improved. This breach had been met.

At the last inspection we identified concerns in that consent was not always sought in line with the principles of the Mental Capacity Act 2005 (MCA). During this inspection we looked to see if improvements had been made.

We saw specific assessments were now completed, along with key decisions relating to care, treatment and use of bed rails. These were recorded following best interest meetings and people, relatives and/or representatives were involved with these decisions. This breach had been met.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS applications had been made to the relevant authorities for people who were assessed as requiring the protection a DoLS could offer them.

People we spoke with and their relatives told us they felt safe in the home. We saw that people who could not express their thoughts and feelings vocally were settled and supported. Staff were observed to be attentive to people's care needs as they arose. Nobody we spoke with or observed expressed any issues regarding their safety. Staff received safeguarding training to help keep people safe.

Systems were in place and followed to recruit staff and check they were suitable to work with people at risk of abuse or neglect. We found a few anomalies regarding the recruitment checks which were brought to the

registered manager's attention to act on.

Staff received a good standard of training and were supported to enhance their learning and development. Staff told us the standard of training was good.

We saw good interaction between staff and the people they supported. Staff were attentive and displayed a polite, kind and caring approach when helping people with day-to-day activities. Staff spent time with people and took time to understand people's different ways of communicating.

A number of social activities took place at the service which people told us they enjoyed. This included, quizzes, music, exercises and trips out.

People had a choice of meals though we received a mixed response from people regarding the choice and whether meals were to their liking. Staff offered support at meal times and monitored people's dietary requirements.

A complaints procedure was in place and most people, including relatives, we spoke with were aware of this procedure. We spoke with the registered manager who showed us how complaints were recorded and responded to.

We found the home to clean and good adherence by staff to the control of infection with the use of aprons, disposable gloves and hand gel.

The registered manager was aware of their responsibility to notify us (The CQC) of any notifiable incidents in the home.

Staff were supportive of the changes being made in the home and told us the registered manager was supportive and approachable.

You can see what actions we took at the back of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe

Although we found some improvements in the way in which medicines were administered people were still not fully protected against the risks associated with medicines. The provider's arrangements to manage medicines were still not consistently followed.

Systems were in place and followed to monitor risks to the environment and people's safety and reduce the risk of these occurring. This area had improved since the last inspection.

Sufficient numbers of staff were available to support people in a safe way. This area had improved since the last inspection.

Systems were in place and followed to check new staff were suitable to work with people who may be vulnerable.

Is the service effective?

Good

The service was effective

Staff were supported through induction, appraisal and the home's training programme.

There was support for people's health care needs and when needed people were referred for appropriate support to health care professionals.

People were supported to make decisions and choices for themselves. Where they were unable to do so the provider took steps to make decisions in the person's best interests or obtain legal protections for them. This area had improved since the last inspection.

Staff supported people with their meals and people were offered a varied menu. People had mixed views about the quality of the meals.

Is the service caring?

Good

The service was caring

Staff spent time interacting socially with and the staff team provided care for people in a polite and caring manner. People and relatives spoke positively regarding the staff team.

People we spoke with and relatives told us the registered manager and staff communicated with them about changes to care and involved them in any plans and decisions.

Is the service responsive?

Requires Improvement

The service was not always responsive

Although we found some improvements regarding the content of people's care records, a number of care plans did not always provide clear guidance to staff on how to meet people's needs and choices.

A variety of activities were available that people could participate in. People told us they enjoyed the activities provided.

A process for managing complaints was in place and people we spoke with and relatives were confident they could approach staff and make a complaint if they needed.

Is the service well-led?

Requires Improvement

The service was not always well led

Although we saw the service was improving, the service's governance systems and processes were still not effective to support a safe, effective and well led service.

The service had a registered manager in post. We found the registered manager and staff to be open and caring and they displayed positive attitude to the continuing development of the service.

Feedback from staff, people living at the home and relatives were complimentary regarding the service.

Thornton Hall & Lodge

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 22 & 23rd May 2018 and the first day was unannounced. The inspection team comprised of three adult social inspectors, an assistant inspector and an expert by experience. On the first day of the inspection there were three adult social inspectors, with two in attendance on the second 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 provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We however checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all of this information to plan how the inspection should be conducted.

Some of the people living at Thornton Hall and Lodge had difficultly expressing themselves verbally. We therefore 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.

We spoke with the registered manager, Head of Improvement and Nominated Individual for the provider, a training co-ordinator, a domestic staff member, five care staff, an activities organiser and cook. We spoke with 18 people living at the home and six relatives who were visiting. We spent time looking at records, including seven care records, seven staff files, medication administration record (MAR) sheets, staff training records, complaints and other records relating to the management of the service. We contacted social care professionals and commissioners of services who were involved with the service to ask for their views.

Requires Improvement

Is the service safe?

Our findings

At the last inspection in March 2017 and October 2017, we identified breaches of regulation in relation to keeping people safe and the safe domain was rated as inadequate. The breaches were in relation to the management of medicines, risk management and having enough staff available to provide safe effective care. We asked the provider to address these concerns. The provider submitted improvement and action reports which told us the improvements they had made to meet this breach. On this inspection we checked to make sure requirements had been met. We found for medicines although some improvements were made they were still not managed safely. In respect of risk management and staffing levels, improvements had been made and these breaches had been met.

Records showed that people did not always receive the medicines they had been prescribed. For example, a person had not received their morning medicines for four days and the reason recorded was that the person was sleeping at the time. They had not been administered later in the day when the person woke up, despite being described once per day. The person's GP had not been informed that they were regularly missing their prescribed medicines.

When reviewing medicines we found, for example, not all instructions on people's Medication Administration Records (MARs) matched the directions printed on the medicine label. For example, staff had handwritten the instructions for one medicine which stated it should be administered once every week; however, the label on the medicine stated it should be once every month.

We looked at the records for a person who had been in hospital recently and saw that their MAR chart did not include all of the medicines they were prescribed when they left hospital. We also saw that not all of the doses on their MAR chart reflected those that they had been discharged from hospital on. This meant that the person had been receiving less medicine. Staff contacted the person's GP during the inspection to get advice regarding this.

We found that errors had been made in the administration of some medicines. For example, one person was prescribed a tablet to take once each week, however records showed and the stock balance confirmed, that they had not received it the week before the inspection.

The MAR chart for one person showed the GP had advised not to administer some of their medicines whilst they were taking a new medicine. Records showed that these medicines had been stopped, but had been restarted a few weeks later even though the person was still taking the new medicine.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The issues raised at the inspection were brought to the attention of the registered manager They contacted relevant health professionals and their contracting pharmacy to follow up the issues and were able to provide clarity around some of the prescriptions and also required actions. The registered manager took

immediate action to review the safe management of medicines which included more in-depth auditing at a senior level, more advanced medicine training and supervision of staff. We have been assured by the measures taken.

We saw a number of improvements in respect of medicines since the last inspection .

Medicines, including controlled drugs, were now stored safely within locked, temperature controlled rooms. If medicines are not stored at the correct temperature, it can impact on how they work. Controlled drugs are prescription medicines that have controls in place under the Misuse of Drugs Act and associated legislation.

Protocols were now in place for medicines prescribed as and when required (PRN). The protocols were detailed and provided staff with person specific information to help ensure they knew when to administer these medicines, even when people were unable to inform staff when they required them. People had a plan of care which detailed the level of support people needed with their medicines. A relative told us they had no concerns regarding their family member's medication and that it was reviewed by their GP on a 'regular' basis.

Any allergies people had were now recorded on their MAR charts. This reduced the risk of people being given a medicine they were allergic to.

Short term care plans were put in place when people were prescribed a course of medicine to treat an illness, such as an infection. These provided staff with information as to why the medicine had been prescribed, how long it was required for and how to administer it.

Records now showed that when people received their medicines covertly (hidden in food or drink), that right permissions were in place to support this practice. The care file contained a mental capacity assessment which reflected how the person was unable to understand the consequences of refusing their medicines. A best interest decision had then been made by the GP, family members and staff; guidance had been sought from the pharmacist as to how these medicines were to be safely administered.

We looked at the staffing arrangements for the home. During this two-day inspection there was a sufficient staff presence on the 'Hall and 'Lodge' to monitor people's comfort and safety. Throughout the inspection staff were responsive to people's requests for support. We looked at staffing rotas and in the main where gaps had been identified agency staff had been used if these shifts were not covered by the home's own staff team. We found a significant use of agency at the last inspection. At this inspection the use of agency had been dramatically reduced; the service only had four vacancies and new staff were being recruited. It was evident people were now supported by a consistent staff team to ensure they received support when they needed or requested it. In the main people and relatives told us there were sufficient numbers of staff available though some comments we made regarding the need for more night staff and staffing 'pushed' as they were so busy.

The home had appointed two care managers who between them and the night managers provided full time cover for the home. These managers' hours along with the registered manager were scheduled as 'supernumerary', which meant their working hours were usually in addition to the normal or required staffing levels. This helped to provide a consistent management presence for the staff.

The care managers completed more senior care/managerial duties to support the registered manager and also worked with staff on the 'floors' when needed to fill gaps, such as sickness and holidays and busier times of the day. The service had a dependency based staffing policy which provided guidance for the

registered manager regarding staffing levels. The home had recently commenced a phased admission process and the registered manager informed us staffing levels would be adjusted as required.

Risks were now identified, assessed or addressed appropriately to reduce risk and help maintain people's safety and health.

Risk assessments were in place that inspectors had previously identified as missing. For example, for people smoking, where people may present behaviours that challenge or where people might lock themselves into their room. Behaviours that challenge can include physical ones towards others, such as hitting out. They can also include self-injurious behaviours, social behaviours, such as undressing in public, leaving the environment in an unsafe way or using verbally abusive language. We sampled some risk assessments for people who at times presented behaviours that challenged. We found there was good information for staff on what to do so that the situation did not get worse. There was specific information for some people on what would help the person in the situation. For one person we found their behaviour plan needed to be reviewed and updated to provide a full picture of their behaviours as this only recorded basic information at the point of admission. This was actioned.

Staff had completed 'ABC charts'. ABC charts record what the person was doing just before an incident, which behaviours staff observed and what the person and others did afterwards, as a 'consequence'. The registered manager explained what had been learned and it was clear they were aware of when behaviours were more likely. They explained they used ABC charts and how incident and accidents, such as falls, were analysed for trends and patterns to minimise risk of reoccurrence

At the last inspection the management of risks associated with a person who barricaded themselves in their room and for people who wished to lock their door had not been assessed to ensure their safety. Risk assessments now included information pertaining to risks associated with people locking their door and to support people with specific risks; this included the use of a key safe. For people who liked to lock their door they were aware that staff in an emergency could use the key from the safe, to gain access to the person's bedroom. Their consent had been gained for the use of the key safe. Talking with staff confirmed their knowledge regarding risks such as these and how to protect people.

We looked at fire safety maintenance records and these were up to date. Personal evacuation plans (PEEP's) were available for the people living in the home for staff to refer to in an emergency. Following the last inspection, we saw these had been reviewed to ensure they were accurate. We found one PEEP needed to be updated to reflect a room change. This was corrected.

Risk assessments were in place which monitored and assessed the overall health and well-being of people who were being supported. Risk management plans included falls risk, diet, weight and nutrition, medication, skin care, oral health, continence, mobility, mental health and personal safety There was a skin vulnerability assessment in place for one person who needed to be supported with specific skin care. The person had been assessed, the correct referral and guidance had been sought from the district nurse and the correct safety measures had been put in place to safely manage the person's skin vulnerability. This meant that safe support measures were in place to monitor, assess and mitigate risk.

Previously we had raised concerns around fire prevention and storage of chemicals. At this inspection fire doors now closed properly and chemicals were stored securely in the sluice rooms on "The Hall" and "The Lodge". This ensured people's safety.

The home had a series of internal and external checks in place for the safety of the premises and equipment.

This included checks of hot water temperatures, lighting, fire system, call bell system, small electrical appliances and the gas and electrical supply. These checks showed that the building and equipment were safe to use.

Safeguarding systems were in place to keep people safe. The staff we spoke with explained how they would recognise abuse and the action they would take to ensure actual or potential harm was reported. Staff were also familiar with the whistleblowing policy and procedure and whistleblowing posters and flyers were displayed. This advised staff on the actions to take and the support they would receive if they raised a concern about something in their workplace that was in the public interest. Contact numbers for the local authority safeguarding team were visible throughout the home and records seen confirmed that safeguarding concerns had been identified and reported to the relevant authorities appropriately. We asked people what made them feel safe living in the care home. Their comments included, "The fact the doors are locked and I can lock my bedroom door", "The surroundings, the staff. I've never slept as well" and from a relative, "I'm never worried when I go home, there's an alarm system." Staff said, "It's as safe as it can be, we keep on top of records and we're all familiar with their (people's) needs" and "Everyone is safe, there's plenty of carers, we know them (people) really well, the standard of care is really high ."

We sampled seven recruitment files in total, five in full detail. We found that the home's recruitment processes were safe in the main. Staff recruitment included a Disclosure and Barring Service (DBS) check completed before they started and references. The checks help to identify if applicants pose a potential risk to adults at risk from abuse; this supports employers to make safer recruitment decisions. We found that three out of the five staff had a professional reference from their last employer. In respect of this there was evidence that in the absence of such a reference, other references had been sought. Managers had discussed together whether information was enough to ensure the person was of good character and fit to be employed to work with people living in the home. We did find one file lacked photographic evidence and not everyone had an employment history. This was brought to the registered manager's attention to act on.

We found the home to be clean and hygienic. This included communal areas, toilets, bathrooms and bedrooms. We saw staff had access to personnel protective clothing and staff were using aprons, gloves and hand gel appropriately.

Good

Is the service effective?

Our findings

At the last inspection in March 2017 and October 2017, we identified breaches of regulation in respect of consent in line with the principles of the Mental Capacity Act 2005 (MCA). During this inspection we looked to see if the service was working within the legal framework of the MCA. This provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The effective domain was rated as requires improvement at the last inspection. The provider's improvement report and action plans told us the improvements they had made to meet this breach. On this inspection we checked to make sure requirements had been met. We found improvements had been made and this breach was met.

We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met and found that they were. When people lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS applications had been made to the relevant authorities for people who were assessed as requiring the protection a DoLS could offer them. Applications and authorisations were monitored by the registered manager and reference made in people's plan of care. This helped to ensure that DoLS applications were managed appropriately.

People's capacity to understand and make decisions had been assessed. At this inspection we saw examples where people had been supported to make key decisions around their care and support. Where people may have lacked capacity to make decisions we saw that best interest meetings had been held and decisions made in their best interest with the person and/or their representative. We saw example of this in respect of the use of bed rails to reduce the risk of falls for a person, care and treatment and the administration of covert medication.

Where appropriate, people had signed to indicate their consent and it was clear to see people had been involved in the day-to-day decisions which were taking place in relation to the care being provided. We saw staff seeing people's consent when supporting them and people and relatives we spoke with confirmed that staff sought consent as a matter of course.

The home was in the process of setting up a care monitoring system called 'Care Protect'. We discussed this with the management team. The system included cameras installed in people's rooms that could be activated or not based on people's wishes. Where it was deemed a person lacked capacity to make these decisions, a multi-disciplinary team of family and health care professionals would come together to make the decision on whether to use the camera or not in people's best interest. The registered manager showed us a folder with formats to assess people's capacity and to support best interest processes. The registered manager told us they had met with families to discuss these plans, but when we visited, capacity assessments and best interest meetings had not yet taken place.

The registered manager explained the installation of cameras would take another month and they were planning to hold meetings particularly with people and families they felt would particularly benefit from the new system. This would be based on people's unwitnessed falls for example, or incidents of behaviours that challenge. We discussed with the registered manager that an important part of 'best interest' decisions would be considering less restrictive options. The registered manager assured us that falls mats and occupancy monitors would always be considered first. The provider has agreed to keep us informed as to when the system will be operational and measures taken to ensure people's rights are upheld.

Staff received training and support so they had the skills and knowledge to meet people's needs. The registered manager told us, "Something I am very proud of is the improvement in our training. We are actually considered 'top of the list' at times now." The staff's trainer confirmed this. The staff's' trainer praised the registered manager under whose leadership. "(Thornton Hall and Lodge) has continuously improved with their training figures." We found this reflected in training, supervision and appraisal numbers. Staff received yearly appraisals and professional supervisions. We found that all staff but two were up to date with their yearly appraisal and all staff supervisions were current.

Staff had attending training on subjects which included, meal time experience, dementia awareness, behaviours that may challenge, safeguarding, customer service and dignity, moving and handling, fire evacuation, and more specific training for senior staff, such as medication competency assessment, emergency first aid at work, pressure care, health and safety for managers. Staff induction included a 'holistic competency assessment'. This was noted to be mapped on the Care Certificate. The Care Certificate is the government's blue print for induction standards which included a practical and competency framework for employees to follow. Staff told us they received a good standard of training and support.

We observed part of the lunch time meals on both units. People with dementia can sometimes experience difficulties with sight and perception and therefore the use of coloured crockery was used to help distinguish foods. We saw people received well balanced meals to meet their nutritional requirements. Some people had fortified drinks and pureed foods were served in accordance with people's assessed dietary needs. People were provided with meal options on a daily basis. There was a menu on each table but on both days of the inspection this did not reflect what people were offered. Menus were in small print and some pictures were displayed on noticeboards to help people choose; these did not all match the foods served. The lack of pictures was also raised at the last inspection. The registered manager agreed to produce the menu in a more suitable format (large print) to support people's choices, including the provision of menus in people's rooms and more pictures to evidence the meal options.

Records showed that people had been supported to access health professionals as needed. This included GPs, optician, dietician and mental health team. A visiting health professional told us the staff were supportive of people's health needs and referrals were made to them at the appropriate time. We saw where staff had liaised with others, such as family, community psychiatric nurse, social worker and GP, for example, where a person had been distressed and aggressive for a couple of days. This intervention by staff had helped the person to settle.

To promote people's independence, we saw adaptions to the building and equipment was available to make it easier for people to get around and receive safe support. This included the provision of bath aids, call bells, sensor mats, support rails and moving and handling equipment. To support people with dementia we saw measures to help orientate people and keep them safe. This included pictorial signs to indicate where specific rooms were, such as, bathrooms and toilets. Bedroom doors were painted different colours with neutral colours elsewhere and corridors wide and well lit.

Good

Is the service caring?

Our findings

At the last inspection in October 2017 although feedback regarding the approach of staff was positive, the provider had failed to address issues within the service which had been raised at previous inspections. This continued to pose risk to people living in the home and demonstrated the provider did not have a caring approach. At this inspection we found a number of improvements within the service and therefore a more caring attitude was evident.

We asked people to share their thoughts about the staff and whether they were caring. People's comments included, "They're (staff) very friendly", "They (staff) treat me with respect, they couldn't be kinder", "The staff are lovely, I like them. They go out of their way to help you" and "They're (staff) kind and respectful". We asked people if staff listened to them and a person reported, "Yes, they (staff) don't brush things off. If you have a problem you can chat with them." People told us the staff did sit and talk with them however, they were often too busy to do this due to their work. Everyone we spoke with said they were given privacy when they needed it. This was discussed in respect of personal care and receiving visitors. People told us that 'generally' they received support from the same staff which they liked. One person told us said they could choose a male or female carer to help them. Other people were unsure around this choice but no one raised any concerns regarding this support.

During the inspection we observed people's dignity and privacy being respected by staff in many ways. Staff knocked on people's door before entering and waited to be asked in. People's preferred name was used when staff spoke with them. Relatives told us the staff were polite and respectful and were always made welcome when visiting. We saw visitors arriving at different times of the day and it was evident staff knew them well. Visitors were offered light refreshments and could meet their family member in private.

Our observations showed staff were kind and caring and they displayed a genuine warm and patient approach. For instance, when staff supported people with their walking, when receiving medicines and for a person who displayed agitation. For the person who was agitated staff stayed with the person until they were more settled, they offered a hot drink and walked to them another area of the home where it was quiet. The person concerned responded well to this support.

On the second day of the inspection we used the SOFI tool to observe lunch. The tool focused on engagement of people using the service and the quality of staff interactions. We observed staff providing support when required, offering different choices of food. The dining room tables had table clothes, decorative flowers were placed on each table and jugs of juice as well as hot drinks were offered. Condiments such as red and brown sauce were only placed on the tables after the food had been served and only after a person had requested sauce. The meal time experience appeared to be enjoyed by the people who were being supported and we heard staff advising people of the choice or offering an alternative. We identified however there could have been more positive interaction and engagement (general day to day conversation) between staff and people to make this more of a pleasant dining experience. On another unit we noted that there were no soup spoons so everybody used their dessert spoons and a person had to use this spoon to stir they tea.

We asked people to tell us what they thought about the meals and their response was mixed. Their comments included, "It's OK, you get a choice now and again", "The menu is on the table, I'm a diabetic and if I don't like the pudding, I'll have a piece of fruit", "It's not too bad, it's not as good as it used to be. They don't ask me what I want, they just bring it. It depends which carers are on. I don't see the menu, I have lunch in my room", "It's average. I don't recall a choice, I get enough. I don't see a menu, food just appears" and "It's excellent, there's always a choice between two meals. I don't see the menu, it's pinned up". We discussed our findings with the registered manager who stated that meal times would be reviewed to improve this experience.

The home had information to support people's understanding and this included a brochure regarding the service. In respect of care documents this information was made available to people and their relatives. People were provided with opportunities to discuss and agree their plan of care; this also applied to relatives/and or their representatives when applicable.

Confidential information was correctly stored and protected in line with current governing legislation. Protected information was stored in locked offices/locked cupboards and was not unnecessarily being shared with others.

For people who had no family or friends to represent them, contact details for a local advocacy service were available and were on display within the home for people to access. Staff told us they would support people to access these services if required.

Requires Improvement

Is the service responsive?

Our findings

At the last inspection in March 2017 and October 2017, we identified breaches of regulation in relation in respect of care plans not always providing sufficient detail regarding people's care needs and not being updated when people's needs changed. The provider's improvement report and action plans told us the improvements they had made to meet this breach. On this inspection we checked to make sure requirements had been met. We found some improvements had been made though we still identified issues around care records and the service remained in breach.

Staff told us that the service promoted a 'resident of the day' which involved reviewing their care records. We looked at seven people's care files and not everyone's plan of care provided the correct information to support them effectively or had been updated to meet a change in need. For two people whose nutritional needs had changed their care records had not been updated to reflect the current care provision based on their nutritional assessment. For another person their plan of care was not clear regarding a specific therapy they were receiving; this needed to be monitored carefully regarding frequency and flow rate. When reviewing incident statistics, we saw a person's plan of care and risk assessment had not been updated following an incident. This meant that staff might not have sufficient information to enable them to support people safely and effectively.

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

Following the inspection, the registered manager confirmed that the care plans identified had been updated to evidence the information needed to support people safely and effectively. Health professionals were contacted and they had not identified any further concerns. They were supportive of people's current care by the staff and instructions from them were being followed. In the main staff demonstrated a good knowledge about people's care needs and they told us they received handovers at each shift regarding people's care needs and level of support they needed.

The other care files we looked at recorded good information so that staff could provide care according to individual need. This included supporting people with their mobility, with behaviour that may challenge, skin care and personal care. The care files we reviewed demonstrated that people's choice, preference, likes and dislikes were established. For example, a person's care plan recorded detail of the time they wished to get up of a morning, what time they wished to go to bed and what drink they liked to have before going to sleep. Another example included detail around the person's favourite soap on TV and what books they liked to read and in one record it said '(person) enjoys watching TV, period dramas and movies, (person) also likes to be informed and supported to attend cinema activities and encouraged to access communal areas and socialise with other residents'. Having information based on personal preference and choice helps staff to get to know people in more depth and provide care that is personalised. We saw staff offering people everyday choices such as what to eat or drink and what activities they wanted to join in with. In the main people told us staff talked to them to establish the support they needed and staff were aware of what mattered to them.

We checked whether the provider was following the Accessible Information Standard (AIS). The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. People's plan of care recorded information about how people communicated. A pictorial version of the home's brochure was due to be rolled out along with a pictorial version of the complaints' procedure to help people make informed decisions.

The registered provider had a complaints' policy and procedure. The original policy we were provided with was out of date and did not record the correct information in relation to the complaint procedure. The complaint procedure template also contained old regulatory information and did not refer to CQC's current regulations. We raised this with the registered manager who immediately informed us that there was a newly revised policy in place and the complaints procedure would be updated. This was actioned. People and relatives we spoke with were confident they could approach staff and make a complaint if they needed.

Both written and verbal complaints had been received and responded to. We however found that it was not always clear if the complaints had been responded to in accordance with the complaints' policy, for example, timescales for completion. We raised this with the registered manager who said they would review this procedure. We received some concerns prior to the inspection which had been brought to the registered manager's attention and these were addressed appropriately. During the inspection a relative brought to our attention concerns regarding the floor in their relative's room. We discussed this with the registered manager who informed us a new floor had been ordered.

People were offered a range of social activities which they told us they enjoyed. Activities were stimulating, interesting and staff encouraged people to get involved. Activities included chair exercises, giant dominoes, movie afternoons, arts and crafts, quizzes and external outings. The activities co-ordinator said, "There's lots more for them (people) to do now, we do try and keep them (people) busy. We also make sure birthdays are celebrated and we organise a party." There were three designated rooms for activities, a cinema room, a games room and a sensory room. The service also had a chapel for people and families to use. During the inspection we saw staff sitting with people in the garden as it was a warm day. People told us how much they enjoyed this.

We saw people and their relatives had been invited to attend meetings and to complete satisfactions surveys. The registered manager was keen to seek feedback about the home to help assure the quality of the service. Surveys recorded positive feedback, for example, around the standard of care, food and cleanliness of the premises. Where people and relatives had made suggestions, we saw the registered manager had acted on this. This included improvements to the décor and social arrangements.

We discussed with the registered manager the provision of end of life care as people's decisions around end of stages of life had not been discussed or recorded in the care files we viewed. The registered manager confirmed that at the appropriate time district nurse support would be available to support staff with end of life care. For a person whose health was failing the registered manager had contacted an external professional for advice and their plan of care was being updated to reflect dietary changes. The provision of end of life training for the staff was discussed and being arranged over the next few months to support staff's learning.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection in March 2017 and October 2017, we identified a breach in regulation regarding how the service was managed and the well-led domain was rated as inadequate following the inspection in October 2017. This was because actions identified at past inspections had not been addressed and the governance systems and processes were not effective to ensure the safe management of the service. We found the provider had failed to take appropriate action that would mitigate these risks and maintain improvements. The home had an ongoing provider action report which has been regularly updated and sent to us, the Care Quality Commission (CQC). The actions report showed areas of compliance and pending actions to support the development of the service.

The home has been in 'special measures' since the last inspection following the overall rating of inadequate. This meant the service needed to improve standards on this inspection. The service has worked closely with us, the CQC, and other key organisations to support improvement and further develop the service. At this inspection we looked to see how this was in practice. We saw some areas where practices had improved and breaches we previously identified had been met. For example, consent, staffing and risk management. We however identified areas where further improvements were needed.

Records showed that audits were completed in areas such as, medicines, care records, safeguarding, infection control and clinical data. We however found actions were still needed to improve the administration of medicines and the content of people's plan of care. For medicines a system of daily checks had been created to help ensure medicines were administered and recorded accurately. However, we saw that these were not always completed each day. We also found that the tool did not prompt staff to check all safe medicine administration practices. A number of medicines had not been booked in accurately and this was not part of the daily check, so had not been identified by staff. We saw the service's clinical governance group had identified medicine issues, however the root cause analysis had not led to immediate action to prevent reoccurrence, to learn from what had gone wrong.

Recruitment audits could be strengthened, in so far as some gaps in evidencing safe recruitment were evident. Missing information was sometimes, but not always, picked up by the audits to support safe recruitment practices.

The service's governance arrangements were therefore still not robust. This brought into question the effectiveness of the tools used to assess aspects of the service to ensure a safe well managed service.

This is a breach of Regulation 17 of the HSCA 2008 (Regulated Activities) Regulations 2014.

During and following the inspection the registered manager and senior management team we responsive to our findings and took swift action to identify causes and action. Previously the service had been providing us with a fortnightly action report regarding the service and it was agreed with the management team that this would now be sent to us on a weekly basis. We are now in receipt of these reports which have been updated with our findings, along with required actions and timescales for completion. For medicines the service had

recorded actions which included, daily visual checks of medicines, a weekly medicine audit, appointment of a medicine champion and advanced medicine training and supervisions for staff. A number of these actions have been completed or are on-going. The registered manager informed us that the weekly medicine audits will continue for the foreseeable future to ensure compliance. The implementation of electronic MARs is also planned as the management team feel this will support safe medicine practices.

In respect of care documents where we identified shortfalls these were updated at the time of the inspection. The registered manager has advised that care documents and audits of care files would be more robust to ensure they were reflective of people's needs.

We looked at the work in progress around how lessons had been learned for accidents, incidents and safeguarding investigations. The registered manager had been thorough in their investigation and the analysis of root causes were discussed at clinical governance meetings. This is an important part of learning lessons from events. While 'root causes' had been identified, these had not always clearly led to identified and timely actions to stop the same thing happening again. We were shown a revised format which more clearly identified the root cause, the 'lessons learnt' and the 'actions taken'. This will help 'tighten up' required actions and be made available to staff to improve practice. We found reporting systems for 'serious untoward incidents' were brought to the attention of senior management, to ensure an open and transparent culture in the home. The analysis also considered "'Duty of Candour required" 'to ensure the service had an open and honest approach'.

The home had a registered manager, who had started in October 2017. The registered manager was supported by the Head of Improvement and nominated individual who visited the home on a regular basis. We spent time talking with the registered manager who advised that standards in the home had improved and were more consistent. They informed us the culture of the home had also improved and this was confirmed by the staff we spoke with. Staff interviews were positive and reflective of good morale. Staff told us the registered manager and senior managers had a visible presence and the registered manager was approachable and supportive.

Staff spoke positively regarding the changes being made and several staff told us they had returned to work at the home as the service was 'so much better' now. Staff comments included, "I love it here, meeting all the residents and their families. We're (staff) treated like their families too", "There's been lots of positives, new furniture, new sensory room, decorating, flash meetings, less agency being used", "Manager is visible and she (registered manager) does come around to see everyone", "We're getting there, there's been lots of positive improvement, staff morale has really improved", "We all work together as a team" and "I feel really listened to and responded to, yes, I can go to (manager) over anything."

Staff attended meetings and the registered manager held 'flash' meetings on a Monday with the heads of department to discuss the service provision. Staff told us the meetings were informative and the agendas covered areas such as, care, medicines, staff training, rotas and care. In the main staff told us communication was good and they knew what was going on in the home.

The service had a '5-point toolkit'. This was a quality assurance approach by the provider, which the service had started to use. The tool was applied from Monday to Friday, when the registered manager was present. We saw the toolkit was not used in its entirety on a weekend though managers completed 'walk rounds' and attended flash meetings to provide an update on a Monday of matters arising. We discussed with the registered manager looking at which leadership tools care managers had available at weekends, to provide a consistent approach and for the managers to take a more active governance role.

We spoke with people and relatives regarding the registered manager's management of the home. People said, "I think she's (registered manager) lovely, since (registered manager) has been here I've noticed a lot of changes for the good", "She's (registered manager) very sociable and she knows my name", "(Registered manager), I love her, she's absolutely marvellous." Relative said, "She's (registered manager) very efficient. I have a good chat to her", "I'd say it's one of the best homes going for friendliness and cleanliness", "I'm very happy here, I never have any worries", "Very good, very friendly", "I think it's wonderful. Everyone makes you welcome and that's all you need" and "All the people here seem nice and friendly." Several people were unsure who the registered manager was but said they would find out and speak with them if needed. We saw relatives had provided written compliments regarding the service. They included, 'wonderful, caring and totally professional staff' and 'home manager knows what (she) is doing and home will get better'.

Policies were available for staff to provide guidance on current legislation and 'best practice'. We viewed policies which included, infection control, recruitment and safeguarding. The provider's policy entitled 'Safeguarding Policy' contained updated categories of abuse in line with the Care Act 2014, as opposed to the home's 'Abuse Policy', which referred to only four categories of abuse. The registered manager said the 'Abuse Policy' would be reviewed and updated in line with the service's safeguarding policy.

We talked with the registered manager about equality and diversity and how the service was meeting diverse needs now or planning to in the future. This included supporting staff with the use of technology, for example, electronic care planning which will allow staff to 'talk into', so they can speak instead of writing. In respect of staff recognition, the provider had established an awards scheme, for example, 'manager of the year', 'leadership of the year', 'chef of the year' and 'carer of the year'. It was evident that the service was committed to investing time and energy to support staff in the work place so they felt valued.

The ratings from our previous inspection were displayed in the reception area of the home. The service's website displayed a 'widget' from the Care Quality Commission, stating that, 'We have not inspected this service yet'. This was because of a change of legal entity for the service.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Although we found improvements regarding the administration of medicines, the management of medicines is still not sufficiently robust to support safe medicine practice for people living in the home.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance People had a plan of care though our findings showed a number of care records did not contain sufficient detail to enable staff to support people effectively; they were not always updated when people's needs changed. The provider has made changes to improve systems and process to help assure the service. We saw where improvements had been made however these are still not fully effective to support a safe, effective and well led service and drive forward improvement.