

Mr & Mrs T F Chon

Elmhurst Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 28 June 2016 and was unannounced. At the last inspection of this service on 16 November 2015, the home was in breach of three legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. We found that risk assessments were not in place to protect people from harm. Mental capacity training and assessments had not been carried out in accordance to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) applications had not been made to deprive people of their liberty lawfully. We also found that supervisions were not being carried out consistently.

Elmhurst Residential home is a residential home for up to 14 adults with dementia. There were thirteen people staying there at the time of the inspection.

The home did not have a registered manager in place during our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The home had a manager in place and the provider told us that the manager is in their probationary period and will apply for registration when their probation finishes.

The report for the last inspection carried out on 16 November 2016 had been published on the CQC website on 11 January 2016. The CQC inspection rating had not been displayed at the home. An action plan which is required from the provider, detailing how the breaches identified at the last inspection would be met, had not been sent to the CQC.

Three people lacked mobility and lived on the upper floors. There were no risk assessments or plans to evacuate the people in the event of a fire. Most staff had not received training in fire safety and staff were not aware on how to evacuate people that lacked in mobility living in the upper floors. We found a person was high risk of causing fire; risk assessment had not been completed to mitigate this risk. Fire evacuation equipment had not been installed to evacuate people in the event of a fire.

We found improvements had been made with identifying and assessing risks to people. Assessment had been made specific to some people's circumstances and health conditions. Moving and handling assessments had been completed. However, we still found that some risk assessments had not identified all the risks or been completed in full.

Systems were not in place to calculate staffing levels contingent with people's dependency levels.

Improvements had not been made in assessing people's capacity to make decisions on a particular area. MCA assessment had not been carried out for four people out of the seven care plans we looked at. Where it was judged a person lacked capacity, we did not find evidence that showed health and social professionals

and family members had been consulted to make a best interest decision. Staff still had not received MCA and Deprivation of Liberty Safeguarding (DoLS) training.

DoLS application had been made to deprive people of their liberty lawfully in order to ensure people's safety.

We made a recommendation at the last inspection to make the home and environment suitable for people living with dementia. There was a lack of progress as there was no directional signage around the home and no names of people or their photo's to show which person was occupying a room especially for people that had dementia.

Some improvements had been made with supervisions. Appraisals were carried out with staff but this did not cover training, objectives and development needs. Only one staff supervision had taken place since the last inspection.

Not all of the staff working at the home had received the training they needed to do their jobs effectively. Staff had received induction when starting employment.

Care plans were inconsistent and were not always completed in full.

Quality assurance had been implemented to allow the service to demonstrate effectively the safety and quality of the home. However, the provider's quality assurance had not identified the shortfalls we found during our inspection.

People were given choices during meal times and their needs and preferences were taken into account. Nutritional assessments were in place for people, which included the type of food people liked. Food was being monitored for people with specific health concerns to ensure they had a healthy balanced diet. Fluid intake charts were not in place for two people with specific health concerns.

No complaints had been made since the last inspection. Staff were aware on how to manage complaints. People and relatives had no concerns with the service.

People told us they felt safe. Staff knew how to keep people safe. They knew how to recognise abuse and who to report to and understood how to whistle blow. Whistleblowing is when someone who works for an employer raises a concern which harms, or creates a risk of harm, to people who use the service.

Recruitment and selection procedures were in place. Checks had been undertaken to ensure staff were suitable for the role.

People were supported to maintain good health and appropriate referrals to other healthcare professionals were made.

We observed caring and friendly interactions between management, staff and people. People who used the service spoke positively of staff and management. There was an activities programme in place.

People were encouraged to be independent. People were able to go to their rooms and move freely around the house.

We identified breaches of regulations relating to consent, risk management, staffing, person centred care,

supervision, training and displaying CQC performance rating. You can see what action we have asked the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe.

Staff had not received training in fire safety. Personal Emergency Evacuation Plans had not been completed in full to determine how to evacuate people in the event of an emergency.

Risk assessments were not always being updated to reflect people's current circumstances and health needs.

Dependency needs analysis was not used to calculate staffing levels.

Staff knew how to identify abuse and the correct procedure to follow to report abuse.

Recruitment procedures were in place to ensure staff members were fit to undertake their roles.

Checks had been made by qualified professionals to ensure the premises were safe.

Requires Improvement ●

Is the service effective?

Some aspects of the service were not effective.

People's rights were not being consistently upheld in line with the Mental Capacity Act 2005 (MCA). Staff had not been trained in MCA and Deprivation of Liberty Safeguards. DoLS application had been made.

People's weight was monitored. Fluid intake was not being monitored for two people with specific health concerns to ensure they had a healthy balanced diet. People enjoyed the food and had choices.

Supervision was not being consistently carried out with staff.

Not all staff had received mandatory training required to perform their roles.

People had access to healthcare professionals when required.

Requires Improvement ●

Is the service caring?

The service was caring.

There were positive relationships between staff and people using the service. Staff treated people with respect and dignity.

People were encouraged to be independent.

Staff had a good knowledge and understanding on people's background and preferences.

Good 

Is the service responsive?

The service was not always responsive.

Care plans were not always completed in full and did not include people's care and support needs.

Activities were available for people using the service and people were observed interacting and enjoying the activities. People did not have access to the community.

People and relatives had no complaints about the service. Staff were aware on how to manage complaints.

Requires Improvement 

Is the service well-led?

The service was not always well-led.

The provider did not submit an action plan following the breaches identified at the last inspection. CQC performance rating from the last inspection had not been displayed.

The provider had a system for monitoring the quality of care with regular audits and actions taken were necessary. However, these audits had not identified the issue we found during the inspection.

There was a clear management structure in place and people and staff spoke positively of the manager.

Requires Improvement 

Elmhurst Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 28 June 2016 and was unannounced. The inspection team comprised one inspector, a specialist advisor in nursing and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed relevant information that we had about the provider including any notifications of safeguarding or incidents affecting the safety and wellbeing of people. We also made contact with the local authority for any information they had that was relevant to the inspection.

During the inspection we spoke with seven people, two relatives, two health professionals, three staff members, the manager and the provider. We observed interactions between people and staff members to ensure that the relationship between staff and the people was positive and caring. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people when they may not be able to tell us themselves.

We spent some time looking at documents and records that related to people's care and the management of the home. We looked at seven care plans, which included risk assessments.

We reviewed five staff files which included training and supervision records. We looked at other documents held at the home such as medicine records, quality assurance audits and residents meeting minutes.

Is the service safe?

Our findings

People told us they were safe at the service and had no concerns. One person told us, "Everybody is happy" and another person commented, "As safe as I could be." A relative told us, "Yes, [the] person is safer here than at home." Despite these positive comments we found that some aspects of the service were not safe.

During our last inspection we found that a person in a wheelchair had been temporarily moved to the second floor of the home whilst refurbishment works were carried out on the person's room on the ground floor and risk assessments had not been completed on what to do in the event of an emergency. We were told after the inspection that the person had been re-located to the ground floor. During this inspection, we found that three people who used wheelchairs were living on the upper floor and risk assessments had not been completed on what to do in the event of a fire. As the people lacked in mobility they were unable to use the stairs and the lift in the event of a fire. Personal Emergency Evacuation Plans (PEEPs) had been completed for two people, which identified that people were not able to evacuate. However, the PEEP did not state what action should be taken to mitigate this risk. A PEEP for the third person stated that the person could evacuate unaided in the event of an emergency but could not manage the stairs. The manager informed us that the PEEPs was incorrect and the person could not leave the home unaided in the event of an emergency.

Evacuation equipment had not been installed to safely remove people and most staff had not been trained in fire safety. We were informed that there was fire safety equipment (a 'fire chair' for evacuating people) in place to evacuate people who lacked in mobility living on the upper floors. However, the provider and manager said that they would need to look for the equipment as they were not sure of its exact location. The fire safety equipment was located after the inspection. The manager and staff were not aware on how to use the equipment and training had not been provided on how to use the equipment safely. This placed service users at risk as the fire safety equipment could not be accessed easily in the event of a fire.

We found on one person's admission form identified a fire risk due to this person smoking. The manager told us that this person had stopped smoking. The person's care plan did not reflect this and a risk assessment had not been completed to ensure that the risk of fire was mitigated should the person start to smoke.

A recent emergency evacuation test had been carried out. However, the tests did not list how staff would evacuate people that lacked in mobility from upper floors. The manager and staff were not able to tell us how to evacuate these people. The provider told us that the fire brigade would be called immediately to evacuate these people. This meant that people who lacked in mobility living on the upper floors may be at risk of harm in the event of a fire or another emergency.

The above issues related to a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Weekly fire tests were carried out. Risk assessments and checks regarding the safety and security of the

premises were completed.

Three people and the staff we spoke with expressed concerns with staffing levels. One person told us, "Not really, they are very short staffed, they could do with another two or three" and another person commented, "Sometimes in the morning they are short staffed, as they are washing and feeding all the residents." One staff commented, "We do not have enough staff." The home employed two care workers during the morning, two care workers in the afternoon and at nights. The manager also provided care and support to people. The care workers were supported by a cook, a domestic staff and an activities coordinator who did not provide personal care.

Some people were mobile and some people used walking frames for support and required regular prompting and supervision. Assessments had been made when people required support with moving and handling that listed people's ability to move, the support required and their height and weight, although in four care plans the height of the person had not been completed. We noted that the moving and handling assessment included the number of staff required to support people when they were mobile. We observed that these people were unsupervised for periods of time. In one instance, a person was calling staff for help and was in the process of trying to stand up and as staff were not nearby, we had to locate a staff member to assist the person. We found that the person had fallen the day before the inspection due to trying to stand up without support and injured their arm as a result. This person needed regular supervision, which was included in their care plan. The manager and staff told us that more staff were needed during the day as people needed support due to their health condition and lack of mobility. Needs assessment had not been carried out for people that may require increased support due to their health condition or behaviour. We asked the manager and provider how staffing levels had been assessed and calculated for people that may require support due to specific health conditions or behaviours that may challenge the service. We were informed that there had not been a formal needs analysis or risk assessment to work out staffing levels.

The above issues related to a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

During our last inspection the service was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. The service had not completed risk assessments specific to people's health conditions and circumstances. During this inspection, we found some improvements had been made. Risk assessments had been completed for people that related to their health conditions. For example, there were risk assessments for people with diabetes, cancer and high cholesterol, which provided guidance to staff on how to mitigate these risks in order to prevent it leading on to serious health complications. For people at risk of demonstrating behaviour that challenged, risk assessment had been completed listing de-escalation techniques to minimise the risk of behaviours that may challenge the service.

Staff members were aware of the risks to people around moving and handling and how to respond to escalating health concerns. For people with risk of high cholesterol levels or diabetes, staff told us that if people's glucose levels or cholesterol levels were to increase, then this would be monitored through a balanced diet and an appointment booked with a GP if required.

On reviewing the accident and incident book, we noted that incidents were recorded in detail and listed actions that had been taken. We found that there were a high number of falls since our last inspection. Staff and the manager told us that this was due to new admissions and that their needs were greater. Falls risk assessment had been completed for people at risk of falls. The risk assessment listed information

on how to mitigate the risk of falls and also where required listed items such as sensory mats to be used. Observations confirmed that in most cases the risk assessment was being followed such as sensory mats were in place and people were being assisted when mobile.

There were general assessments for everyone such as safety awareness, falls, unsupervised wandering, physical/verbal aggression and absconding. However, we found the general assessments had not been completed for two people.

During our last inspection, we reported that a risk assessment had not been carried out for a person who was able to go out unsupervised in order to mitigate risks such as getting lost, lack of road safety awareness or if they became confused. We checked the person's care plan and found that there was still no risk assessment to mitigate this risk.

We found that some people were at risk of developing pressure sores. Risk assessments had been completed to minimise the risk of skin complication such as ensuring creams were applied and pressure cushions were used for one person. Pressure observations charts were being completed to ensure people did not have skin complications. However, in one care plan we found a person had a pressure ulcer and there was no pressure ulcer care plan to manage the wound with the support of the district nurse. Skin integrity was assessed using Waterlow charts to determine risk levels. Records showed that Waterlow charts were incomplete in two care plans. Without current and accurate assessments of skin integrity, it would be difficult for the home to determine the type of care and treatment needed to prevent serious skin complications and if risks had changed.

Medicines were stored safely. Staff members handling medicines were trained and we saw up to date training certificates. However, competency checks were not carried out to check staff understanding of medicines. Fridge temperature was charted daily and within acceptable range. People had not been prescribed controlled drugs at the time of the inspection. The locked controlled drugs cupboard was contained within a locked cupboard, as required by controlled drugs legislation. There were no controlled drugs in this cupboard. Medicines Administration Records (MAR) had been kept securely and prescribed medicines had been recorded appropriately with one exception. We found one medicine had not been signed for and there was no detailed evidence on why this medicine was not given. The senior care worker told us that this may have been an error and the staff administering the medicines may have forgotten to sign the MAR chart. People told us they received their medicines on time and a relative told us, "Yes we had some medications at breakfast and calcium tablets, since I have been here. They must look after [the person], [the person] is so much better now." During the medicines round we observed that staff administered medicines and waited until the person had taken the medicine before recording this on their MAR chart.

There were appropriate return procedures for unused medicines. However, there were discrepancies in the return book. For example, the recipient did not always sign the return sheets to confirm the amount of medicines returned and some duplicate return sheets remained in the book when they should have been taken with the medicine back to the pharmacist. Staff confirmed that they were confident with managing medicines and the service regularly audited the management of medicines. We found that PRN medicines, which is as needed medicines such as paracetamols had been refused by a person on a number of occasions. However, although this was recorded as refused, the reasons for refusal were not recorded.

A pharmacist carried out a yearly medicines audit. The last audit, carried out on 9 March 2016, identified that no pain assessment tools or observation methods were identified and advised the use of pain scales in the home. This had not been addressed by the home. However, staff told us that they would usually know if a

person was in pain through their facial expressions or body language.

We saw evidence that demonstrated appropriate gas and electrical installation safety checks were undertaken by qualified professionals. Checks were undertaken on portable appliances and lifts to ensure these were in good working order.

Out of the five staff files we looked at we found that two staff had not been trained in safeguarding people. However, when we spoke to staff they were able to explain how to identify abuse, the types of abuse and who to report abuse to. Staff also understood how to whistle blow and knew they could report to outside organisations such as the Care Quality Commission (CQC) and the local authority.

Staff files demonstrated that the provider followed safe recruitment practice. Records showed the provider collected two references from previous employers, proof of identity, criminal record checks and information about the experience and skills of the individual. The manager made sure that no staff members were offered a post without first providing the required information to protect people from unsuitable staff being employed at the home. The dates of the checks corresponded with the start date recorded on the staff files.

The home had a dedicated cleaning staff and we observed the home and people's room was clean and tidy. Staff used appropriate equipment and clothing when supporting people.

Is the service effective?

Our findings

People and relatives told us that staff were skilled and knowledgeable. One person told us, "They [staff] seem to do the right thing." A relative commented, "They sit and talk to [the person], [the person] is not an easy case. The staff I've met have been very nice and very helpful." Despite these positive comments we found that some aspects of the service were not effective.

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 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.

During our last inspection the home was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. We found that MCA assessments had not been completed in accordance with the MCA principles, MCA and DoLS training had not been provided and DoLS had not been applied for people that required supervision when going outside.

During this inspection, we found some improvement had been made. Applications had been made for DoLS for people that required supervision when going outside. This meant that people were being deprived of their liberty lawfully.

Staff told us that they asked for consent before providing care and support and people and relatives confirmed this. One person told us, "They [staff] come around and care for you and they ask do you want to do this now."

Training in MCA and DoLS had not been provided. Staff were able to tell us the principles of the MCA and DoLS and understood that people should be supported to make decisions at all times and consent should be sought. We found that improvements had not been made with MCA assessments. In one care plan, we found that a MCA assessments had been completed that identified the person lacked capacity. A best interest decision was made. Records showed that professionals or family members had not been consulted and what areas that the person lacked capacity in. One MCA assessment showed that a person had mental capacity but did not list which area the person had capacity in. In one care plan, the MCA assessment showed the person lacked capacity in making decisions regarding their personal care. No best interest decision had been made. We found MCA assessments had not been completed for four people.

There was a consent to care and treatment form. However, the forms had not been completed for five people. This meant the people's legal and human rights were not being adhered to.

The above issues related to a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

During our last inspection the home was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. Staff supervision was inconsistent and irregular. Appraisals had not been carried out with staff. During this inspection, we found that one supervision had been carried out since January 2016. We saw appraisals had been carried out. However, the appraisal form did not list training and developmental or aims and objectives for the year ahead. We fed this back to the provider and manager who told us improvements would be made. After the inspection the manager sent to us a supervision matrix evidencing that supervision would be carried out regularly with staff.

Staff were supported to develop their skills and knowledge in most areas through the providers training programme. Staff told us the training was relevant and covered what they needed to know. Training records showed that staff had received training appropriate for their roles such as moving and handling, infection control and health and safety. However, training had not been provided in MCA and DoLS. Out of the five staff files we looked at, we found that two staff had not been trained in safeguarding and in specialist courses such as dementia and diabetes.

The above issues related to a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Staff completed an induction to make sure they had the relevant skills and knowledge to perform their role. Induction involved a probationary period and covered all essential requirements that were needed to undertake the role. Staff confirmed they had induction training when they started the role.

Nutritional assessments were being carried out, which included what type of food people liked. Some people had high cholesterol and diabetes and we saw people's weight and food intake was being monitored regularly. However, the food intake form did not list the amount people ate and if any alternatives were offered especially if food was refused. In two care plans, we saw that people had urinary tract infections. The home was not recording people's fluid intake or when they used the toilet. The provider and manager told us that this will be documented and monitored.

We found that two people were on a controlled diet due to diabetes. In one person's care plan, the records stated that their family members would bring snacks but the plan did not include if the snacks were suitable for people with diabetes.

For one person, we noted that a review was to be undertaken with a Speech and Language Therapist every six weeks. There was no evidence that a review had taken place.

People told us that they enjoyed the food at the home and if they wanted more food, this was provided. One person told us, "I like the food that we get, we have a couple of choices" and another person commented, "I do like it; you get plenty of food, more if you wanted to." A relative told us, "I have not seen it but it smells nice and [the person] thinks it's nice and [the person] is quite fussy." Choices were offered to people and we observed that people were asked what they preferred prior to lunchtime. A person commented, "You do get an alternative, today it is either, meatballs or steak pie." Staff confirmed people had choices, one staff told us, "People have choices with food."

We conducted a Short Observational Framework (SOFI) during lunch time. A SOFI is a way of observing people and their interactions when they may not be able to tell us themselves. We saw that one person who needed support when eating was assisted and staff explained what they were doing and regularly interacted with the person. We saw that a person refused to eat their meal and staff encouraged the person to eat and offered alternatives. The provider sat next to the person and regularly held conversations with the person. People were not rushed and we saw good interactions between people and staff who communicated effectively and with humour. We observed one person was eating their meal with their hand. One person did not wash their hands before their meal. Staff were not encouraging people to wash their hands before meals.

During our last inspection we made a recommendation that the provider seeks advice from a reputable source in making the home friendly to people with dementia. During this inspection, we found improvements had not been made. Bedroom doors only had room numbers and no names or photos of people who were occupying them. There was also no directional signage around the home that indicated where the toilet was and the kitchen or a person's bedroom especially for those people living with dementia. The provider told us that they were in the process of planning to make the requisite changes to ensure the home was dementia friendly.

Records showed that people had been referred to healthcare professionals such as the GP, chiropodist, diabetes and district nurses and opticians. Outcomes of the visits were recorded on people's individual's records along with any letters from specialists. One person told us, "Chiropodist comes in once a month, he was here today. Opticians came here last month when I got my new glasses." Staff confirmed people had access to healthcare professionals particularly if they were unwell. They gave us examples of where they were able to identify if the person was not well, and take the person to the GP. During our inspection, we observed that health professionals such as district nurses and podiatrist had visited the home to see people. When we spoke to the health professionals, they told us that they had no problems and regular referrals were made, when required. One health professional told us, "Their [people's] health is taken care off. Staff follow my instructions, no problem."

Is the service caring?

Our findings

People told us they were happy with the care they received. One person told us, "The staff are very helpful." A relative commented, "They [staff] are very fine and very caring" and another relative told us, "[The person] said to us, it was not actually what I expected, but the staff are very caring and very good." A health professional told us, "Staff are always welcoming and friendly."

Staff told us they build positive relationship with people by spending time and talking to them regularly. One staff member told us, "We spend time with them." We observed that people were treated with kindness and compassion in their day-to-day care. People knew the names of staff and engaged in conversations related to a number of topics. We observed staff provide soft drinks to people when requested. Staff had a good rapport with people and showed patience and skill at supporting people with behaviours that challenged, using de-escalation techniques when people became agitated. On one occasion we observed staff intervene when a person demonstrated behaviour that may have challenged the service.

Staff had a good understanding about the people they cared for in line with their care and support arrangements. Staff members were able to tell us about the background of the people and the care and support they required. They described people's behaviours, likes and dislikes and health conditions. Relatives and people confirmed staff had a good understanding to provide care. One relative told us, "Last time we came we went upstairs, the staff made sure [the person] was settled and neatly settled as well. They sorted out [the person] clothes and made sure [the person] was presentable. The staff playing games, all spoke by using first names so we believe they know what they are doing."

Staff told us that they respected people's privacy and dignity. We observed that people could freely go into their rooms when they wanted to and close the door without interruptions from staff and people. Staff told us that they knocked on people's doors and would wait for permission before entering. Observations confirmed staff respected people's privacy and dignity and knocked on doors before entering. Staff told us that when providing particular support or treatment, it was done in private and we did not observe treatment or specific support being provided in front of people that would have negatively impacted on a person's dignity. One person told us, "They [staff] shut the door when I am getting changed, they knock when the door is shut, they [staff] close the door when I am having a bath and shower."

Staff supported people to be independent in their day-to-day lives. Staff told us that people were encouraged to be as independent as possible. We observed people were able to move around independently and go to the lounge, dining area, toilets and hallways if they wanted to.

The service had an equality and diversity policy. We observed that staff treated people with respect and according to their needs such as talking to people respectfully and in a polite way. Records showed that people's identity and religion were recorded and their dietary needs and preferences were recorded. A person told us, "I can go to church no problem and never been stopped." However, one person told us that they would like to go to church but staff had not offered to take them. All the staff we spoke with understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be

discriminated against their race, gender, age and sexuality and all people were treated equally.

Most care plans listed how to communicate with people. For example, one person's plan listed that staff maintain eye contact with the person when speaking. Most care plans provided detailed information to inform staff how a person communicated and listed people's ability to communicate. We observed that staff communicated in a polite and caring way with people. In one instance we saw that a staff spoke slowly with a person, repeating where necessary and sitting next to them so their eye contact was in parallel with the person to ensure the person understood what the staff was saying.

End of life care plans were completed for some of the people and the involvement of their relatives were clearly indicated and people's preferences were recorded.

Is the service responsive?

Our findings

People told us that staff provided the right support and responded appropriately and on time when support was required. One person told us, "They [staff] are helpful" and another person commented, "[Manager] is always here with me, she gets me up in the morning, and sits me in this chair, as I cannot get up, because of my sickness." A relative told us, "[The person] can't walk and they [staff] help her. [The person] has a pressure pad, when [the person] gets out of bed, they [staff] check hourly and they feed [the person]."

Care plans included a summary of people's support needs, food preferences, healthcare, communication, personal hygiene and medicines condition that listed people's support needs and actions staff should take. Some care plans were personalised and person centred to people's needs and preferences. In one care plan we read that a person may need assistance and encouragement during mealtimes. We observed that the person being assisted and encouraged by a member of staff during mealtime when required.

However, records showed that some care plans were inconsistent and were not completed in full. In three care plans, there was a 'my care plan summary', which summarised people's needs and preferences throughout the day and how they liked to be supported. There were no care plan summaries in the remaining four care plans we looked at. Ensuring care plan summary for people would help staff especially new staff provide a summary of people's daily routines and care needs enabling staff to get a better understanding of people's needs and support. In one care plan, we found a person had a specific health condition that would require monitoring and support to prevent the risk of serious health complication. There was a lack of important information about the person's medical condition and the support they may require. In another care plan, we found a person was at risk of falls, had poor oral intake and was at risk of developing pressure sores. The persons support needs on personal hygiene, communication, mobility, medical conditions, continence, psychology and nutrition had not been completed to ensure the person received appropriate support and care.

The above issues were a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

During our last inspection, we found that there were few structured activities, as daily records showed most of the time people either relaxed in the lounge or watched the television and observation confirmed people did this during most of the day. The provider told us that an activities coordinator had been recruited to introduce regular activities. During this inspection, we found some improvements had been made. An activities coordinator was in place and there was a programme of weekly activities. A staff member told us, "People have activities every day." A relative commented, "[The person] was playing snakes and ladders when we came and we were very impressed [the person] was not sitting watching TV.

Observations confirmed people participated in activities such as puzzles, baking and music therapy. There were pictures and paintings around the house that evidenced people celebrated their birthday and took part in creative artwork. However, we noted that there was no records to show people were able to go outside. A staff told us, "We do not have enough staff to take them [people] out." The provider and the

activities coordinator told us that arrangements were being made to be able to take people out. We saw records that a trip to the seaside and visits to the theatre had been discussed.

People were assessed before being admitted to the home in order to ensure that their needs could be catered for. Admission sheets confirmed that detailed assessments of people's needs were undertaken, including important aspects such as the medicines they were prescribed and their diagnosis.

We did a random test on the call bells with the manager on each floor to check the response by staff members and found staff response was within an appropriate time. This meant that people could receive attention should the need arise by using the call bell.

There was also a daily log sheet, communication book and staff handover record, which recorded key information about people's daily routines such as behaviours and the support provided by staff. Staff told us that the information was used to communicate between shifts on the care people received during each shift. Observations confirmed that handovers were being carried out during change of shifts.

Records showed no complaints were made by people or their family members since the last inspection. People and relatives told us that they did not have any complaints about the service and felt they could raise concerns if they needed to. When we spoke to the staff member on how they would manage complaints, they told us that they would record the complaint and inform the manager and deal with the complaint as much as possible.

Is the service well-led?

Our findings

Staff told us they enjoyed working at the home, one staff member said "I enjoy what I do." We observed people interacted well with each other, chatting and laughing. Staff told us the culture within the home was like a family but had concerns about staffing levels as they felt this was not being addressed.

The service had been last inspected on 16 November 2016 and the report had been published on the CQC website on 11 January 2016. It is a legal requirement for providers to display the CQC performance ratings. Providers must ensure that their rating(s) are displayed conspicuously and legibly at the location delivering a regulated service. During this inspection, we did not find evidence that showed the ratings had been displayed. The provider told us that they had not received the final report, which is why they were unable to display the CQC ratings but would display the rating as soon as possible. The rating had not been displayed during the inspection.

This was a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

During the last inspection we found three breaches that required a written report of the action that the provider was going to take to meet the Health and Social Care Act 2008, associated regulations and any other legislation we have identified the service was in breach of. A written report had not been sent.

The service had some systems in place for quality assurance and continuous improvements. We saw that weekly medicine audits were carried out by the manager. Audits were also carried out in security, safety, activities, staffing and hazards. However, the quality monitoring had not identified the shortfalls that we identified during our inspection such as fire safety, MCA, supervision and training.

During our last inspection we found that residents meeting had not taken place since November 2014 and staff meetings had not taken place since April 2015. We found improvements had been made during this inspection. A resident meeting took place on April 2016 and records showed residents were able to discuss and provide their thoughts on activities, mealtimes and any concerns they may have. The manager told us that it was difficult to carry out staff meetings due to staff availability. However, she had carried out group supervisions to discuss performance, updates and any concerns with staff. Records confirmed this.

The service had a quality monitoring system which included questionnaires for people and relatives. No further questionnaires had been sent since the last inspection in 2015. The manager told us that surveys would be carried out for 2016 and feedback would be analysed to make improvements, if required.

People and relatives spoke positively about the management of the home. One person told us, "I get on quite well with them [management]. They do listen." We observed the manager assisted people when asked and the interactions were friendly and caring. A relative told us, "I like her [manager] very much, she is nice and pleasant and reassuring as she makes [the person] feel a bit better." Staff were positive about the management but felt the manager required support and time to spend on management duties. A staff

commented, "She [manager] needs more support." One staff member told us, "She [manager] is very hands on. Very supportive and approachable."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Assessments of the needs and preferences for care and treatment were not carried out in full for some people that used the service. Regulation 9(3)(a).
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Care and treatment was not always provided with the consent of the relevant person as the registered person was not always acting in accordance with the Mental Capacity Act 2005. Regulation 11(1)(3).
Accommodation for persons who require nursing or personal care	Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments CQC Performance assessment had not been displayed on the inspection carried out on 16 November 2015. Regulation 20A.
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider did not assess the needs of people to sufficiently deploy suitably qualified, competent, skilled and experienced persons. Regulation 18(1).

The service provider had not ensured that all staff received appropriate training, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. Regulation 18(2)(a).

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The service provider was not providing care in a safe way as they were not doing all that was reasonably practicable to mitigate risks to service users. Regulation 12(1)(2)(a)(b).

The enforcement action we took:

Impose Conditions