Donisthorpe Hall

Donisthorpe Hall

Inspection report

Donisthorpe Hall
Shadwell Lane
Leeds
West Yorkshire
LS17 6AW

Tel: 01132684248
Website: www.donisthorpehall.org

Date of inspection visit:
08 November 2017
14 November 2017

Date of publication:
16 January 2018

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

This inspection took place on 8 and 14 November 2017 and was unannounced. At the last inspection in April 2017 we rated the service as requires improvement. At the three previous inspections we rated the service as inadequate. The service has been in special measures since November 2015. At the last inspection we found the provider was in breach of three regulations which related to how they managed medicines, consent to care and governance. At this inspection they were no longer in breach of regulations which related to management of medicines and consent to care but they had not made improvements to their governance arrangements. We found they were also in breach of two additional regulations; management of risk and person centred care.

Donisthorpe Hall is registered to provide residential and nursing care for a maximum of 189 people. Care was provided in five units. The management team told us there were 72 people using the service when we inspected. The home has a longstanding association with the Jewish community in Leeds and also offers care to people of other faiths or beliefs. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of the inspection the service did not have a registered manager although a manager had been appoint ted and told us they would be applying to register as the manager of Donisthorpe Hall. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found the provider had further improved their medicine systems and we concluded these were managed safely. We have made a recommendation about the management of some medicines.

People told us they were happy living at Donisthorpe Hall and the staff were kind and caring. During the inspection, we saw lots of examples of good care practice and people enjoyed the company of staff and others they lived with. However, in one unit staff sometimes focused on tasks rather than encouraging people to engage. People were offered a varied menu and told us they had enough to eat and drink. People received appropriate support to make sure their health needs were met.

We saw people were given opportunity to make day to day decisions and staff obtained verbal consent before providing care. However, there was very little evidence to show how people or their representatives had been involved in making decisions about their care. Care plans and risk assessments varied in quality and these did not always show how to keep people safe and provide person centred care.

People lived in a clean pleasant, well maintained and spacious environment, however the environment did not enable people living with dementia to maintain their sense of wellbeing.

At the time of the inspection there were enough staff to keep people safe, however, the provider did not use a system effectively to determine how many staff they required. Three weeks before the inspection the provider had re-opened one of the units. We saw people who had transferred to the unit could not eat their main meals in the unit's dining room.

Staff received training which helped them understand how to do their job well but there was a lack of support and supervision. There was no formal system for supporting volunteers.

Although the provider continued to develop the service progress was slow. They had failed to manage systems and processes effectively. They did not consistently identify trends or how they could learn lessons and prevent repeat events. Further changes in management had impacted on the service delivery. The recently appointed manager showed a good understanding of their role and described their essential elements of leadership. We received positive feedback from staff about the manager. People who used the service, relatives and staff had opportunities to share their views at meetings but action points were not always followed up.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. The provider did ensure care and treatment of people who used the service was assessed and planned in a way that ensured their needs were met: The provider did not assess and manage risk to people who used the service: The provider's systems and processes did not enable them to assess, monitor and improve the service or assess, monitor and mitigate risk.

The overall rating for this service is 'Requires improvement'. However, the service will remain in 'special measures'. We do this when services have been rated as 'Inadequate' in any key question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so 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. This will lead to cancelling their registration or to varying the terms of their registration.

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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People lived in a safe, clean, pleasant and well maintained environment.

Risks to people were not always identified, assessed and managed.

Medicines were managed more safely; we have recommended the service reviews protocols for 'as required' medicines' and introduces a more robust temperature recording system.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff received training which equipped them with relevant knowledge and skills, however, supervision was variable which meant staff and volunteers might not receive appropriate support around role and responsibilities.

Systems around supporting people to make decisions had improved. The provider continued to develop these and was working alongside other professionals to make sure this was done in line with current legislation.

People received quality meals and had plenty to eat and drink. However, we observed not everyone had a good dining experience.

Is the service caring?

Requires Improvement

The service was not always caring.

Care records were not always personalised and did not always contain information about people's background; therefore might not know about and understand people's needs and preferences. Relatives and friends told us they were made to feel welcome.

People were happy and felt staff were kind and caring.

Systems were in place to meet people's cultural and religious

Is the service responsive? The service was not always responsive. The provider's care planning system was not always person centred and guidance for staff about delivering care varied. People enjoyed activities within the service and the community although a reduction in activity workers had impacted on the level of activity provided. A system was in place to record and respond to complaints.	**Requires Improvement**
Is the service well-led? The service was not well led. This is the fifth inspection where we have rated the well led section as inadequate. The service has been in special measures since November 2015. The provider's quality management systems were not effective; they did not always drive improvement, consistently identify trends or how they could learn lessons and prevent untoward events from recurring. Regular meetings were held which gave people who used the service, relatives and staff opportunity to receive updates about the service and share views.	**Inadequate**

Donisthorpe Hall

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.

Before the inspection we reviewed all the information we held about the service including statutory notifications. We contacted relevant agencies such as the local authority, clinical commissioning group and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider had completed a Provider Information Return (PIR) in March 2017. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Because the form was completed before the last inspection we have not considered the information as part of this inspection.

This inspection took place on 8 and 14 November 2017and was unannounced. On day one, four adult social care inspectors, a medicine inspector, two specialist advisors in governance and nursing and two experts-by-experience carried out the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On day two four adult social care inspectors and a specialist advisor in governance carried out the inspection.

During the visit we looked around the service, spent time in each unit and observed how people were being cared for. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 15 people who used the service, nine visitors, two volunteers, 20 members of staff, the manager, the chief executive officer and the chair of trustees. We spent time looking at documents and records that related to people's care and the management of the home.

Requires Improvement

Is the service safe?

Our findings

At the last inspection we found the provider was not providing safe care and treatment because they were not managing medicines properly. At this inspection we found improvements had been made around management of medicines. At the last inspection staffing arrangements and risk management had improved but we reported the provider's systems needed to be developed. At this inspection the provider was not in breach of the regulation relating to staffing arrangements but they still needed to develop their systems further to ensure the service was consistently safe. At this inspection we found the provider was in breach of regulation relating to risk management.

We reviewed how risks to people were identified, assessed and managed and found sometimes this was done effectively, however, we also saw risks to people were not always well managed. People had risk assessments that covered areas such as mobility, falls, skin integrity and nutrition; we saw examples where these were well completed. The service had requested additional support from other professionals and people had specialist equipment to help keep them safe. For example, two people's assessment and care plan stated they used a specific walking aid when mobilising; we observed they used these throughout the day. Another person had a hoist assessment. This had been recently updated to reflect deterioration in the person's mobility. We observed moving and handling practices within the home and saw these were completed safely. Staff explained what they were doing, reassured people and chatted to them throughout.

We found risks around falls were not well managed. One person's assessment stated they must wear a pendant alarm to ensure safety but they were not wearing this on day one of the inspection; we asked a senior member of staff about the pendant and they told us, "I do not know why he hasn't got this on I will speak to the staff who was on this morning as he should have this on." We also saw the person was not wearing the pendant on day two of the inspection. The provider was using a falls assessment tool which staff completed and reviewed on a regular basis. However, this was not effective because it was not possible to determine how the level of risk was calculated. The assessment was difficult to understand and there was limited guidance for staff regarding actions to take when at risk. We discussed the falls assessment with two members of the management team; they acknowledged it was not fit for purpose. One told us they believed the assessment should have a second part which was not used. On the second day of the inspection we were shown a new format which the provider said would be introduced across the service.

We found accidents and incidents were not always responded to appropriately. We saw examples where people had fallen; accident forms and post falls analysis records were completed and action was taken to prevent repeat events. A physiotherapist employed by the provider often provided support and guidance. However, we also saw examples, where it was not clear what action was taken in response to falls and the correct documentation had not been completed. For example, one person had five falls recorded since the last inspection. However, there was no evidence in the person's file to show what had been done or followed up in relation to this. Another person had six falls since May 2017; common side effects of one of their medicines included dizziness, lack of balance or coordination and feeling unsteady. There was no falls analysis or evidence this had been considered as a potential factor of the falls. We could not establish that incidents were always reported to senior workers and members of the management team. The management team told us they had identified a more robust accident and incident reporting system was needed and had already started taking action to introduce this.

Some people's care records stated they required additional support to ensure they were safe, for example, regular visual checks and repositioning. We saw completion of these charts was varied. Some showed the appropriate level of additional support was being provided whereas others did not. For example, one person's chart showed they had been repositioned appropriately. However, we looked at three people's observation charts and saw these did not reflect the frequency of checks which were identified in their care plans. We discussed our findings with a member of the management team who said, "The staff are just not filling these in and if it isn't recorded it looks like it hasn't happened."

A member of the management team said were developing systems for emergency evacuations which included introducing individual Personal Emergency Evacuation Plans (PEEP). We saw the system in use might cause confusion. Each unit had a fire evacuation list on the notice board which contained the name of people, a code for the level of support required, red, amber or green, and, where relevant, additional comments. We saw these were not always kept up to date, for example, the list in one unit, stated one person used a zimmer frame but they were was nursed in bed and another person was not included. Each unit had a handover sheet which alongside the name of the person had a 'fire coloured code', however because they were printed in black ink the colour was not prominent. We concluded the provider did not assess and manage risk to people who used the service. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service, relatives and staff told us there were enough staff to keep people safe. During the inspection we saw call bells were responded to promptly. Staff were attentive and visible in communal areas. A relative told us, "There is always someone in the communal room and they are very patient." People did not have to wait when they requested support. We heard one person shouting; their relative told us staff were always quick to respond. One person who used the service and two members of staff said sometimes there were not enough staff to meet people's needs. One member of staff told us, "People are having to wait for personal care. If we are struggling we ask people if they would like to sit in their bedroom and have breakfast" and "Night staff get people up about 7am to help us but people are never got up if they don't want to be."

At the last inspection we found the staffing arrangements had improved which included a reduction in agency staff. The staffing dependency tool was not effective and the provider told us they were exploring alternative tools. At this inspection we saw individual dependency assessments were carried out but these were not used effectively to determine the staffing arrangements. A member of the management team told us the service used a staffing dependency tool but they had not been given data for one unit and they were in the process of calculating staffing levels for the service at present.

The manager went through the staffing arrangements and had a clear understanding of the number of staff that were provided on each unit; we looked at staffing rotas for one unit between 6 and 20 November 2017; these reflected the staffing levels described. The manager said they were making sure rotas were planned at least four weeks in advance to ensure all shifts were covered in a timely manner and staff were able to plan. They said this had helped reduce agency staff usage.

The provider had a period where they did not accept any new admissions to the service. After the last inspection they wrote to us with their plans to commence admissions, which ensured this would be a gradual process. Three weeks before the inspection the provider had re-opened one of the units. However, we saw people who had transferred to the unit could not eat their main meals in the unit's dining room.

People could either have the meal in their room or on an alternative unit. One person told us this had made them very unhappy because the unit where they had to eat their meal was too far to walk so their independence was being compromised. We discussed this with the management team who assured us they would take swift action to rectify the staffing situation.

On day one of the inspection we observed three people raised concerns that it was a long way to walk from the dining room; we saw chairs that were positioned along the corridor had been removed. The management team explained they were removed for health and safety reasons.

We saw people lived in a clean, pleasant and safe environment. Throughout the service there was fire safety and infection prevention equipment. In each bathroom paper towel and soap dispensers were well stocked. We spoke with two housekeeping staff who discussed their schedules which ensured all areas were cleaned appropriately. This meant the risk of the spread of infection was minimised. We reviewed cleaning sheets which identified the tasks to complete and also people's preferences when their rooms were cleaned. For example, clean at meal times. Service records and certificates showed appropriate checks were carried out to make sure the building and equipment were safe.

People told us they felt safe. One person said, "Course I do." Another person said, "Yes I feel safe." A relative told us, "It's a safe environment staff had been monitoring her walking."

Some concerns were raised about the safety of people's belongings. One person told us a 'pair of earrings' had gone missing and a relative told us some money had been stolen in the past and was reported to the police. We noted people's rooms were unlocked and doors were often ajar even though people were not always in their room. People said they did not have keys to their room. One person told us they could not lock their room; a member of staff said, "I have seen the keys in the office for all the bedrooms. Through the day the doors are open for people to access." We asked the provider about the arrangements for people to hold keys to their room. They told us there was no formal system for allocating keys but if requested people could have them and this would then be recorded in their care plan.

Staff told us they would report any concerns around safety to the management team and were confident they would deal with any issues appropriately and promptly. Staff had received safeguarding training and understood where to report any concerns outside of the organisation. They were familiar with the whistleblowing policy which is when an employee raises a concern about a wrong doing within an organisation. The provider maintained a safeguarding database, which included reporting incidents to the local safeguarding authority and the Care Quality Commission. They followed a robust recruitment process and carried out the necessary checks before staff commenced work.

Medicines were stored securely in a locked treatment room and access was restricted to authorised staff. There were appropriate arrangements in place for the management of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). Staff regularly carried out balance checks of controlled drugs in accordance with the home's policy.

Room temperatures where medicines were stored were recorded daily, and these were within recommended limits. We checked medicines which required cold storage and found temperatures records were completed. However, on one unit temperatures had been recorded outside of the recommended range on 31 occasions in October 2017 and on seven occasions in November 2017, no action had been taken. This meant we could not be assured that medicines requiring refrigeration were safe for use.

MARs contained photographs of service users to reduce the risk of medicines being given to the wrong person, and all the records we checked clearly stated if the person had any allergies. This reduces the chance of someone receiving a medicine they are allergic to. Documentation was available to support staff to give people their medicines according to their preferences and the provider had improved their systems for checking handwritten MARs. We checked the quantities and stocks of medicines for 22 people on five units and found all balances to be correct. This meant that medicines had been given as signed for by staff.

We previously found that guidance was not always available to enable staff to safely administer medicines prescribed to be given only as and when people required them, known as "when required" or 'PRN'. On this occasion we found guidance was now in place. However, we found two people were prescribed a medicine used to treat agitation or anxiety and guidance was in place but did not indicate exactly what signs the person might display when this medicine may be required. On our last inspection we found that staff did not always record whether one or two tablets were given when variable doses of pain medicines had been prescribed. We saw that the quantity given had now been recorded, meaning that records did accurately reflect the treatment people had received.

Body maps and topical MARs were also in use, these detailed where creams should be applied and documented the administration. Previously, records of thickeners used to thicken fluids for people with swallowing problems were not always recorded when they had been used. On this occasion we found information was available to staff about how to use them for individual people and records demonstrated when they were given. This meant they were being administered safely.

We recommend that the service reviews "PRN" protocols for each person and introduces a system for checking action is taken in response to medicine fridge temperatures which fall outside of the recommended range.

We reviewed the provider's systems for learning lessons and improving processes when things go wrong and found these varied. Sometimes lessons learnt were identified but this was not done consistently. The provider used a key performance indicator (KPI) system to monitor quality and safety. We reviewed the analysis notes from KPI reports which covered areas such as falls/accidents, hospital admissions, infections and medication errors, and found there was no evidence that effective action had been taken to help prevent untoward events from recurring. A member of the management team told us their next project was related to lessons learnt.

We saw examples where lessons were learnt. For example, the provider analysed safeguarding incidents and identified learnings to help prevent repeat events. A member of the management team said these were then shared with the senior management team and staff at meetings.

Requires Improvement

Is the service effective?

Our findings

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At the last inspection we found the provider was improving the systems for complying with the MCA but this did not ensure staff were acting in accordance with the legal framework for making particular decisions. At this inspection we found the provider had made further improvements sufficient to meet regulation.

During the inspection, we observed staff obtaining verbal consent from people. For example, we saw staff asking people if they could support them with their meal and personal care. People also told us they made decisions. One person told us they decided when to get up and where to spend their time. A relative told us, "[Name of person] has her choices. There will be a carer in her room but not in the shower. She wants her dignity. She gives the orders." Another relative told us their relative made decisions about whether they took their medication.

Staff we spoke with were confident people had control over their lives and also understood how to support people who did not have capacity to make some decisions. Staff understood these should always be in the person's best interest. One member of staff said, "People should be able to make their own decisions and choice around their care. To be able to do things for themselves. We should not restrict people for example: not placing people's legs under a table so they cannot move away." Another member of staff said, "A person has a right to be able to do what they would like unless they did not have capacity, this would then be discussed with the person, family and other professionals to come to a best interest decision for the person." Another member of staff said, "One person doesn't like to get dressed so they can stay in their night gown."

At the last inspection we reported that documentation did not evidence MCA principles were always followed. At this inspection we found there was still some variation in the quality of documentation which related to consent and capacity. For example, we saw one person had signed consent to care and treatment documentation. However, another person's care plan had no evidence they or any other relevant person had been involved in consenting to care; documentation had not been signed. There was a power of attorney (POA) document which stated a relative had overall POA, however the appointment representative agreement had not been signed. Another person's care plan demonstrated inclusion in care and consent to care by a relative who had lasting power of attorney. The relative was also included in best interest decisions in collaboration with other professionals. We saw in the front of one person's care file a blank DNACPR (Do not Attempt Cardiopulmonary Resuscitation). In another person's file there was a completed DNACPR but there was no evidence to show this had been discussed with the person or relevant others.

The provider collated data around the number of authorised DoLS, however, the information was gathered verbally from the units rather than checking records. The data shared with us stated 12 people had authorised DoLS and seven further applications had been submitted. The report stated none had been notified to CQC. When we checked our records we saw the provider had notified us of 25 DoLS that had been authorised since the last inspection. The provider shared an action plan with us that showed the provider was going to ensure people's care plans would include evidence of MCA and DoLS assessment and the status, as appropriate. The timescale for completion was eight weeks.

The manager told us they were continuing to develop their systems and processes around consent and MCA, which included checking documentation was appropriately signed and mental capacity assessments were robustly completed. They had liaised with the local authority DoLS team regarding submission of DoLS applications. We saw confirmation that the provider was meeting with NHS England to explore support and guidance in relation to mental capacity assessments.

The provider had previously used a combined electronic and paper based system for care records. However, they told us the electronic system was problematic and they were now using only a paper based system. They used standard documentation which covered key areas of care, such as personal hygiene, sleeping, health and medication. Assessments and care plan documentation also prompted assessors and reviewers to consider people's communication needs, preferences and characteristics protected under the Equality act such as gender, religion, sexual orientation and disability.

Staff we spoke with told us they had received training which had helped them understand how to do their job well. Comments included, "We have a lot of training in place, loads to be honest", "I've done medication training, food hygiene, fire, moving and handling, and they have all been updated this year", "I have completed my training and I feel I am up to date with this, including equality and diversity training, MCA, first aid and moving and handling." One member of staff who had recently started working at Donisthorpe Hall told us they had completed their induction with the home as well as the 'Care Certificate'.

A member of staff told us they had completed dementia and advanced dementia courses which had helped them 'to understand how to support people living with dementia'. Another member of staff told us they really wanted to understand more about challenging behaviour and how to de-escalate situations. They said although they had been working on the dementia unit for six months they hadn't attended the dementia training and therefore found it quite challenging. They said they were due to attend the training in December 2017. Staff in another unit explained how they diffused situations such as a person shouting, banging tables or wanting to leave. They said they would talk calmly with them, offer a drink and sit with them to re-assure them and reduce their agitation. One member of staff said, "I take time to get to know the service users and their families. I can then explain to them about their family and where they live which re-assures them." They said they had not had any formal training. One member of staff said, "The training used to be really good but there have been lots of changes and it isn't as good as before."

The manager told us they were developing specialist training and said they were aware of other professionals who could provide specialist training as needs arose. For example, district nurses to provide catheter and stoma care training.

The provider maintained a training overview which showed staff received mandatory training which equipped them with the skills and knowledge to support people effectively. This included safeguarding, fire safety, moving and handling, nutrition and hydration, infection control, information governance MCA, DoLS, equality and diversity, and health and safety. Additional training was also provided around dignity in care, dementia awareness, person centred practice, personal care and complaints. The training co-ordinator told us training delivery included face-to-face and e-learning training.

We received a mixed response when we asked staff about support and supervision. Some staff told us they received regular supervision. One member of staff told us they had a quarterly meeting with their senior. Another member of staff told us they received supervision and thought it was 'documented'. One member of staff said, "I can always talk to the seniors or the deputy care manager." However, they went on to say they didn't feel they could approach more senior management and didn't feel they were visible. They said, "A lot of the carers talk in the same way." Another member of staff said, "There is a lack of support from senior staff and management."

The provider maintained an overview for supervision and appraisals. However, this showed staff were not receiving the level of agreed supervision. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. The provider said supervision should be provided every three months but data showed between April and June 2017 88% of staff who worked in units on the first floor units received supervision and 56% from the ground floor units received supervision. This reduced between July and September 2017; 35% of staff who worked in units on the first floor received supervision and 47% from the ground floor units. A member of the management team told us there was no system in place for supervising volunteers. This meant staff and volunteers were not always appropriately supported and enabled to carry out their role effectively. Supervision records showed discussions included performance, further development, and comments both from the supervisor and supervisee.

Annual appraisals were booked for all staff to take place between October and December 2017. This meant staff would receive appropriate support through an appraisal to enable them to carry out the duties they were employed to perform. A member of the management team said changes in management personnel had contributed to failure to provide regular supervision.

We observed meal times and saw in three units people had a positive dining experience. Tables were set with cloths, cutlery, condiments and menus. Large print menus were displayed in dining areas. Staff were attentive and provided appropriate when people required support. Breakfast was provided at times that suited individuals and included cereals, pancakes, eggs, toast, kippers and fruit. A varied menu with at least two choices of meals was also provided at lunch and dinner. Snacks were provided in between meals and bowls of fresh fruit and water dispensers were available in communal areas.

In another unit we observed the dining experience was not well organised and some people did not receive appropriate support. Tables were not laid before lunch; staff brought plated meals and cutlery to the table at the same time. People were not offered a choice of meals. Staff on the unit told us people were asked to choose what they wanted for their meal about 10am every morning, however, catering staff we spoke with confirmed there were adequate portions for people to make a choice at the time the meal was served. A member of the management team said staff in the unit had been told previously that meals should not be plated up and people should be offered choice. The unit provided care to people living with dementia; there was no evidence of accessible information to support individual requirements i.e. visual menus or use of 'show plates' to support people's choice of meal in a way that was meaningful to them. There was a large print menu on the wall which showed that fish was on the menu for the day, however this was not correct as chicken and sausage was served.

Staff supported one person to eat, however, there was no interaction or explanation about what the person was eating and they were not told when to expect 'the spoon to mouth'. Another person who was sat at the same table was not served their meal at the same time because staff were supporting people who were eating meals in their room. The person waited 15 minutes before they received their lunch.

People were generally positive about the quality of meals and said they had plenty to eat and drink. Comments included, "It's quite nice", "Good food. A snack is available if needed", "It's eatable", "Tea and biscuits at 8pm plus some sandwiches" and "It suits me".

A relative told us, "Food wise, staff will sit with [name of person] and try to get her to eat; it's not easy, I know." Another relative said, "A lot of the residents have complained about the food. I've never eaten here but the chefs have asked her what she wanted. She was weighed; they called the GP as she was losing (weight) but he wasn't worried."

Staff we spoke with said the quality of food was good and healthy eating was promoted within the Kosher diet provided. We spoke with three members of the catering team; two chefs and the catering manager. They provided examples of how people's preferences were taken into consideration when menus were planned. The catering manager had been employed since the last inspection and introduced dietary summary sheets around people's needs and wishes. The manager said they had introduced an audit of these and the first month had been completed.

The provider assessed and managed risk relating to malnutrition. People had malnutrition universal screening tool (MUST) assessments which were up to date. These included a record of regular weight checks in line with specific needs. There was evidence in the care records of referral to, and the involvement of dietetic services and the GP. For example, one person had lost weight which had been reviewed in collaboration with other professionals.

Staff we spoke with were confident people's health needs were met and care records we reviewed confirmed this. People had care passports which contained a brief overview of their needs, for example, allergies, medical conditions, aids and equipment used, safety needs and how I communicate. Staff told us these were used if people had health appointments. One member of staff said, "We take the care passport, red bag along with a list of their medication if anyone needs to go into hospital." We noted one person did not have a care passport in the file even though their health had deteriorated and they were being nursed in bed.

We saw that people's care records evidenced other professionals were involved in people's care and where appropriate referrals were made for specialist support. We saw advice was incorporated into the care planning process. For example one person had swallowing difficulties and lost weight. The GP was made aware and a referral was made to the dietician and the speech and language team and subsequent care plans were implemented to support the person's individual needs. We saw other examples of accessing healthcare services, for example, the dentist and podiatrist who visited the home to treat people that were unable or chose not to attend community facilities.

Although we saw evidence that people received good healthcare support, we also saw examples where it was unclear if people's health needs were being met. One person's optician appointment was last recorded as February 2013. The dental section stated 'don't know when last visit staff to refer', however, this had not been followed up for over seven months. On the day of the inspection a senior care worker spoke with the person's relative who confirmed the person attended an optician in 2016. However, they asked the worker to make a referral to a dentist. We saw another person's care records showed they received regular input from a physiotherapist; however there was no information about this in the person's care plan. The issues identified at the inspection had not been picked up by the provider because there was a lack of effective auditing. The manager said the assessment and care planning process was being developed to make sure they were person centred and more effective care recording audits were being introduced.

The manager told us a GP from a local surgery carried out a weekly visit to the home and other people's GPs attended on request. They also told us they had identified that staff had been carrying out tasks that they were not trained to do; such as taking a pulse prior to administration of certain medications. They said they had stopped this and liaised with the relevant health practitioners to ensure staff received the training they needed to carry out the tasks they were being asked to do. This would ensure people's health needs were met safely.

Donisthorpe Hall is situated in large grounds and people could access outside space. The service was provided in five units; one unit had recently reopened. Two units were not in use. We looked around the premises and saw the environment was pleasant, spacious, clean and well maintained. At the entrance there was a large seating area and a cafeteria. People used this area to socialise and relax. The cafeteria was being refurbished; the catering manager was overseeing the project and said this would be ready towards the end of November 2017. The service had several central and unit communal rooms; concerts and entertainment were held in one of the larger central rooms. A synagogue was provided.

The service accommodated people who live with dementia, however, the living environment did not enable them to maintain their sense of wellbeing. For example, the internal lay out created a dependency for staff to help people find their way around; signposting was not clear. In one unit we noted only one person had a personalised door which enabled them to find their room. Corridors were the same so people would struggle to differentiate between one corridor and another. There was a symbol of a person (male and female) on toilet doors but no picture indicating it was a toilet. Bathroom fittings did not contrast with walls and toilet seats were not a contrasting colour which aid people to locate the toilet. The manager said they had identified the living environment needed developing to ensure people living with dementia were enabled.

Requires Improvement

Is the service caring?

Our findings

People who used the service and their relatives told us staff were kind and caring. Most of our observations confirmed this. People told us they were happy living at Donisthorpe Hall. Comments included, "I think this home is fantastic", "I never have to worry", "The atmosphere is great. The receptionist is warm. She makes this place; she is wonderful; she sings", "It is good", "People are nice" and "It's very good; the attention, the food, the care." When we asked a regular visitor what they thought of the home they said, "Within the limitations, they do their best. People feel at home."

During both days of the inspection we observed positive interactions between staff and people who used the service. People enjoyed the company of staff and others they lived with. We saw lots of examples of good care practice. This included a member of staff who spoke gently and calmly to one person who was upset by the behaviour of another person. Another member of staff spent time reading the menu to a person so they could decide what to eat for their lunch. One person sat with a member of staff for 30 minutes engaging in meaningful conversation. Another member of staff carefully wiped one person's mouth with a tissue. Staff were discreet when they asked people if they wanted to go to the bathroom.

Although we saw mainly positive interactions we saw in one unit staff sometimes focused on tasks rather than encouraging people to engage. For example, at lunch time a care worker did not engage with the person they were supporting to eat.

People looked well cared for and it was evident attention was given to detail, for example, people wore clothing that was ironed, footwear was appropriate and glasses were clean. Some people had their nails manicured and wore jewellery. Housekeeping staff brought laundered items of clothing to the units; these were on hangers and labelled with people's name. A relative told us, "Staff help her every morning and every evening. They shower her every other night and she gets her hair done every two weeks." Two people who used the service told us they were happy with the laundry service and their clothing was always returned. One person told us some of their clothes had gone missing and these were replaced.

Relatives and friends told us they were made to feel welcome when they visited Donisthorpe Hall and were informed if any concerns were raised about their relative or friend. One relative told us, "The carers are brilliant. They called me when I was on holiday. They kept me up to date when Mum was ill." We observed near the entrance, which was a communal area where people gathered, reception staff were welcoming; people sat with friends and relatives.

Staff we spoke with told us people were well cared for. They gave examples of how they promoted independence and ensured people's dignity was maintained. One member of staff said, "I would put my mum in here the carers are really good and caring." One member of staff said, "I try to make sure people kept their independence as much as possible. If someone can do something but not all I would support them to do that little bit for themselves." Another member of staff said, "We ensure privacy is respected by shutting doors and closing curtains." Staff went on to say there was two people in the lounge who liked to have the subtitles on the television so they could read what was happening. Throughout the day we saw evidence of this.

Care records were stored securely in a locked room which ensured confidentiality was maintained. At the last inspection we reported there was very little evidence to show how people or their representatives had been involved in making decisions about their care. At this inspection our findings were similar. Discussions with people confirmed they were not familiar with their care plans although most said they felt their needs were being met and were happy with how their care was delivered. One relative told us they met with staff about their relative's care, "From time to time." Another relative said, "There are a raft of sheets I look at every year and it's usually accurate."

We saw people's care plans had sections to include information about their preferences, personal histories and backgrounds. The information provided in people's care plans varied. For example, in one person's care plan we saw family and friends were included and the background to their health needs was detailed. In another person's care plan there was no personal information around marital status, family and friends, younger self. A 'what matters to me' document was blank.

Donisthorpe Hall has a longstanding association with the Jewish community in Leeds and has facilities to meet the cultural and religious needs of Jewish people. They provide a full kosher kitchen and also have a synagogue. Donisthorpe Hall also cared for people of other faiths and beliefs and we saw this was done respectfully. A member of staff told us, "People can eat what they like in their rooms. At Christmas, they can have Christmas trees in their room." Another member of staff told us people practiced their religion in a way that suited the individual. They gave an example of a priest recently visiting a person at the home.

Requires Improvement

Is the service responsive?

Our findings

At the last inspection we found the care planning system had improved sufficiently to meet regulation but we said the provider needed to develop this further to ensure the service was consistently responsive. At the inspection before the last inspection we found the care and treatment of people who used the service was not always assessed and planned in a way that ensured their needs were met.

At the last inspection we reported the quality of care plans was varied. We saw some clearly identified people's individual needs and guidance was in place around how staff should deliver care. However, we also saw some care plans did not reflect people's current needs. At this inspection our findings were the same. We reviewed seven care plans in detail and found they did not provide appropriate information around care and support to ensure people's needs would be met. We reviewed specific sections in other people's care plans, for example, end of life care, management of risk of choking and evidence of involvement, and found these varied.

Examples where care plans were detailed included information around how to support one person at meal times. Their care plan stated 'SALT (speech and language) advised for [name of person] to sit upright for 30 – 60 minutes after eating. We saw pictures and guidance for the consistency of their food which was described as 'fork mashable'. Another person's guidance for hoisting included information of the name of the sling used and also the colour of the straps.

We reviewed documentation for two people that had recently moved into the service and found the quality of the assessment process varied. One person moved in at the beginning of October 2017. The pre-admission assessment was incomplete; there was no information around aids required, elimination, personal hygiene and dressing, sleeping, special routines, current infections, current health issues (acute), skin integrity, sleeping, medication on admission. (medication found on back of form) The assessor had not signed the assessment. Another person who also moved into the service in October 2017 had a completed pre-admission assessment.

Examples where care plans were inadequate included, one person's health had deteriorated and they were being nursed in bed; some important sections of their care plan such as skin integrity, socialisation, eating a drinking had not been updated even though care delivery and the level of risk had changed. The person's care plan had not been reviewed. Another person's care plan did not cover important areas of need. Records stated they moved into the service due to anxiety and they would focus on their fears/anxiety rather than follow conversation. We saw from daily progress notes they had been anxious in October 2017 on several occasions, which included asking for someone to sit outside their room, not sleeping in their bed and telling someone on the telephone they were unsettled and not happy. They had no communication or mental health/behaviour care plan.

One person's care records evidenced they displayed behaviours that challenged and we saw a decision had been made that the service could no longer meet the person's needs so alternative accommodation was being sought. In August 2017 the provider notified us of a safeguarding incident where they had stated staff would follow guidelines in the person's mental health care plan. We could not locate this in the person's file and staff could not locate a copy; this had still not been found at the end of the day. The last behaviour record form was dated at the beginning of August 2017, however, it was evident from the daily progress notes incidents had occurred. Another person had a mental health behaviour support plan which identified specific triggers and interventions, and included to constantly reassure, sensitively tell the truth and not fabricate and distract. We observed that staff followed the care plan guidance in relation to sensitively telling the truth, however, this was not effective because the person became more distressed. Distraction methods used did not include different discussions or offering meaningful occupational. We concluded the care plan lacked guidance around how to support the person with behaviour that challenges.

It was difficult to find some documentation that should be kept together. For example, skin integrity plans were in place but there was no skin integrity assessment with the support plan. This was later found at the back of the support plan. We saw care plans had been reviewed monthly. However, the reviews did not identify gaps in the care planning process. The manager told us they had identified the assessment and care planning process required further development to ensure they were person centred. A member of staff told us, "We are redoing all the care plans to make these more personalised. We have keyworkers and named nurse for each person now to make sure the care plan is reviewed and updated." Another member of staff said, "We have designated key workers now and named nurses so we know who is responsible for what which we didn't have before." We concluded the provider did ensure care and treatment of people who used the service was assessed and planned in a way that ensured their needs were met. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On both days of the inspection we saw people enjoyed activities which were facilitated by an activity worker and volunteers. People enjoyed a concert which was attended by over 25 people; some sang along and we saw one person smiled as they danced. We saw an art and craft group and a 'karaoke' session. People enjoyed these sessions although when volunteers arrived to start the karaoke session we heard a member of staff say, "Most of them are in bed." The volunteers told us, "We are volunteers and we come every week at the same time." One volunteer said the activity was 'hindered by the fact that people were not already in the lounge when they arrived and this meant that some people missed out'. It was unclear why staff had not prepared for the karaoke session but once it commenced we saw staff joined in, and people sang along and enjoyed the entertainment. Everyone generated a lively atmosphere.

We received the following comments when we spoke with people about activities. One person said they spent time in the garden and told us there were 'art classes if you want to go'. Another person told us they used the computer. A relative told us they would attend the 'show if their relative was willing to go'. One person told us there were not enough activities. Another relative said, "They take her [name of person] out on trips in the summer."

The activity worker told us they did 'lots of activities in the home and also go out and about'. This included a recent outing to Blackpool to see the lights. A visit to Harrogate was also planned. The provider arranged for external entertainers to visit the service. We saw activities available were displayed in different areas of the home. Care workers told us people who spent most of their time in their room also received appropriate support. One member of staff said, "We keep going in their room; we do jigsaw puzzles with them." The activity worker told us they read poems to people.

At the time of the inspection one activity worker was co-ordinating activities across the service; another activity worker was on long term absence and two activity workers had been made redundant. The service had an activity programme although this was not always followed. The manager said they aimed to provide a stimulating programme of activity based on people's interests. They confirmed they would like to see a more person centred approach to individual one to one activity and would be working with activity co-ordinators to facilitate this. A local school had been approached to see if pupils wished to meet people who used the service and get involved in activities. Local nursery schools were going to be contacted to see if they could bring performances such as nativity plays into the home.

We saw some people's care plans had details of their likes and dislikes, social interaction, hobbies and meaningful occupation activity. However, these were not always followed. For example, one person's plan stated they enjoyed socialising and interacted well with others, and they enjoyed 'helping to set the tables and sort out the socks'. Before lunch we saw the person had no involvement in setting the table and during lunch there was no interaction or socialisation from staff or other people who used the service. The manager said activities would be monitored as part of the care plan auditing system.

A relative told us their relative had recently died at the service. They told us the care provided was very good and said, "The carers have been amazing." Staff we spoke with said people who were approaching end of life received good support. We reviewed four people's care plans and found three had clear information about people's preferences and choices for their end of life, and included meeting cultural and spiritual needs. There was evidence of involvement with the person and their family. We found that one care plan documented the person did not want to have a DNACPR in place and would like to be resuscitated in the event that their heart stopped. There was also evidence of family involvement. One person's care plan had the preferred place of death but there was no information about what was important to the person and how their physical, emotional and psychological needs should be met.

We looked at records of complaints received by the service. Seven had been logged between May and September 2017; all were investigated and closed. The nature of complaints varied, for example, one person was not taken to the synagogue even though this was requested; one person had to wait 30 minutes for their buzzer to be answered; a visitor had been unable to gain entry to the care home out of hours and the worker who opened the door was extremely rude. The provider's complaints policy had been reviewed in October 2016 and was displayed in the service. Some staff had attended 'complaints made easy' training.

We saw the service had received 22 compliments between May and October 2017. Comments included, 'Carer on Maple [name of unit] has been amazing for their support during hospital visits', 'Relative complimented the management for their help changing things and thanked staff for the care of their relative', 'Family of relative thanked staff for the kind care they had received', 'Relative wants to highlight how amazing the care at Donisthorpe has been', 'Thank you for exemplary care', 'Thank you for making new resident feel welcome', 'Relative said it's good to know their relative is being cared for so well', 'Thank you for amazing care acknowledged in personal announcement in newspaper', 'Staff were wonderful at supporting resident and also relatives during end of life' and 'A great concert in reception that was well attended'.

Inadequate

Is the service well-led?

Our findings

At the last four inspections we have rated the well led key question as inadequate. At each of the inspections we have identified the provider was in breach of multiple regulations which included the regulation that relates to good governance. At each inspection we reported that quality assurance systems were not effective and a lack of consistency in how the service was being monitored. At the inspection in April 2017 we reported there had been improvements in several areas but the provider was still in breach of three regulations relating to management of medicines, consent to care and good governance. At this inspection we found the provider had improved the arrangements around management of medicines and consent to care. However, there was still a lack of good governance.

For adult social care services we say the maximum time for being in special measures will usually be no more than12 months. Donisthorpe Hall has been in special measures since November 2015 which is unusual. Throughout the course of our inspections we have seen the provider has responded to inspection findings and taken steps to make changes. They have introduced new systems and appointed new managers and senior managers although these changes have not made the required improvements. There have also been changes at board level. CQC acknowledges some issues faced by the provider were not anticipated. The service will continue to be kept under review.

At the last two inspections and again at this inspection we found there had been changes in the management team. The registered manager left in July 2017 and a care manager who dealt with day to day issues and managed three units left three weeks before the inspection. A manager was recruited in August 2017. The provider told us the changes in the management arrangements had significantly impacted on the progress made but they were confident the manager could make the required changes. They said they were recruiting a clinical lead to support the management team.

The manager told us they were planning to apply to be the registered manager of the service. They showed a good understanding of this role and described their essential elements of leadership. This included; promotion of good communication throughout the service, maintaining a visible presence and being available to people, managing time well, having a clear vision and sharing this with all involved and having clear defined roles for people. They also spoke of introducing 'champions' for a number of roles, for example, dementia, information technology, food and nutrition and infection control and prevention. They said this would ensure best practice in these areas. Although the manager had been employed from August 2017 they had focused on one unit. They told us from 1 November 2017 they had started to look at the service as a whole.

The manager said they received good support from the senior management team. They said, "I have an excellent working relationship with [name of chief executive officer]; couldn't ask for better support." They also said they felt well supported by the clinical lead in the home. The clinical lead told us they had been asked to carry out this role on a temporary basis but their substantive role was overseeing management of medicines.

We got a mixed response when we asked staff about management and leadership. Several staff told us they had seen improvements since the last inspection. Others told us senior managers were not visible. One member of staff said, "There is a disconnect between the managers and staff." Another member of staff who had worked at the home for a number of years told us they thought the service was 'starting to get back to how we were'. We spoke with two members of the catering team who had worked at the service for a number of years told us the service was more organised and the catering arrangements worked well. Two members of the housekeeping staff told us good systems were in place to make sure they understood their role and responsibilities; they told us the service was well organised. A nurse told us, "The management communication was poor before; it's now getting better. The chief executive is really good she keeps us informed. I feel we are moving in the right direction." A deputy care manager told us, "I feel we have the right management in place now. I feel there is a difference now we have more structure. We have a lot of work we are trialling but we cannot do this overnight it takes a longer than a few days to do it right. We have had a change in trustees and I think that has made a change." A relative told us, "It's vastly improved. It was chaotic in the past but now is vastly improving. In the past management was dreadful but it's changing for the better and staff are wonderful."

Some staff raised concerns about the turnover in managers at unit and service level. They said this had impacted negatively on the service because there had been continuous change in guidance and practice. One member of staff said, "We need consistency here. Managers are always changing we never know what is going to happen next. It would be an amazing place if we had that. We are all scared of what might happen in the future if we have a job or not." Another member of staff said, "I would like more stability with management." Another member of staff said, "We've done a lot of work since the last inspection to get things up to date; like the care plans. It is difficult when the managers change; there is no stability as they all change things."

We received positive feedback from staff about the manager. Some were aware they were managing the whole service; some staff thought the manager was only responsible for management at unit level. One member of staff said, "She is so bubbly she has a great approach. I feel she will be a really good care manager." We asked a member of staff to tell us one good thing about the service. They said, "The support we have with the manager. They come to meet the residents, they are very supportive."

Daily handovers were held where important information was shared between staff, for example, any changes in people's care needs. This ensured staff received updates in a prompt and timely manner. We reviewed handover sheets and saw these provided details of each person's well-being during the previous 24 hours, personal details and current medical history.

The manager told us they had introduced a staff allocation sheet which identified staff responsibilities on each shift. They said this enabled staff to plan better and manage their time well. In one unit staff showed us the sheet which identified who they were supporting and included making beds, ensuring drinks were available, updating charts and supporting people to wash and dress.

Meetings had been scheduled on a four weekly system; week one, care management meetings, week two, unit team meetings, week three, senior management/heads of department meetings and week four, board meetings. The manager said this was to improve communication within the service and ensure important issues were communicated to all to drive improvements needed.

We reviewed minutes from some board meetings. We saw the finances of the service were kept under review and this was reflected in other meetings within the service in order to keep everyone updated. For example, where staff were kept informed of the need to reduce agency staff costs and more efforts had been encouraged to reduce wasted food. We also saw where it had been reported to the board that there was a training need re: DoLS this had been organised and took place on the day of our inspection.

Board meetings also showed areas such as the CQC report and inspection process were reported on; with the board asking for re-assurance that progress was being made in areas of previous non-compliance such as medicines management and learning from incidents. However, it was not always clear from the information available how governance structures had facilitated effective learning or brought about improvement to practice in learning from incidents. We noted there were action points but often no plans to show how these would be addressed. For example, minutes from August 2017 identified training needs around moving and handling and the use of hoists and handling management equipment. There were no action plans to show these had been completed. The report summary stated further analysis of falls was required. We did not find any evidence of further analysis or evidence that falls had been evaluated to see if they had reduced.

Board meeting minutes also showed training needs for board members had been identified. The manager told us this training, focused on good governance and managing risk, had now been arranged with the involvement of the local authority and was due to take place in the next few weeks following our inspection.

Regular staff meetings took place on the units of the home. Our review of the minutes of these meetings showed discussion took place on important issues that affected the service in order to drive improvements. For example, the need to include more detail in incident reports and follow up on causes of falls, the introduction of a new handover procedure to increase communication, feedback on audit outcomes such as infection control and prevention and 'lessons learned' from an incident to prevent its re-occurrence.

Staff meeting and staff forum minutes also showed staff were given the opportunity to share ideas and suggestions on the service delivery and were confident to raise areas of concern. For example, staff had reported the evening meal on one of the units had felt rushed and action had been taken to ensure catering staff now worked later to facilitate a more relaxed meal service. Staff had also raised concerns that people living with dementia were discriminated against as other people who used the service did not want them to access the main entrance lounge and café area. This was addressed by the management team to ensure there was no further discrimination. One member of staff told us, "When I attend I think they take notice of what I have to say. Certainly more so recently, I have seen that what I have said has been passed on and some of the key areas have been followed up."

Although we saw regular meetings were held and important issues were discussed, there was a lack of evidence these were effective in driving improvement. For example, discussions took place around accident reporting and following up on the causes of falls but we found issues with both processes. Meeting minutes often had no review of actions from previous meetings. Where actions were identified there was a lack of detail. For example, it had been agreed that the care managers were responsible for putting certain processes in place. There was no action plan or guidance; an action log stated 'work out a structure for incident reporting, complaints, incidents and safeguarding'.

People who used the service and relatives told us they attended meetings and had opportunities to discuss the service. People were aware a meeting had been arranged for 15 November 2017. One person said, "Yes I attend meetings and will be going next week." A relative told us at meetings they had discussed staffing and 'more attention'. They said, "We get feedback from meetings." Another relative told us meetings were held but said, "I can't always go." They told us they received feedback when they didn't attend. Minutes showed meetings were held in June and August 2017; topics of discussion included, CQC inspection, Leeds City Council inspection, the finance picture, human resources - recruitment, buildings and facilities and the future of Donisthorpe Hall. A question and answer was also included.

At previous inspections and again at this inspection we found there was a lack of auditing which meant the provider did not identify where systems were not working well and where they needed to improve.

For example, we found there was a lack of auditing of care records and therefore the issues we identified had not been picked up by the provider. The manager told us, "There is no oversight of audits across the units." They said they were planning to monitor and audit care records through a system of sampling four or five per week. They said they had already identified improvements were needed around care planning and risk assessments and this was a training need for staff. However, there was no formal audit that supported the manager's findings. At a clinical governance meeting in October 2017 they identified 'clinical audits' need establishing and need to look at quality assurance procedures'. The action identified 'all to review governance and quality assurance draft by next meeting'. There was no further meeting minutes.

Although there was a lack of auditing we saw medicine audits had been developed since our last inspection and staff carried out regular checks of stock. Issues identified had been acted upon and improvements made. The manager told us infection control audits were the responsibility of the housekeeping team although they had identified the need for housekeeping to share their action plans with them so they had a view of the situation within the home. Mattress audits were completed by housekeeping staff and we saw cleaning schedules that confirmed these done monthly.

At the inspection in August 2016 we reported the provider had introduced a key performance indicator (KPI) reporting system. At the inspection in April 2017 we reported that the KPI system was not effective because some areas reported were not always supported by action plans. For example, falls were reported by number with nothing documented on actions taken to prevent re-occurrence. The manager at the time said they did not have a formal action plan or system for identifying trends linked to the KPIs as this was being developed. At this inspection we found not all KPI data collection was still not effective because data was not accurate and there was no analysis of trends, patterns and lessons learned. A member of the management team told us the KPI report did not have the capacity to analyse trends month on month.

At the last inspection we reported an overview of incidents had been produced each month and listed dates and times, which person was involved and the nature of incident (i.e. witnessed fall, unwitnessed fall, aggression, spilled hot drink, fractured wrist). However they did not identify key themes, for example, trends or how many falls each person had. There was no root cause analysis or action plans to prevent reoccurrence. At this inspection we saw staff and members of the management team regularly identified during meetings that systems for reporting and preventing reoccurrence of accidents and incidents needed to improve but there was a lack of evidence to show they had achieved this. The management team told us they were implementing a new accident/incident form which would gather more detailed information and enable better oversight. They said 14 out of 76 staff were already trained. The management team struggled to find the implementation plan but shared this with us on the second day of the inspection.

We asked a member of the management team if they had any other provider reports; they confirmed they did not although a trustee, who is also a health professional had conducted care plan audits. We reviewed the audits and saw they lacked detail so were not effective monitoring tools. The provider informed us they sought specialist guidance as and when necessary, however, it was evident from the inspection findings this did not always drive the required improvements.

We concluded the provider was not evaluating and improving their practice sufficiently to meet regulation. They did not consistently operate effective systems and processes, and the systems and processes did not always enable the provider to assess, monitor and improve the service or assess, monitor and mitigate risk. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.