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Prospect House Care Home

Inspection report

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Date of inspection visit:
09 January 2017
11 January 2017

Date of publication:
31 March 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection was carried out over two days on 09 & 11 January 2017. The first day of the inspection was unannounced.

Prospect House is a care home registered to provide accommodation and personal care for up to 24 adults, there were 24 people using the service at the time of our inspection.

The service did not have a manager who was registered with the Care Quality Commission. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager who was in post at the time of our last inspection in July 2016 resigned from their post shortly after the inspection. A new manager has been appointed and was due to commence work on 24 January 2017. At the time of this inspection the deputy manager and business manager were responsible for the day to day running the service.

The last comprehensive inspection of the service was carried out in July 2016 and we found that the service was not meeting all the regulations. We asked the registered provider to take action to make improvements to the management of people's medication, safeguarding people, prevention of infection, protection of people's rights, staff training, meeting people's needs, and record keeping. The registered provider sent us an action plan following the inspection detailing how and when they intended to make the improvements. During this inspection we found improvements had been made. However we found further improvements were required in relation to the management of people's medication.

Improvements had been made to the management of medication; however we found further improvements were needed. Controlled Drugs (CDs) (medicines controlled under the Misuse of Drugs legislation and subsequent amendments) were not regularly checked. Medications prescribed by a doctor were not available for some people at the service because stocks for some people had run out. Care plans to instruct staff on the application of topical creams were not always in place.

Improvements had been made to the systems for checking on the quality of the service and making improvements. More robust audits had taken place to check on aspects of the service such as people's care records, medication, and the safety of the environment. Action plans were developed to address any identified areas for improvement and they were made promptly to mitigate risks to people and others. However checks failed to identify and drive improvements to the management of people's medication and associated records.

We have made a recommendation about making the environment more dementia friendly. The environment had been improved since the last inspection, which included some redecoration and deep cleaning of some areas which were unhygienic. However there was a lack of stimulus and signage to help

orientate and stimulate people living with dementia.

Improvements were made in relation to maintaining people's safety. Following an incident or accident follow up action had been taken to identify why incidents had occurred and how they could be prevented from happening again in the future. Falls were closely monitored and appropriate referrals were made to the falls team for assessment.

People's rights and liberties were protected in line with the Mental Capacity Act 2005. The use of CCTV inside the service had been disconnected in the best interest of people's rights, privacy and dignity. Staff had completed training in the Mental Capacity Act 2005, and they had an understanding of the basic principles of the act.

The right amount of suitably skilled and qualified staff were on duty to meet people's needs and keep them safe. People told us that they thought there was enough staff on duty to keep them safe and this was echoed by family members. Improvements had been made in relation to staff training. Staff had undertaken training relevant to their roles and the needs of the people who used the service.

A full review of people's care had taken place and their records were updated to reflect their current and changing needs. Care records were written in a more personalised way to reflect people's wishes and preferences about the care and support they received. Monthly reviews of each person's care had been planned to ensure people's needs were being met. A consistent approach is needed to ensure care records are kept under review and up to date so that they accurately reflect people's needs.

The registered provider had notified us as required by law, of events that occurred within the service.

Improvements had been made in the way that staff communicated with people who were unable to verbalise and with those who had difficulty reading. Options available on the day's menus were presented using photographs of the actual meals and staff communicated with people using flash cards and by exchanging written information.

People's privacy, dignity and independence was promoted and respected. Staff comforted and reassured people who were upset and anxious. People were engaged in activities of their choice and staff respected the wishes of those who chose not to participate. People had the choice of spending time amongst others in the main lounge or in one of two other quiet lounges.

People told us they felt safe at the service and that staff treated them well. Staff knew the different types and potential signs of abuse and what their responsibilities were for reporting any incidents which impacted on people's safety. Risks to people were identified and measures were put in place to keep people safe.

People's nutritional and hydration needs were assessed, planned for and appropriately monitored. Staff had access to guidance to help them recognise when a person required input from an external professional such as a dietician and/or speech and language therapist and referrals were made promptly when a concern was identified.

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?

The service was not always safe

Whilst improvements have been made to the management of medication, further improvements are required in order to ensure people get their medication in a timely manner.

Improvements made to the cleanliness and fabric of the environment meant people's safety was better maintained. Risks people faced were assessed and planned for.

There were improved systems in place for monitoring and responding to accidents and incidents which impacted on people's safety.

Robust recruitment procedures were followed and there were sufficient staff to keep people safe.

People were protected from abuse and avoidable harm because staff knew how to recognise and respond to concerns about people's safety.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Improvements had been made to the environment, however further improvements were needed to make it more dementia friendly.

People rights and liberties were better protected in line with the Mental Capacity Act 2005. Staff had completed training in this area and they understood their responsibilities in relation to the Act. Staff had completed a range of training relevant to people's needs and their job role.

People's dietary needs were understood and met. People commented that they enjoyed the food and that they had enough to eat and drink.

Requires Improvement ●

Is the service caring?

Good ●

The service was caring.

People were cared for by staff that were patient, kind and caring.

People's privacy, dignity and independence was respected and promoted.

Staff took time to get to know people, including their likes, dislikes and interests.

Is the service responsive?

Requires Improvement ●

The service is responsive.

Care records had improved, however a consistent approach is needed to ensure they are kept under review and up to date.

People's wishes and preferences with regards to their spiritual and religious beliefs and future plans were taken account of.

People had access to a complaints procedure and they were confident about complaining should they need to.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

There was no registered manager in place at the service.

More robust systems for monitoring the quality of the service helped to identify and mitigate risks to people. However they failed to identify risks associated with the management of medication.

Formal processes which were in place gave people the opportunity to express their views about the service which brought about improvements.

Improvements were made to the quality of the service following recommendations from other visiting professionals.

Prospect House Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 over two days on 09 & 11 January 2017. The first day was unannounced and carried out by one adult social care inspector and a Pharmacist inspector. The second day of the inspection visit which was announced was carried out by an adult social care inspector.

During the inspection we spoke with nine people who used the service and five family members. Not everyone who used the service was able to tell us about their experiences of using the service so we used a 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 deputy manager, business manager and staff who held various roles including care staff, kitchen staff and domestic staff. We also spoke with four visiting health and social care professionals.

We looked at areas of the service including communal lounges and dining room, bathrooms, bedrooms, the kitchen and the laundry.

We observed the interaction between staff and people who used the service and reviewed a number of records, including care records for five people who used the service and the recruitment records for four staff. Other records we looked at which related to the management of the service included quality monitoring audits and safety certificates for equipment and systems in use at the service.

Before our inspection we reviewed the information that the registered provider had sent us, including what we had requested such as action plans. We also reviewed obtained information which we obtained from other stakeholders including local authority commissioners.

Is the service safe?

Our findings

People told us that they felt safe living at the service and that they trusted staff to keep them safe. People said staff treated them well and were careful when using equipment to help them with their mobility. Comments people made included; "Oh yes I feel safe here" and "They [staff] keep a close eye on you to make sure you are safe". Family members told us that they had no concerns about their relative's safety. Their comments included; "No worries at all as far as I'm concerned [relative] is as safe as they can be" and "[Relative] had lots of falls when they lived at home which was worrying for us, but now they are much safer and have hardly any falls".

During the last inspection we found that people who used the service did not have their medicines managed safely. This was a breach of Regulation 12(2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found that improvements had been made, however we found further improvements needed to be made. .

Each person had a medication administration record (MAR) which detailed their prescribed medication and instructions for use. A recent photograph of the person was displayed on their MAR and details of any known allergies were recorded. This information reduced the risk of medicines being given to the wrong person or to someone with an allergy and is in line with current guidance.

At the previous inspection, it was found that the temperature of the medication fridge was over the recommended temperature range and that Controlled Drugs (CDs) (medicines controlled under the Misuse of Drugs legislation and subsequent amendments) were not being secured securely. At this inspection, improvements were seen with the recording of the fridge temperatures and the CDs were kept securely. However there was no system in place to regularly check the quantities of CDs, as these were only checked during the stock count when a CD was administered. We found that one CD, which had been returned to the pharmacy for destruction, had not been signed out of the register. This meant there was no safe system for accounting for CD's. This had however been rectified by the second day of our inspection. Daily checks on CD's had been introduced and were taking place.

Since our last inspection the registered provider had moved from an electronic Medicines Administration Record (MAR) system to a paper MAR system. Staff told us that they found the paper MAR's to be easier to use and that there had been less medicine errors since the change.

At this inspection we found medicines were not always given to some people as advised by a doctor. One person who was prescribed a pain relief patch to be changed every day had not had it changed for five days in December 2016 and four days in January 2017 as there were none in stock. A second person who was taking a medicine for memory loss had not been given their medicine on two occasions as there was none in stock. The service did not have a robust system in place to check the quantities of medicines received into the service. Whilst we did not evidence any impact on people as a result of the medication omissions described, failure to ensure adequate supplies of medicines increases the risk of harm to people's health and well-being.

A person who had been assessed as being at high risk of pressure sores did not have a care plan in place to show carers where creams should be applied. We looked at the MAR sheet and topical MAR for this person and found that staff had not signed these as required. This meant that we could not determine if these creams had been applied as prescribed.

At the previous inspection, concerns were found with how the application and use of creams and other external preparations were recorded. Care plans for medicines that were being used when required (PRN) did not contain sufficient detail around when these should be administered.

At this inspection it was identified that there had been limited improvement in how creams and PRN care plans are managed at the service.

This was a continued breach of Regulation 12(2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because medicines were not being administered in a way that was safe.

During the last inspection we found that people who used the service were not always protected from the risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since the last inspection assessments had been carried out to determine the level of risk people faced in relation to their care and support. Risk management plans were developed based on the risks identified and they included instructions for staff on how to keep people safe. For example, risks in relation to the use of bedrails and sensor mats and the use of the stairs and stair lift were in place and regularly reviewed and updated with new information when required.

At the last inspection we found that safeguarding concerns had not been adequately investigated or reported to ensure people's safety was maintained. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since our last inspection a more robust system for recording and reporting accidents and incidents which occurred at the service had been introduced. A clear record was maintained of each accident or incident. The records were audited each month and a report was produced. The audits were carried out as a way of identifying any patterns or trends, and action plans were put in place to minimise the likelihood of further occurrences. We saw examples of actions put in place based on information gathered from audits. Actions included prompt referrals to the falls team and the use of equipment to help minimise the risk of falls, such as sensor mats.

Allegations of abuse or actual abuse had been reported promptly to the relevant agency such as the local authority's safeguarding team. People knew what was meant by abuse and they were confident about telling someone if they were hurt or mistreated by anyone. Staff had completed safeguarding training and they had access to the registered provider's and the relevant local authority's safeguarding policies and procedures. Staff described the different types and indicators of abuse and they clearly explained what they would do in the event that they witnessed or suspected abuse or if a person made an allegation of abuse.

Since the last inspection the required improvements had been made to the environment making it safe and secure for people. A coded fob had been fitted to a door near to a shower room so that people who were at risk of falls could not use the stairs without the appropriate supervision and monitoring.

At our last inspection we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014 because action had not been taken to prevent the risk and spread of infection.

Since our last inspection measures were put in place to minimise the risk of infection. A suitably qualified person appointed by the registered provider visited the service and carried out a test on the main water system and declared that it was free from harmful bacteria. In addition a member of the maintenance team had completed training delivered by water treatment specialists. Following the training they were deemed competent to carry out the required water tests at the service and analyse the results. A risk assessment had been carried out and a plan put in place to determine the frequency around how often these tests needed to be completed. Records evidenced that the member of staff obtained regular water samples from the main system and tested it for the presence of harmful bacteria. A record of the tests including the results was maintained.

The cleanliness of the environment had improved since our last inspection. Areas which we identified as being dirty and unclean had undergone a deep clean or redecoration. For example stains on carpets and chairs had been cleaned and the dining room and lounge area had been repainted. Flooring had been replaced in a shower room and the walls had been repainted. The environment smelt pleasant throughout. The linen cupboard was clean and tidy and all linen was stored on shelving above floor level. Cleaning schedules were in place and records showed that they were being followed.

Equipment people needed to help with their mobility such as wheelchairs and stand aids were stored away safely as not to cause any obstructions which may put people at risk of slips trips and falls. Signs were used to alert people to potential dangers such as wet floors.

The registered provider had a recruitment and selection policy which was accompanied by a procedure describing a robust process for recruiting new staff. Records for new staff that had been recruited since our last inspection showed that the procedure was followed correctly. Prior to an offer of employment candidates completed an application form attended an interview and underwent a series of pre-employment checks. For example, suitable references were obtained from previous employers and a check was carried out with the Disclosure and Barring Scheme (DBS). 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.

There was enough suitably skilled and qualified staff on duty to safely meet people's needs. The staffing rota showed that the numbers and skill mix of staff was consistent. For example, each shift had a senior carer whose responsibility was to co-ordinate the work carried out by junior staff and liaise with management with regards to people's needs. People who spent time in communal lounges and the dining room were supervised at all times by staff, and staff made regular checks on people who occupied their rooms. All staff including ancillary staff had access to the registered provider's emergency procedures and they had completed training in topics of health and safety. Staff knew and understood their responsibilities for working together as a team to keep people safe.

Equipment used at the service was regularly checked, serviced and maintained to ensure it was safe to use. This included gas and electricity systems and appliances, firefighting equipment, lifting hoists and the stair lift. Emergency equipment such as first aid boxes and firefighting equipment was located around the service and staff knew where to locate it. Personal emergency evacuation plans (PEEPs) were in place for each person who used the service. The PEEPs were kept under review and updated as people's needs changed. This meant staff had the correct information about how to safely evacuate people in the event of an emergency such as a fire.

Is the service effective?

Our findings

People told us they received all the care and support they needed and that staff were good at their job. Their comments included; "They [staff] are very good and know their job" and "I have a lot of faith in them [staff]". Family members told us that they thought the staff were good at their jobs and that staff seemed to be well trained. Their comments included, "I think they do a really good job and they all seem to know what they are doing" and "I've no complaints about any of them [staff] they work really hard".

At the last inspection we found that people's rights had not been protected in line with the Mental Capacity Act 2005. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met, and found that they were.

Improvements had been made since the last inspection to ensure that the rights of people who lacked capacity to make their own decisions were being protected. Staff had undertaken training in relation to the MCA and associated DoLS and they demonstrated an understanding of their responsibilities in relation to this. The use of CCTV inside the building which was being used at the last inspection to monitor security was disconnected in the best interest of people's rights, privacy and dignity.

At the last inspection we found that the registered provider had not taken action to ensure that staff had the necessary skills and knowledge to carry out their roles. Staff had not completed training in topics such as dementia awareness, infection control, equality and diversity and manual handling.

Since the last inspection the registered provider had sourced on line training for staff and provided facilities in the workplace for staff to access it. Each member of staff was provided with their own unique password which enabled them to access training at any time either inside or outside the workplace. Following each training session staff were required to complete a knowledge check and achieve a set minimum score before being credited with the training. Records and discussions held with staff showed they had completed a significant amount of training since the last inspection. Training which had been completed by staff in all departments included moving and handling, safeguarding, dementia care and topics of health and safety including fire training and first aid. The management team had access to data which provided them with an overview of the training staff had completed and their progress made. This enabled them to monitor staff training and plan for any future training needs. Staff commented positively on the new method of training.

Since the last inspection the induction programme for new staff had been developed to bring it in line with the Care Certificate, a nationally recognised qualification introduced in April 2015 for health and social care workers. The Care Certificate sets out the minimum standards expected of staff so that they have the necessary skills and knowledge in line with current best practice. The induction for new staff also involved an orientation of the building, an introduction to the registered providers policies and procedures and a period of shadowing experienced staff before they were counted in the rota as part of the core staff team. Records showed that new staff had completed a comprehensive induction and that their competency was assessed to ensure that they met the required expectations for their role.

At our last inspection we found that the registered provider did not taken the necessary action to protect people from the risk of weight loss. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found people's nutritional and hydration needs were appropriately assessed, planned for and monitored. Records used to monitor people's weight and food and fluid intake were reviewed on a regular basis and any concerns identified were acted upon promptly. For example, referrals to dieticians were made for people who consistently lost weight and for those who had not consumed their fluid intake target. During the inspection we met with two visiting healthcare professionals responsible for assessing the referrals made to dieticians. They told us that referrals were made promptly and that records kept for people were well maintained and very detailed.

Menus were on display on the wall in the dining room showing the food options available for the day. These included a photographic menu which helped inform people with memory loss such as those living with dementia and people who had difficulty reading. The options displayed showed the correct meal options which were available that day.

Improvements which had been made to the fabric of the environment since our last inspection enhanced people's living environment. However, there was a lack of clear signage and stimulus for people living with dementia. Although bedroom doors were painted in different colours there was no signage outside of them and in other parts of the service to help and aid orientation of people and reduce confusion. Memory boxes were in use however they were mounted on walls inside bedrooms. Memory boxes containing photographs and/or items of familiarity may be better placed directly outside people's bedrooms as a way of helping people identify them. 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 Trust.

Is the service caring?

Our findings

People told us that staff were kind and caring and that they respected their privacy and dignity. One person said "They [staff] are so kind" and another said "Very nice indeed, they [staff] treat me ever so well". Family members told us they thought their relatives were well cared for. Their comments included, "[Relative] is treated very well by staff that I think care a lot and are very patient" and "They [staff] are really caring and always very polite".

Since our last inspection people had been consulted about their future wishes, including their end of life wishes. Information obtained from those who wished to discuss the matter, was obtained and recorded in their care files. Some people had a 'do not attempt resuscitation' (DNACPR) order in place which had been authorised by their GP. These are put in place where people have chosen not to be resuscitated in the event of their death or in cases where they cannot make this decision themselves, where the GP and other individuals with legal authority have 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. Staff knew which people had a DNACPR order in place and they understood what their responsibilities were in the event of a person's death. This meant staff had the information they needed to support people in a way they wished.

People's privacy, dignity and independence were respected. Staff were patient and encouraging when assisting people to mobilise. For example, a member of staff patiently assisted one person who was having difficulty getting out of a chair. Whilst providing minimal assistance as not to take over, the member of staff reassured the person and advised them to take their time. Staff knocked on doors including bedrooms, bathrooms and toilets and requested permission from people before entering. Staff sat next to people and maintained eye contact with them when holding conversations and they offered comfort and support to people during periods of anxiety and upset. Staff sat with one person who was visibly upset and they held the person's hand and spoke gently with them.

People's personal records were kept confidential. Paper records containing personal information about people were stored in locked cabinets when not in use. Information held electronically (on a computer) was password protected and only authorised staff held passwords. Staff were aware of their responsibilities for maintaining people's confidentiality and they knew to share information only on a need to know basis. Discussions and meetings which took place about people amongst staff and with visiting health and social care professionals and family members, were conducted in private.

There was a relaxed and friendly atmosphere at the service. Staff spent time with people both on a one to one basis and as part of a group. Conversations which took place showed that staff knew people well and how to motivate them. For example, when staff initiated conversations with people about their background, previous employment, favourite pastimes and family's people became fully engaged and eager to participate. One person spent a considerable amount of time talking to a staff member about their previous employment and it was clear that the person was motivated by this. The member of staff sat with the person and listened with interest.

People's likes dislikes, personal preferences and preferred routines were recorded in their care plan and staff knew them well and respected them. For example, staff knew how important it was for one person to spend time alone in their room. Staff regularly checked on the person and offered them with drinks and snacks throughout the day. When we spoke with the person they told us that staff respected their wish to spend time alone in their room and that staff often popped in for a chat and to check on how they were.

Most people chose to sit in the dining room for their meals; however some people preferred to eat their meals in their bedrooms. Those who were able chose where they sat in the dining room and others who needed assistance were given a choice about where they sat. Dignity aprons were offered to people prior to them eating their meal. One person told us they always liked to wear an apron because it saved their clothes from being spoilt with food spillages. People ordered their lunch time meal in advance and were reminded of their choice before it was served. However some people changed their mind when the lunch time meal was served and staff offered an alternative. One person left the majority of their meal and told a member of staff they didn't really like it. The member of staff offered the person other alternatives and they chose a sandwich which was immediately prepared by the chef. Meal times were relaxed and unrushed and staff were patient and supportive when providing assistance to people who needed it. Staff sat next to the person they were assisting and avoided any interruptions from others.

Family members told us they were welcomed at the service whenever they visited and that there were no restrictions placed upon them. Family members however said they avoided visiting at meal times out of respect for others. During our inspection family members visited just as the lunch time meal was coming to an end and staff offered them with refreshments in a lounge whilst they waited for their relative to finish their meal. People were given a choice of where they spent their time with family members and other visitors. During the inspection we observed visits taking place in the lounge amongst others and in quiet lounges. One family member said when they visited their relative preferred to remain in the lounge amongst others. Another family member said they took their relative in a quiet lounge because they preferred time alone.

Is the service responsive?

Our findings

People told us that they received the right care and support from staff when they needed it. Their comments included, "They [staff] seem to know everything about me and how I like things done" "They [staff] are there in a flash. They know if I'm not myself and get any help I need" and "Sometimes I have to wait but not for very long". Family members told us that they thought staff had a good understanding of their relative's needs. Their comments included, "[Relative] gets all the attention they need and more, the staff know what's best for them [relative]" and "No complaints at all they do a great job"

At our last inspection we found that the registered provider did not always take action to ensure people's needs were met with respect to their religion or disabilities. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since our last inspection care records were reviewed and updated to include details around people's religious and cultural needs. Where a person wished to disclose details of their faith, discussions had taken place with them to establish whether they wished to practice their faith and if so what level of support they needed. For example, with attending religious services and with celebrating religious festivals throughout the year. At the time of this inspection there were no people who used the service that had any special dietary requirements prescribed by their religion. However records showed that this had been explored with people. This meant that due regard was given to people's religious and spiritual needs.

During our last inspection people were not provided with the support they needed to communicate. For example staff did not use flash cards or exchange written information when communicating with a person who was deaf. This was despite information recorded in the persons care plan which stated that staff should use these methods of communication. During this inspection we saw examples of staff using flash cards and exchanging written information when communicating with people who had difficulties hearing. A member of staff sat next to one person and offered them a choice of activities using written information. The person made their choice by using signs and gestures which were understood clearly by the member of staff. The member of staff also used written information to enquire about the person's wellbeing.

A menu displaying pictures to show the choice of meals for the day was in use at our last inspection; however it had not been updated to show the options available for that day. The information displayed on the board during this inspection correctly reflected the meal choices for the day. People and their family members confirmed that menus were always kept up-to-date.

At our last inspection we found that the registered provider had failed to ensure that records were up-to-date, accurate and personalised. This was a breach of Regulation 9 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since our last inspection a full review of each person's care needs had taken place. People's needs were reassessed as part of the review and the outcomes were used to update care plans. Care plans clearly showed the area of need and how it was to be met. Any known risks and how they were to be managed were

incorporated into care plans. Gaps in records which were identified as part of the review were acted upon to ensure the records contained accurate, up-to-date or personalised information. For example sections of records which were blank at the last inspection had been completed. This included sections about people's interests and preferred routines, likes and dislikes. Sections which required information about people's last wishes had also been completed and statements were entered onto records where a person had expressed a wish not to discuss the matter. Care records were more personalised. They were written in a way that took account of the person's wishes and preferences. For example, care plans included information about things such as what time a person preferred to retire to bed, how they liked to dress and whether they preferred a bath or a shower. Relevant staff had access to people's care plans and they told us that they were easily available to them, informative and easy to follow.

Monthly reviews of care plans were scheduled to commence in January 2017 to ensure that the information contained in them remained accurate and up to date. Where appropriate care plans were reviewed and updated outside of scheduled reviews, such as when a person's needs changed. One example of this included where a change had been made to a person's mobility care plan after a sensor mat was put in place due to them experiencing an increase in falls.

Daily records which were maintained for each person showed that people's needs had been met. For example they detailed specific health care needs which staff attended to and they showed that people's preferred routines were followed. Daily records also reported on people's progress and aspects of their care which required observation such as food and fluid intake, mood and behaviour. All contact people had with others including health and social care professionals, family and friends was also recorded in their daily records. Daily records evidenced that staff had responded to any concerns they had noted with regards to people's health and wellbeing. For example, GPs and specialist nurses were called upon when there was a notable decline in a person's condition or when a new concern was identified. People's general health was also monitored and when required they attended appointments with their GP, dentist, optician and chiropodist. Detail of the appointments, the outcome and any further interventions were recorded in people's personal files.

Records were completed for people who required aspects of their care monitoring. Charts were in place for recording things such as people's weight, skin condition, and food and fluid intake. Staff completed records at the required intervals and the information recorded was used to assess and plan people's ongoing care. Staff understood the reason for monitoring people's care and they knew the signs and symptoms which indicated any concerns which needed to be acted upon. For example, staff knew that if a person lost a significant amount of weight or if their fluid intake declined they would need to act upon this. Records showed that concerns were appropriately acted upon. For example, referrals had been made to other health and social care professionals such as dieticians and the falls team.

Since the last inspection the registered provider had sent out satisfaction surveys to people who used the service and relevant others such as family members and other representatives. The surveys invited people to rate and comment on aspects of the service including; the care, food, activities and cleanliness and safety of the environment. More than 50% of surveys given out were completed and returned. The results showed people were satisfied with the service.

While improvements have been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating of responsive at the next comprehensive inspection.

The registered provider had a complaints procedure which was made available to people and their family members. The procedure described the process for making a complaint and the response people should

expect if they made a complaint. A copy of the procedure was given to people and their family members and a copy of it was displayed near to the main entrance of the service. People and their family members told us they had no reason to complain and that they would not hesitate to make a complaint if they needed to.

People were offered a range of activities. There was no activities coordinator employed at the service; however a member of the care team was appointed each day to organise and facilitate activities. Throughout both days of our inspection staff engaged people in a variety of activities including art and craft, reminiscence therapy and board games. Some people chose not to participate in any activities however they told us there was plenty going on should they choose to take part.

Is the service well-led?

Our findings

People told us that they knew who to speak to should they have any concerns or if they needed any advice or guidance. Family members told us that they had noticed a lot of changes for the better since our last inspection.

There was no registered manager in place at the time of this inspection. The previous manager who was not registered with the Care Quality Commission left following our last inspection in July 2016. A new manager had since been appointed and was expected to take up post on 24 January 2017. At the time of this inspection the deputy manager and business manager were responsible for the day to day running the service and they had the support of a representative of the registered provider.

At our last inspection we found that the registered provider did not have effective systems in place to monitor the quality of the service, or mitigate and manage risks to people. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since our last inspection systems had been put in place to monitor the quality of the service and to manage and mitigate risks to people who used the service and others. Regular audits had been carried out on aspects of the service including care records, the environment, infection control and medication. However audits carried out on medication and associated records failed to identify some areas for improvement. This included a shortage of prescribed medication for some people and a lack of records instructing staff on the application of topical creams.

This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because records in relation to people's care were not accurately maintained and kept up to date.

Supplementary care records were better maintained and the information recorded was used effectively to assess and plan for people's care. Examples of this included where records were used to monitor people's weight and falls. Risks to people were quickly identified and mitigated based on the records kept.

We obtained information from local authority commissioners and other stakeholders prior to this inspection. The information which was based on checks they carried out since our last inspection showed that the registered provider had acknowledged and actioned areas for improvements. For example, a report based on a visit carried out by the local authority contracts and quality monitoring team showed improvements had been made at the service following a previous visit carried out in November 2016.

Since our last inspection a formal process for gathering feedback from people and relevant others such as family members had been implemented through the use of satisfaction surveys and 'relatives and residents' meetings. These enabled people to put forward their views and opinions about the service and it gave them an opportunity to influence developments. We saw examples of improvement which had been made at the service based on people's feedback. This included purchasing new coffee tables for the lounge.

At our last inspection we found that the registered provider did not always notify us of incidents as required by law. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Records showed that the registered provider had appropriately notified CQC of incidents and events which have occurred at the service since our last inspection.

Staff reported good morale amongst the team and they told us that positive changes had been made at the service since our last inspection. Examples they shared with us included better communication and clearer management direction. Staff were kept informed about any changes and developments within the service. They were invited to attend staff meetings which were organised well in advance. Minutes of the meetings were taken and shared amongst all staff so that those in attendance and those who were unable to attend had a record of the meeting discussions and any actions agreed. Staff were also invited to complete a survey which included obtaining their views about aspects of their work such as training and development and job satisfaction.

Staff were aware of the registered provider's whistleblowing procedure and they said they would not hesitate to use it if they needed to. Whistle-blowing occurs when an employee raises a concern about dangerous or poor practice that they become aware of. Staff said they had access to contacts details of those they could contact should they need to raise any of these types of concerns, including the contact details for the relevant local authority safeguarding teams.

The registered provider had in place a set of policies and procedures relevant to the service. Policies and procedures support effective decision making and delegation because they provide guidelines on what people can and cannot do what decisions they can make and what activities are appropriate. The business manager was in the process of reviewing and updating the registered provider's policies and procedures to ensure they were in line with current legislation and best practice.

Accident and incident records were reviewed regularly as a way of identifying any patterns or trends. Where repeated incidents occurred additional measures were be put in place to reduce the risk of further occurrences.

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 Medicines were not being administered in a way that was safe.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Records in respect of each service user were not always accurate and complete.