

RochCare (UK) Ltd

# Coniston House Care Home

## Inspection report

Coniston Road  
Chorley  
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03 July 2017

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

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

We inspected this service on the 19, 20 June and 3 July 2017. The first and last day of the inspection was unannounced which meant the provider was not expecting us on the date of the inspection.

Coniston House is a large, two storey purpose built detached property in Chorley. The property has a large communal lounge and separate dining room to the ground floor and a smaller shared lounge and dining room to the upper floor. The home can provide residential support for up to 42 people. At the time of the inspection there were 34 people living in the home. The kitchen and main dining area is on the ground floor of the building and both floors are accessible by a lift and stairs. The lack of an upstairs kitchen area is impacting on the quality of provision on this floor and we are assured this will be addressed as soon as possible.

The registered provider is RocheCare (UK) Ltd which also has two other care homes and a domiciliary care agency. RocheCare are currently building a purpose built home to support people living with dementia.

The provider had a registered manager who was registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, Registered Managers are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At the last inspection the service was rated as requires improvement overall and requires improvement for all key questions except safe which was rated as inadequate. At the last inspection we found the home in breach of five of the Health and Social Care Act (Regulated Activity) Regulations 2014. We asked the provider to send us action plans to assure us they were taking steps to meet the requirements of the regulations. At this inspection we found one of the regulation breaches had been met and the home were no longer in breach of Regulation 19 which is associated with the safe recruitment of staff. We found the home had also met the action plan for regulation 12 and we no longer had concerns with the safe management of medicines. However we found the home still in breach of Regulation 12 – Safe care and treatment, as we had serious concerns around the safe management of falls and were not assured risk assessment and risk management plans were completed as and when they were required. We also had new serious concerns around the staffing numbers and breached the home in this regulation. We took immediate action to assure ourselves people living in the home were kept safe.

When we returned to the home on the third day of the inspection, there were more staff on the rota and proactive action had been taken, to better support people at risk of falls.

At this inspection we identified two further breaches to the regulations than at the previous inspection. These were as identified above in relation to the staffing numbers and we also found people were not safeguarded from the risk of abuse. We found the home had not reported unwitnessed and unexplained injuries to the safeguarding team as required and we also found where people's movement was restricted it

had not been appropriately assessed. This was primarily around people's access to their own bedroom and being supported on a separate floor to their sleeping accommodation. This had been a concern at a previous inspection and the home was required to understand and implement the principles of the Mental Capacity Act to ensure people were lawfully restricted.

We found the care records were not always consistent in detailing the needs of people in the home. Staff told us they did not always have time to update the records as were needed to support people in the home. Some people were not receiving the support they needed and the information was not available as to how best to support them. This included those people who no longer had a dedicated day and night routine. This aspect of their care and support needs had not been developed. On the third day of the inspection there were more staff and also more terminals for staff to access the electronic care record. This included more hand held mobile devices. This meant there was now a better opportunity for staff to update records. The home had further work to do to ensure they met the requirements of regulations associated with person centred care.

The staff culture at the home had been changed and the home was a more positive place to inspect. We saw staff speaking to people with kindness and respect. Staff we spoke with felt better supported and enjoyed their job. This was evident in the interactions we observed with staff and people in the home. We heard singing and laughing regularly over the course of the inspection.

More work was required to ensure the audit and monitoring system was effective. This included better identification of concerns, more effective action planning and sufficient oversight to ensure actions were met in a timely and productive way. The area manager was aware of the work to be done within the home and was working well with the team at the home. However, the management at the home needed more time to ensure they were completing the action required of them, to drive improvements. The addition of more staff to work with supporting people in the home should ensure the management team are better able to drive and sustain the improvements required.

This is the second inspection within a period of 12 months where one key question remains as inadequate. This was following an initial inspection rated as inadequate overall. The home is making steps in the right direction and now has the key question of caring rated as good. But as a consequence of the remaining inadequate key question of safe the service remains in special measures.

This service will continue to be kept under review and, if needed we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This could lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This action 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, and there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

You can see what action we told the provider to take at the back of the full version of the 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?

**Inadequate** ●

The service was not safe.

The home had an emergency plan which did not mitigate the identified risks. PEEPs were completed for each person in the home but did not consider the use of safety areas within the building.

There were not enough staff on duty to meet the needs of people living in the home in a timely and safe way. The provider increased staffing numbers immediately following our inspection

Risk assessments were not updated at point of changing needs. This meant some people were assessed inappropriately and there was potential for them not to receive the support they required to keep them safe.

The use of restrictive practice without the proper assessment under the Mental Capacity Act remained a concern

Medication management in the home was much improved and the provider was now meeting the requirements of this regulation.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

People's weight was monitored and when people lost weight the chef was given appropriate information to support them. The chef knew of people's dietary needs and met them appropriately.

The home had developed the environment on the ground floor to better meet the needs of people living with dementia. However procedures and processes in line with the Mental Capacity Act 2005 were not routinely followed or implemented correctly. Consents were not routinely and correctly obtained.

Staff completed appropriate training. Formal support had recently improved but was required to become better planned. Induction procedures had not developed in line with action

plans provided to the commission.

### Is the service caring?

Good ●

The service was caring.

Staff working at the home were mostly committed to improving people's quality of life and their health and wellbeing.

We saw staff involved people with their daily choices and encouraged people to be independent where possible.

Staff spoke to people with dignity and respect and showed respect when supporting people with their personal care needs.

Visitors told us they could visit when they wanted and were greeted positively by staff.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive.

The home had a fully developed activities programme but the coordinator could only work on one floor at a time meaning the first floor often missed out.

More work was required to ensure people living in the home received person centred care. It was clear people's basic care needs were mostly met but more personalised care would benefit those who were unable to vocalise their needs on a day to day basis.

The home had a comprehensive complaints procedure and we could see complaints were handled sensitively and appropriately

### Is the service well-led?

Requires Improvement ●

The service was not always well led

The home had a suite of quality monitoring tools. However these were not always effectively used to identify issues and drive improvements.

We found the home responded well to feedback and immediately took steps to address the risks identified. The provider needed to ensure steps were taken independently of inspection moving forward.

The home had available Policies and procedures for the staff to

review to when required.

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# Coniston 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 checked 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.

The inspection took place on the 19, 20 June and the 3 July 2017. The first and third day of the inspection was unannounced.

The inspection team consisted of two Adult Social Care inspectors. This inspection was completed to monitor the homes progress since the last inspection where it remained in special measures following an overall inadequate rating from a longer than normal inspection from November 2015 to January 2016. This inspection process was longer than normal due to the concerns identified and the necessity for the commission to acknowledge the systematic way in which the provider addressed concerns. This included the immediate dismissal of senior management

Prior to this inspection we completed a plan which included all the information the commission held on the home and provider. This included the detail of any notifications sent to the commission and feedback from key stakeholders who work with the service.

Whilst on inspection we spoke with seven people who lived in the home and three visitors. We reviewed the content of 16 people's care plans to ascertain the quality of the service they received. We completed a SOFI (Short Observational Framework for Inspection) to observe the experience of those who could not tell us their experiences of the care and support provided to them.

We spoke with 14 staff, including; carers, senior carers, the management team, chef and maintenance person. We also spoke with three visiting professionals over the course of the inspection.

We looked at nine people's Medicine Administration Records (MARs), reviewed five personnel records and looked at meeting minutes recorded for staff meetings. We looked at staff training records and reviewed available supervision and appraisal information.

We also looked at other management information records including auditing and monitoring information, information used to keep people safe in the event of an emergency and accident and incident records for the whole home.

We looked around the building, including; the communal areas, kitchen and laundry. We also looked in people's bedrooms to ensure they were meeting the needs of the occupants.



# Is the service safe?

## Our findings

There were not many people we could ask direct questions to living at the home as the majority of people were living with varying degree of dementia. People we could speak to told us they liked it at the home and felt staff looked after them. We heard mainly positive comments from people which included, "You are good to me." When talking to staff supporting them we heard people in the home thank staff for the job they were doing. One person told us, "The staff are too busy, sometimes I just want to talk to them."

We looked at the information the home held on accidents and incidents and specifically the information they used to monitor the falls people had. We found that records were inconsistent and that risks were not routinely being identified and managed in a timely way. We found there were people who were falling a number of times however appropriate supportive action was not being taken. We were concerned people were at risk moving forward. We spoke to the manager and area manager about our concerns and were told they were aware some people were falling. The area manager told us they thought there was a risk between possible infection and increased falling and had taken steps to ascertain how much people were drinking. However the first monitoring of this was not due to start until the 21 June 2017. On the last day of the inspection we saw records had been completed showing the amount of fluid people at risk of falling had drunk. A number of people were being treated for infection following this monitoring.

We saw one person had fallen 16 times from November to January 2017. Their care plan and risk assessment had not been regularly updated following each fall. A referral had not been made to the falls team and no increased monitoring or precautionary measures had been put in place to keep them safe. The area manager had identified this as a concern in their weekly audits of the home. When we looked at records during the inspection we could not ascertain the reason for the person to stop falling, as from February 2017 they had not fallen again. We were told there had been a problem with one of their medications. For two months this person had continued to fall and had an increased risk of serious injury. When risks are not identified and managed within a person's daily routine they are not being safely supported. We had concerns with the monitoring and management of falls previously and this is a continued breach Regulation 12 (1) and 12(2) (a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Each staff member told us there was not enough staff. We saw a number of situations where more staff were required. This included one instance in the morning where one person required the support with their personal care needs from two staff but there was only one staff member on that floor. The second staff member was downstairs administering medicines. The person had fallen asleep by the time day staff came on duty.

We also saw occasions where people on the top floor requested a drink and there were no drinks available. The staff could not go downstairs to get them as the lounge would have been left without support.

We also saw an occasion where the master key was needed to ascertain if somebody needed support and the master key was downstairs with a different staff member. Again this staff member was alone on the top

floor. They had to shout over the stairs, in a hope the other staff member would hear them, so as they could retrieve the master key.

Staffing had been a concern at previous inspections and more staff had initially been sourced. We were told that due to the turnover of staff since the last inspection the additional posts had not been covered. We had previously given recommendations to ensure the staffing met the needs of people in the home and the home were yet to identify a suitable dependency tool to manage staff provision. We found the home did not have enough staff to meet the needs of people in the home and is in breach of Regulation 18 (1) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We had concerns previously around the home's management of restrictive practice and had previously issued both a recommendation and a breach of regulation in this area. At this inspection we found the home had not ensured documents and assessments were in place to support people when restricted lawfully under the Mental Capacity Act 2015.

Of ongoing concern was the locking of people's bedroom doors. On one occasion a person had requested that the door be locked to their room when they were in it. We reviewed all of the relevant care plans for this person. We could not find an assessment of the person's capacity when making the decision for them to be locked in their room. We did not find assessments under the MCA to ensure locking someone's door was the least restrictive option. Finally we did not find appropriate best interest decisions completed after the completion of both the decision specific capacity assessment and risk assessment for a decision to lock someone's door.

We also found someone's movement was restricted due to a specialist chair which held the person constantly reclined. This was a specialist chair which was being used in the best interests of the individual but the decision to use it had not been assessed and consent had not been lawfully gained under the MCA.

For the before noted reasons we found the home in breach of Regulation 13 (1) (2) of the Health and Social Care Act (Regulated Activity) Regulations 2014.

Safeguarding training was mostly up to date and most staff had completed a refresher in the last 12 months.

At the previous inspection we gave a recommendation that risk assessments were always updated at point of change. We found at this inspection this had not always happened. We found occasions where people had fallen or had lost weight and their risk assessment had not been updated. We found reviews of the care plans were noted as completed and evaluation forms identified the changes. But this in turn had not led to an updated risk assessment and care plan. When risk assessments are not updated to incorporate all risks then staff do not have up to date tools to assess people's needs, this leaves potential for people not receiving the support they need to stay safe. This is a breach of Regulation 12 (1) (a) (b) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We noted from the business continuity plan and Personal Emergency Evacuation Plans (PEEPs) that they identified removing people from the building in the event of an emergency evacuation. In practical terms this would not be impossible due to the support people needed. The fire department recommend a safe zone in the building be the initial fire safety step taken by staff. This should be incorporated into the PEEPs. This would ensure that in the event of an evacuation being necessary staff are able to follow the plans and keep people safe. We recommend the provider updates the PEEPs with the most recent information available on fire safety and emergency evacuation.

At the last inspection we found the home in breach of the regulation associated with the safe recruitment of staff. At this inspection we found all staff had been safely recruited. We found the appropriate checks undertaken with the DBS prior to staff starting work at the home. We found risk assessments had been completed where concerns were noted within the returned DBS as noted from the previous inspection. Staff had all the required information within their personnel files in line with the regulations including photographic ID and information of their home address.

However at this inspection we found some references had been written by internal staff of the home. We also found some references that identified previous disciplinary action. We recommend that where references are written by internal staff that a further reference is sought from an external source, we also recommend that if concerns are noted within references that further checks on their suitability are completed.

The management of medicines had been an ongoing concern since the first comprehensive inspection in November 2015. The home started to take steps when this was identified and received support from the medicines optimisation team. The way the home managed medicines changed to an electronic medicines management system. However, the new system came with its own issues and the knowledge of staff on its use led to further errors in both administration and recording of medicines.

Following the last inspection the provider had given the CQC an action plan to show how they were going to meet the requirements of the regulation. At this inspection we found the action plan had been met. The home had appointed a medication lead from the senior carer team who had taken the time to understand the electronic system. They had completed some excellent work with staff and shared actions and prompts for staff to follow when they came across difficulties in using the system. This over time has led to the management of medicines at the home improving. Medicines are safely managed, stored and administered at the home.

We found regular audits were completed and actions were quickly addressed. Steps had been put in place to safely support people when they refused medicines and the records of people's needs had been better developed. This allowed for a more person centred approach when administering medicines. We reviewed four different people's medicines and noted there were some errors in counts of medicines. We were told this had been picked up at the last audit and systems were in the process of being developed to better manage this.

The building was clean and we saw domestic staff cleaning the bedrooms and communal areas. Domestic staff told us they had everything they needed to be able to complete their role. We saw there were cleaning rotas in place for the cleaning of the building, including the kitchen and clinical room. We were told it was the responsibility of the staff using the Kitchen and clinical room to keep them clean. The kitchen was clean but the clinical room was not. The records showed the floor had not been cleaned for over a month. The floor was very sticky under foot. When we spoke with staff about this we were told they didn't have the time to clean this room. We recommend the provider ascertains staff have the time to complete the roles expected of them.

The laundry room was managed well and the home had recently introduced a button system to label peoples laundry to reduce the risk of it getting lost.

There were clinical waste bins available in the home and we saw these were emptied regularly.

We saw all the professional testing of equipment had been completed including the hoisting equipment and

gas and electrical installations. This ensured the building and equipment were safe to use.

The rating for this key question remains inadequate.

## Is the service effective?

### Our findings

The home primarily supports people living with some form of dementia. This made it difficult for us to gather complete responses from people as to the care and support they received. However we were able to engage in short conversations with some people. People told us they liked the staff and they thought they cared for them well. One person told us, "The girls are all lovely; they take good care of me."

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 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).

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.

The home's electronic care system was complicated when it came to assessing people's capacity and supporting them with their needs under the MCA. The system had three dedicated sections around people's mental health care needs including, capacity, mental health and cognition. The understanding of how to use and complete these different sections was limited amongst all staff including management.

The initial identification of capacity and awareness was an assessment completed to ascertain if the person had an understanding of their care plan, the complaints procedure and the statement of purpose. On the 15 June 2017 one person's assessment we looked at changed from some awareness to unaware. On the same date their next of kin was identified as their advocate. On the same day most assessments of risks increased identifying a diminished capacity. The same plan states that the family have decided not to apply for power of attorney. This is the decision of the person and a decision specific assessment should be completed. There was not an assessment to determine the advocacy rights of the next of kin available.

We looked at the assessments under the three dedicated sections named above to see the support provided to people. For example a decision around understanding one person's medication states 'understands fully' and no diagnosis. Yet in the capacity section it stated the person had a diagnosis of vascular dementia. The information was contradictory. The record on the medication assessment was also confusing as when asked about capacity concerns the response was 'finding their family'.

There were a number of other examples like this. Issues were identified with the recording and suitability of best interest decisions, including a lack of specific assessment to support any recorded decision.

Capacity is primarily assessed to determine if people can consent to their own care and treatment and to assess if they can make decisions around their own care and treatment. At the last inspection the home was in breach of this regulation and provided the CQC with an action plan. We reviewed the action plan as part of this inspection. The home had not met the action plan and assessments remained inconsistent and not reflective of people's needs in this area.

We noted a number of consents that had not been signed for or had not been signed appropriately. This included being signed by the next of kin as power of attorney when there was no evidence to support this. One person had signed their own consent to share information when an assessment stated they lacked capacity to do so and there were a number of consents which remained not signed at all.

When consent is not sought to people's care and support, or it is sought from those who do not have the authority to give it, on behalf of the person it is a breach of Regulation 11 (1) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We did however note when care staff supported people on a daily basis they asked for consent or it was implied in that the person willingly allowed staff to support them.

People were routinely weighed monthly. When weight loss was identified this was said to increase to weekly. The records we reviewed found this to not always be the case. We saw when people lost weight increased monitoring took place including monitoring people's diet and fluid intake.

Care files contained risk assessments and care plans to support people with their hydration and nutrition. This included the MUST (Malnutrition universal screening tool). This tool identified the Body Mass Index (BMI) of people and identified if additional support was required. However these were not routinely updated when people lost weight. Records did not reflect the action taken by the home as we could see people had steadily began to gain weight. We were told one person had flu and had lost weight whilst poorly but this was not evident from the care plan information.

The chef told us they received information around people's diets and knew when people were losing weight. They could identify people to me who were on fortified diets and those who were living with diabetes. We were also told of those on special diets including pureed and soft diets. We were told the home primarily cooked foods with less sugar to meet the needs of the people living with diabetes and fortified foods for those that were losing weight. Foods were fortified with creams or butters to increase their calorific content when people were showing signs of weight loss that could lead to malnutrition.

The home appropriately referred people to the Speech and Language Team (SALT) when issues were identified with people's swallowing ability. When plans were developed by this team the staff were aware of them and supported people appropriately.

We noted one care plan which stated one person required support with eating and could no longer hold their cup or beaker independently. We saw this person eating at two meals and they did not receive any support. They were also holding their beaker independently on both occasions. We recommend the provider ensures assessments of need are reflective of the person's needs.

At the last inspection, records used to monitor people's intake of food and fluid were poor and we found this to be a similar picture at this inspection. One person who was to have their diet and fluid intake monitored, due to weight loss, recorded them as not eating or drinking for 14 hours. The same person showed on one day at 9am they ate what was described as a large breakfast, at 11am they had tea and biscuits, at 12pm it

was recorded that they had eaten a full roast dinner and pudding and then sandwiches and cake at 4pm. We were not assured the records for this day were accurate. We recommend the provider undertakes some training on the completion of the diet and fluid charts and then to ensure the information recorded is used to best support the person concerned.

Fluid records showed some people were not getting the recommended daily fluid intake of 1000 ml. Most of these people were on the top floor. Staff also told us it was sometimes difficult for them to get a drink when on the top floor. The provider was fitting a new kitchen to the top floor to better support the people living there.

There had been a lot of work completed on the decoration of the home. Areas of corridors had been designed so as there were not any dead ends. For example at the end of one corridor a table and two comfy chairs were in place and the wall had been decorated with library wallpaper. There were books and a newspaper available on the table for people to read if they chose to sit down. Under the stairs by the hall way to the garden entrance had been designed as a garden theme and brought the outside inside, easily identifying the route to the garden.

Flooring had been replaced allowing for plain and distinguishable floor coverings. This has been shown to reduce risks in confusing people's depth perception that are living with dementia. Work had also started on the developing of rummage boxes and we could see items that had been collected to go into these available in the office.

However, the work completed to the ground floor of the building was not reflected on the upper floor. The upstairs area still required a lot of work to bring it up to the standard of the ground floor. There was not a kitchen area on the top floor which had caused problems when there was a shortage of staff and people requested drinks. People had to wait until drinks were bought up from the ground floor. This had been identified with the provider following the inspection and we are assured the kitchen area is nearing completion on the top floor at time of writing this report.

Memory boxes had not been fully developed and this was required to assist people in finding their own room. This would also go some way to determine the need to lock people's bedrooms.

We recommend the provider continues with the development of the building and addresses the upper floor in line with the kings fund dementia environment audit tool. This would ensure the environment in which people were living met their needs.

Staff told us when they started the role they completed a period of induction including shadowing other staff on the floor before they became a part of the rota. At the last inspection the provider had told us the induction was to be developed to incorporate more detail specifically about person centred care for people living with dementia. This had not happened. We recommend the provider ensures the induction process becomes more detailed and specific to the people the home supports.

Staff received formal supervision and an annual appraisal but these were not scheduled and organised regularly. We were shown a supervision calendar which had been introduced showing meetings were scheduled more regularly moving forward.

When we reviewed files we saw people were referred to outside specialist services including the district nurses team and dietician. We recommend where referrals are made to more specialist services such as the Parkinson's nurse that these are chased up and the importance of them relayed to ensure people are kept

safe.

We spoke with visiting professionals during the inspection including a social worker and district nurse. Both told us things had much improved at the home.

All of the staff we spoke with told us they were supported well. Staff told us things had much improved recently and that any of the staff that needed to go, have now moved on. Staff told us there were staff meetings and we saw minutes of these. We saw staff could ask questions and they told us the meetings resolved issues and concerns.

We reviewed the available training matrix which showed staff who were required to attend training and when they last attended mandatory training. Most were completed by over 70% of staff. Basic first Aid was highlighted as low and training was organised the week after the inspection for staff to attend. Staff told us the training was good.

This key question remains as requires improvement



# Is the service caring?

## Our findings

.People we spoke with told us they liked the staff. The staff interactions we saw were positive and people and staff often shared a joke.

We completed an observational exercise in the upstairs lounge. The people supported upstairs were living with more advanced dementia. We observed how staff interacted with six people living in the home for 40 minutes on the morning of the 19th June. We saw staff discussed the weather and visitors coming that day. People were offered a drink and where people were in need of support it was provided in a kind and caring manner.

We saw one person supported to stand with a stand aid. Staff interacted well with the person, coaching them on what to do and when. Staff also encouraged them to be as independent as possible.

On one day of the inspection the activity coordinator came upstairs to manicure nails. We saw them cleaning and manicuring two ladies nails. The ladies enjoyed it and looked at their finished nails as if pleased with the outcome.

When looking at care file information it was evident that families or people in the home had not always been involved with reviewing and updating care plans. However, we could see a notice had been displayed in the main foyer requesting families to get involved with this process. We knew historically the home had found it difficult getting families involved with updating people's information.

We saw some people had a daily paper delivered and others were completing crosswords and puzzle books. We saw a visit took place each month from local churches.

Bathrooms had privacy locks to ensure people could be supported in the bathroom undisturbed. We saw staff treated people with respect throughout the day. Bedroom doors were knocked on before staff entered the rooms and doors were closed before staff supported people with their personal care needs.

Staff asked people throughout the day what they wanted to do, for example would you like to have your dinner in the lounge or at a seat in the dining room? Would you like a cup of tea or a cold drink? On the day of the inspection it was very warm and we saw there were drinks available throughout the day.

We saw people's choices and likes and dislikes were recorded in their care plans including their nightly routine, food preferences and bathing preferences.

People's bedrooms were adorned with personal possessions and included their own furniture and larger belongings if this was requested.

We looked at the care plans of five people who wore glasses and ascertained what they needed the glasses for. We saw that those that needed glasses at all times had them on and one other person who required

their glasses just for reading had them with them in their bag in case they were needed.

The home had a visiting hairdresser who the people in the home told us they enjoyed visiting. On the days of the inspection everyone looked clean and well presented.

Visitors told us they were welcome at the home at any time and staff always treated them respectfully.

Staff told us they had attended good end of life training provided by a local hospice. Advanced care planning was beginning to be completed and two of the plans we looked at included some good person centred information around how and where the person wanted to die. Information also included details of funeral arrangements.

The rating for this key question has improved to Good.

## Is the service responsive?

### Our findings

The home had a dedicated activities coordinator. They had developed activities over the last year and a weekly programme was displayed on the notice boards. We heard singing on both days of the inspection and people laughing when engaging in activities. It was clear the people taking part in the activities were enjoying themselves.

People supported on the upper floor had more complex needs and were harder to engage in structured activities. However people on this floor would have benefited from more meaningful activity and daily occupation. There were no available materials or items to stimulate people on the top floor.

From the records reviewed and from the daily handovers the inspection team attended it was noted a lot of people on the top floor were up through the night. As people's dementia becomes more developed the ability to distinguish between night and day becomes more difficult. This may be the reason people were more prone to being awake and up through the night. There are of course other reasons as well including hunger or pain. We looked in the care plans of two of the people who had been up the night before the inspection. Their care plans did not identify whether this was a common occurrence. We looked at the daily records in more detail for one of the people and saw they had been up and down through the night for the previous week. A care plan or risk assessment had not been completed for this and there had not been an assessment as to what the possible causes for it were.

We were told by one staff member of another person who staff had not been able to get washed and changed for four days. We looked in this person's file and there was no care plan or assessment for this. We asked staff if this was common and we were told it was.

At the last inspection we had concerns with person centred care, specifically for people living with dementia. The provider developed an action plan showing the CQC the changes they were to make to meet the requirements of the regulation. This included a more focused six month induction for staff that would include more detail on supporting people living with dementia. This had not been developed or implemented at this inspection and the action plan had not been met.

When people's needs are not identified and associated risks not assessed there is a risk people will go unsupported in some areas of their lives. When identified needs and risks are not planned for and steps identified to reduce risks or to provide appropriate support are not developed there is a risk people will not get the support they need to meet their needs. This is a continued breach of Regulation 9 (1) (3) (a) (b) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The records which showed us when people had last received a bath or shower had large gaps in them. We saw two people that had not received a bath or shower for up to three weeks, according to the records. One person had recently been assessed and reviewed with their family member who had requested they have a bath twice a week. We reviewed the records available for this person and saw they had only had a bath twice a week in one of the preceding four weeks to the inspection.

On two occasions during the inspection we walked around the home to see if people who were in their rooms had access to their call bell. We saw a number of people did not. We looked in the care plans for two of these people and saw they identified the person could use their call bell. If people that can use a call bell do not have it in reach they would not be able to ring for assistance when it was required.

We looked at the care plans for people and identified when they were last reviewed and updated. We saw most monthly evaluations took place. However when changes were noted their care plans and risk assessments were not always updated. This posed a risk of them not receiving the support they needed.

If people request for certain care and support to be delivered and it is agreed. When it is then not delivered they are not in receipt of person centred care. If people do not have access to a call bell when they are in their room they will not be able to call for assistance when they require it. This means they will not get support as they require it. When people's support needs change and plans of care are not updated there is a risk they will not receive the support they need. When people do not have access to or cannot access person centred care it is a breach of regulation 9 9 (1) (3) (b) (e) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We saw the home had a suggestion box in the foyer and staff told us this was occasionally used. They told us that people are more likely to come straight to staff if they have any concerns or improvements they wish to suggest.

Visitors told us they felt they were listened to when they raised concerns and that appropriate action was taken.

The provider had a complaints procedure which had recently been introduced. We reviewed the file for complaints and noted that they were mostly responded to well and in line with the procedure. We noted however that a number of the documents within the complaints file were not dated. We raised this with the manager who assured us they would add dates where known and would ensure dates were added moving forward.

We saw the complaints procedure was accessible to people in the home and the visitors of the home. It was displayed in the main foyer of the home and people had a copy in their welcome pack.

The rating for this key question remains as requires improvement.

## Is the service well-led?

### Our findings

The home has had a consistent and registered manager for approaching 12 months. In that time the staff culture of the home has changed dramatically. Staff in post were all caring and supportive of the people living in the home. Staff were no longer just doing a job. New and older members of the staff alike felt supported and all acknowledged the change and its positive impact on both the staff team, atmosphere in the home and the people living in the home. This was seen as a big achievement and was noted by the inspection team. One staff member told us, "It's much calmer now; we have a good balance of friendly staff."

The home completed audits and monitoring on the service provided including reviews and audits of the care plans. We saw that this audit did not encompass the detail of what was written in care plans and was simply detailed if certain sections were completed or required to be updated. Care plan audits need to be more qualitative in their approach in order to address the purpose of a care plan and the associated risk assessments. The current audits did not address the concerns we noted whilst tracking people's care and support needs in their records. One person's overview assessment we reviewed, detailed different needs than their individual care plans, for example it stated the person couldn't move and the other said they could walk. One said the person didn't use equipment to mobilise and we clearly saw this person being supported with a stand aid to get up from their chair.

Other people's plan had gaps in the reporting of information. We saw care plans that had not been updated since February 2017 and care assessments that hadn't been updated or reviewed from November 2016 to March 2017 and then not since. Staff told us they did not have the time to update records. The introduction of more staff following this inspection should lead to better recording in people's records.

This was also a concern at the previous inspection and an action plan was provided to the CQC. The home had not completed the actions they identified to meet the requirement of the regulation.

When contemporaneous records are not kept of the care and support needs of people being supported and records are not kept of the support provided to meet those needs there is a risk support will not be provided to people at the time they need it. This is a continued breach of Regulation 17 17 (1) (2) (c) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We saw the provider had a suite of audits and monitoring in place. However the effectiveness of some of these was questioned. We found audits did not identify areas of concern or collate information in a usable format. For example the environment audit identified that seating in the lounge was set up in a certain way when in fact it was not. We discussed this with the manager who said that staff kept putting it back to how it had always been. Staff needed to be formally informed of how the seating should be kept.

We also found the audits and monitoring completed by the manager for falls management did not identify all the risks. Many people had fallen a great deal of times and no action had been noted and risks had not been identified or mitigated as required. We found the area manager's audits had identified concerns month on month but the manager had not taken the action identified by the area manager to reduce the apparent

risk.

The area manager audits identified that a number of the manager audits had not been completed including the monthly audit of four care plans. We saw an audit that clearly said the manager had reviewed the room cleaning audits when it was clear this had not happened. If it had they would have identified the clinical room floors had not been mopped for some time.

When audits are not effective at identifying risks or when risks are identified and actions are not taken there is a risk people are not being supported effectively and safely. This is a continued breach of Regulation 17 17 (1) (2) (b) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

When reviewing the information on falls it was clear a number of them should have been reported to the local authority safeguarding team and a notification should have been sent to the CQC. We had not received a number of notifications in line with the requirements of the provider's registration. This is a breach of regulation 18 of the Health and Social Care Act (Registration) Regulations 2009.

We reviewed the audits and monitoring undertaken by the maintenance team. We found a number of actions had been ongoing for some time including the apron and glove dispensers for the bathrooms. We were told these were on order. We also found a number of items should have been signed off as completed including some of the work on the fire doors. The maintenance person did keep records of the work they undertook including the receipts for the work but we recommend the action was signed off as complete against the initial audits where the work was identified as required.

Following the initial two days of the inspection the home received feedback from the inspection team. The CQC had concerns around the staffing in the home and the poor management of falls. We were also concerned of the impact the lack of kitchen facilities was having on the upper floor in the home. We added a third day to the inspection and attended the home unannounced. Upon arrival it was clear that staffing had immediately been increased following the feedback. We also noted additional monitoring of people's fluid intake had begun and a number of infections were being treated. This had an immediate effect and reduction in the number of falls.

We met with the provider and management team shortly after the inspection and it was noted the provider had agreed to immediately commission the installing of kitchen facilities on the first floor. It was also agreed with the commission for the area manager to send monthly reports and audits on improvements within the home. These had begun to be received and positive improvements have been reported.

Staff told us they received supervision and their annual appraisals were due to be completed. We were also told that staff could have dedicated time with any of the managers if they requested it. Staff said if they needed support through the night or a second opinion on a course of action to take they could phone the on call manager who would give the support required.

The home and its new manager and area manager have continued to build positive relationships with external stakeholder groups and visiting professionals. A number told us how much better it was working within the home since the new manager had been in post.

There was a daily handover book which had pre-printed sheets for allocation of roles and staff on duty. It also included the detail of any professional visits and supervision and reviews of paperwork to be completed. The reviews and supervision section had not been completed since February and March 2017.

However, we saw new procedures continued to be introduced to better support the staff in undertaking their role. On the day of the inspection a new handover pro forma was given to the team leader for consultation. When senior staff are given the opportunity to consult on new procedures they have a better chance of being successfully implemented. Senior staff have ownership and understanding of the rationale behind new procedures and the improvements they are planned to make. The new system had also been developed to ensure staff were accountable for the roles and tasks they completed including the completion of extra care monitoring such as daily welfare checks, food and fluid charts and pressure relief for those people most at risk.

We were told of new initiatives the home had embarked upon since the last inspection. They had joined a regional activities program with other local homes to get people from different homes together for social events. They had also signed up for a new pilot programme with the NHS for access to emergency department support. The aim of the pilot was to understand the rationale for some emergency hospital admissions with an aim to reduce unnecessary hospital admissions where this is possible.

The home had completed resident and relatives meetings regularly since the last inspection and a satisfaction survey had been completed. The results showed people and their relatives were noting improvements in the home.

The rating for this key question remains as requires improvement.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>Regulation 9 (1) (3) (a) (b) (e) of the Health and Social Care Act (Regulated Activities) Regulations 2014.</p> <p>People's needs were not appropriately assessed. People's needs were not always identified. Plans were not in place to meet people's needs. People's preferences were not always met. People did not always have access to the support they required to meet their needs.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Regulation 11 (1) of the Health and Social Care Act (Regulated Activities) Regulations 2014.</p> <p>Consent was not always sought to people's care and support. People's capacity was not suitably assessed to determine if they could give consent. Consent was sometimes acquired from people who either did not have consent or did not have suitable authority to give consent.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Regulation 13 (1) (2) of the Health and Social Care Act (Regulated Activity) Regulations 2014.</p>



Where people were restricted appropriate assessment had not been completed in line with the mental capacity act 2005.

## Regulated activity

Accommodation for persons who require nursing or personal care

## Regulation

Regulation 17 HSCA RA Regulations 2014 Good governance

Regulation 17 (1) (2) (b) (c) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The service did not have an effective system of audit and monitoring. Audits did not identify shortfalls in provision.

Contemporaneous records were not kept of people's support needs and the support provided to people to meet their identified needs.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12 (1) (2) (a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Risks to people were not routinely identified. When risks were identified the home did not always implement plans to mitigate risks to people.</p> <p>Assessments were not routinely updated when risks to people changed and increased risks were not reflected within risk management plans</p>

### The enforcement action we took:

We issued a Notice of Decision to restrict any further admissions to the home.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Regulation 18 (1) of the Health and Social Care Act (Regulated Activities) Regulations 2014.</p> <p>There were not enough staff to meet the needs of people living in the home. Staff did not have the required knowledge and skills to meet people's needs.</p>

### The enforcement action we took:

We issued a notice of decision to restrict admissions