MAPS Properties Limited

Walsham Grange

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?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 14 and 15 March 2017 and was unannounced.

Walsham Grange provides accommodation and care for up to 75 people, many of whom would be living with dementia. At the time of our inspection 34 people were living in the home.

There was a registered manager in post. 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.

The service has been in Special Measures. Service that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

At our last comprehensive inspection on 5 and 6 April 2016 we found that the service was not meeting the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider was in breach of the regulations for safe care and treatment, staffing and good governance. This was the second time that the provider was not meeting the regulation for good governance and as a result we issued a warning notice. This informed the provider why they were not meeting this requirement. They were required to be compliant by 17 June 2016.

We conducted a focussed inspection on 9 August 2016 to see whether the provider had met the requirements of the warning notice. We found that the necessary action to meet this requirement had not been taken and we placed the service in special measures. We imposed conditions on the provider's registration. The provider was required to send us information every month about how they monitored and assessed the service being delivered to people.

At this inspection on 14 and 15 March 2017 we found that improvements had been made and the service was no longer in special measures. However, we still had concerns relating to the regulations for safe care and treatment and well led and the provider remains in breach of these regulations. Full information about CQC's regulatory response to any concerns found during inspection is added to reports after any representations and appeals have been concluded.

There was a system in place to monitor the level of care people required and this was adjusted according to people's changing care and support needs. This also determined how many staff were required to meet people's needs effectively.

Steps to manage and mitigate risks to people's health were not always taken. People who were nutritionally at risk did not always receive care appropriate to their needs and food and fluid charts were not always completed. Some people were at risk of developing pressure ulcers and required repositioning to minimise the risk of one developing. People were not always repositioned according to the guidance in their care plans. Records relating to the administration of creams were not always complete and we could not be assured that people were receiving these as prescribed.

During the inspection we found that there was exposed pipework which posed a risk to people if they fell on it. We also found that there was no risk assessment in place for the staff who lived on site. When we raised these concerns both the provider and manager took immediate remedial action.

The service had made a number of improvements since our last inspection. People living in Walsham Grange, their relatives and the staff all spoke of the service improving. During our inspection on 5 and 6 April 2016 we found that there were not enough suitably trained staff to care for people. As a result, the provider was in breach of the regulations for staffing. We found during this inspection that staff were more up to date with their training. We also received positive feedback regarding the numbers of staff and their ability to respond to people in a timely manner. The provider had made improvements in this area and they were no longer in breach of this regulation.

We saw that the way people's care records were written had improved but sometimes they did not always identify risks to people's health and wellbeing.

The CQC is required to monitor the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and report on what we find. We found that not everyone had an MCA assessment and decisions made for people in their best interests were not always documented. However, people reported that staff asked them for their consent before they did anything for them.

People were supported to access relevant healthcare professionals where there were concerns relating to their physical or emotional wellbeing.

Staff knew what constituted abuse and how to report any concerns and they had received training in safeguarding.

Appropriate recruitment practices were in place and relevant checks had been carried out on staff prior to them working in the home. This contributed to keeping people safe.

Peoples medicines were stored and administered in a safe way and regular audits were carried out to ensure the safe management of people's medicines. Staff received regular training and supervision in this area.

The care that people received was variable and sometimes staff did not always treat people in a caring way. There were times during our inspection where people's dignity was not always maintained. On the whole, people reported that staff were caring and treated them with respect.

Regular meetings took place for people and their relatives to attend so they could give their feedback on the service. In addition to this, a questionnaire had been given to people and their relatives which provider a further opportunity to give their opinions on the service.

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 consistently safe.

People were not supported to maintain an adequate intake of food and fluid.

Records relating to people's care were not correctly completed.

Staff knew what constituted abuse and how to report any concerns.

Safe recruitment practices were in place which ensured suitable staff were employed.

Medicines were managed in a safe way.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff did not always received up to date training relevant to their role.

The principles of the MCA were not always adhered to and decisions to place restrictions on people's liberty were not documented.

People's preferences around food were not always catered for.

Timely referrals were made to relevant healthcare professionals were made where there were concerns relating to people's health and wellbeing.

Is the service caring?

Requires Improvement

The service was not consistently caring.

Staff did not always offer reassurance to people.

People were not always involved in planning and making decisions about their care.

People's dignity was not consistently upheld.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People's needs were not met in a timely manner and people's preferences were not always accommodated.

There was a complaints policy in place and complaints were responded to and investigated appropriately.

There were no restrictions on people's family and friends visiting them.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

There was a lack of systems in place to monitor and assess the quality of service being delivered.

People and their relatives were asked for their opinions on the service.

People living and working in the home felt it was well led and the manager was approachable.

Walsham Grange

Detailed findings

Background to this inspection

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

This unannounced inspection was carried out on 14 and 15 March 2017 by two inspectors, a pharmacist inspector 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 asked the provider to complete a Provider Information Return (PIR). 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. We also looked at information we held about the service, including previous inspection reports and statutory notifications. A notification is information about important events, which the provider is required to send us by law. We have also received feedback at meetings we have attended about the service from the local authority and safeguarding team.

During the inspection we spoke with six people who lived in the home and five relatives. Some people were not able to tell us about the care they received so we made observations of the care and support people received at the service throughout the day. We also spoke with the registered manager, the provider, one healthcare professional, two nurses, two members of care staff, activities coordinator and one member of kitchen staff.

We reviewed 11 people's care records and medicine administration records (MAR) charts. We looked at three staff recruitment files as well as training, induction and supervision records. We also viewed a range of monitoring reports and audits undertaken by the registered manager.

Requires Improvement

Is the service safe?

Our findings

At our last comprehensive inspection on 5 and 6 April 2016 we found the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people were not always being given their medicines as prescribed and there was a lack of guidance available to staff which would have helped them to manage people's medicines in a safe and consistent way. We also noted that there were people at risk of potential harm as the service had not taken steps to identify, assess and mitigate the risks associated with the environment or adverse events.

Following our inspection on 5 and 6 April 2016, an action plan was submitted by the provider which detailed how the service would meet the legal requirements. They told us that this would be completed by October 2016.

At this inspection on 14 and 15 March 2017, we found that improvements had been made in medicines management. However, there were still concerns regarding whether people were cared for in a safe way. We concluded that the provider was still in breach of this regulation.

We found during this inspection on 14 and 15 March 2017 that people's nutritional and hydration needs were not always met. A number of people had been assessed as being at high risk of malnutrition and their care plans stated that their food and fluid intake should be monitored. This was so staff could ensure that people maintained a healthy nutritional intake.

One person's care plan stated that they should have all their food and fluid intake monitored due to a decline in their weight. We saw that this person only had a food chart in place. We noted that the chart was not fully complete so we could not be sure from looking at the records that this person was getting sufficient amounts of food. We noted that this person's care plan stated that staff should encourage them to eat and drink and ensure that they are in the correct position for eating. Their care plan also stated that all refusals of food must be documented. We looked at this person's food chart and saw that there were numerous gaps on the chart where nothing had been recorded. We could not be certain that the person had been offered or refused any food. We observed that this person received little support with their food and fluid intake. We noted that their dessert after lunch had been placed on top of a cabinet where they could not reach it. We noted that this food remained there throughout the afternoon. We also observed that there were a number of plates of food and snacks beside the person's bed.

We asked one person if they had enough to eat and drink and they told us that they would press the call bell if they wanted more drink. We noted that there were three urine bottles in the room and two of them contained urine that was dark in colour. Dark urine may indicate that a person has a urinary tract infection or is dehydrated. We noted during our inspection that a number of people were unable to access their drinks independently because they were out of reach. We saw three beakers of cold tea and a beaker of squash in one person's room. We checked this person's care record and it stated that they required assistance from one member of staff with all their food and drink. One member of staff we spoke with told us that staff could do more to encourage people to drink more.

We saw from two people's care records that they needed to be weighed weekly. This was because there were concerns that they were not eating enough. We saw that these records were incomplete and therefore we could not be sure that staff were fully monitoring the risks to the health and wellbeing of these people.

We saw from another person's care records that they had been prescribed a medicine to stimulate their appetite as they were at risk of malnutrition. We did not see any records to document whether this medicine was having an effect on their appetite.

It was stated in some people's care records that they had difficulty swallowing their food. We looked at the associated risk assessments and saw that some people required their food to be pureed as a result of this. We saw from one person's care plan that they required staff support when eating their meal and staff should ensure that they had a drink with them. This support was required to minimise the risk of the person choking on their food. We observed during both days of our inspection that this person did not receive staff assistance and on the second day of our inspection we saw that they did not have a drink.

We saw from some people's care records that we looked at that they were at risk of not maintaining a healthy intake of fluid. The associated risk assessments stated that staff should monitor and support people who were at risk of not maintaining their intake of fluids. We noted from all of the fluid charts that we looked at that none of them stated what the target amount of fluid was for each individual and the total amount of fluid consumed was not always recorded. This meant that there was a risk that people could become dehydrated and be more susceptible to urinary tract infections and poor skin integrity.

Some people were cared for in bed and we saw from their care records that some people were at high risk of developing pressure ulcers. To prevent skin breakdown, some people required repositioning. We looked at the repositioning charts for four people and noted that their repositioning records were not completed fully. We saw that one person required repositioning every two hours. We checked on this person throughout the two days of our inspection and noted that they remained in the same position during the day on both days of our inspection. We saw from their repositioning chart that staff were signing to say that they had repositioned them. We also noted that this was not at the frequency stated in the person's care plan. Whilst there was no one being treated for a pressure ulcer at the time of our inspection, due to the incomplete records, we could not be satisfied that staff were taking all of the necessary steps to mitigate the risk of people developing a pressure ulcer.

We saw that other people's repositioning charts were not completed fully. One person's care plan stated that they should be repositioned every three to four hours. We saw from another two people's repositioning charts that the frequency of repositioning was not written on the chart. Due to people's repositioning charts not being completed correctly, we could not be sure that they were receiving the most appropriate care for their needs.

People's creams were not always stored safely and we saw that a number of people's creams and one person's thickener for their drinks were stored in an unlocked cupboard. The cupboard was unlocked every time we checked the cupboard throughout the two days of our inspection visit.

On the first day of our inspection we saw that a delivery of lockable cabinets had been delivered. The manager told us that a cabinet would be fitted in every room so people's topical medicines could be stored safely. This would prevent people from accessing other people's medicines.

As a consequence of these findings the provider was still in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One member of staff we spoke with told us that one person living in the home could show behaviour that challenged when staff tried to assist with their personal care. The member of staff we spoke with told us that they sometimes used gentle restraint such as holding the person's hand. We looked at the care records for this person and saw that there was no care plan or risk assessment in place for the use of restraint. We noted from the provider's list of mandatory training that there was no mandatory training for staff in the use of restraint.

We relayed our concerns to the registered manager regarding the use of restraint with one person. The day after we concluded our inspection, the registered manager was able to evidence that they had put a care plan in place to document how and when restraint should be used for the person we raised concerns about. In addition to this, the manager provided us with a record to show that staff were being shown how to use gentle restraint when supporting the person we had raised concerns about. This training was being provided by a nurse working in the home. The registered manager told us that they knew the person well and were therefore the best member of staff to provide this training.

There were a number of staff who lived on site. They lived in an area separate from the people who lived in the home. We saw from staff meeting records that staff who lived on site had been entering the main part of the house where people were cared for so they could get internet signal. We saw from the minutes of one staff meeting that staff had been sitting on the landings with their laptops. We saw that this had been addressed by the registered manager. We asked the provider if they had a risk assessment in place for the staff who lived on site. They told us that they did not have one. After our inspection, we received a risk assessment from the provider regarding this issue.

We saw that there was exposed pipework that was hot and we were concerned that if someone were to fall next to this piping, then they were at risk of sustaining a burn. We also noted that the hot water cylinder cupboard was not locked and again there was exposed hot pipework in this cupboard.

We raised some of our concerns with the registered manager and they took immediate action. For example, on the second day of our inspection we saw that the cupboard containing the hot water cylinder had been locked and lagging had been bought and was being fitted to cover the exposed pipework.

Other maintenance in the home was well managed. We saw that regular testing of the utilities such as gas and water took place. Electrical appliances and moving and handling equipment were regularly inspected. We saw records which evidenced that fire safety was reviewed and the associated equipment to maintain people's safety in the event of a fire was inspected and maintained.

At our last inspection on 5 and 6 April 2016 we found the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were not enough staff to meet people's care and support needs.

Following our inspection on 5 and 6 April 2016, an action plan was submitted by the provider which detailed how the service would meet the legal requirements. They told us that this would be completed by October 2016. Whilst improvements still needed to be made, we concluded that the provider had taken sufficient action to address the concerns.

People we spoke with and their relatives felt that the staffing levels had improved. One person we spoke with told us, "If I ring my bell [the staff] turn up very quickly in a very short time." Another person's relative explained, "[Relative] never has to wait too long, maybe a minute or so."

Staff we spoke with told us that they felt as though there were enough staff on duty to support people safely. There were still a number of staff vacancies at Walsham Grange but the registered manager told us that these vacancies were being temporarily filled by regular agency staff. Staff we spoke with told us that this has had a stabilising effect on the staffing team. Another member of staff we spoke with told us that the numbers of staff being deployed were, "Just right."

We looked at the recruitment files for three members of staff. We saw that appropriate references had been sought and satisfactory police checks had been carried out on all staff prior to them working at Walsham Grange.

We saw that accidents and incidents were recorded and analysed so the registered manager could identify any patterns or trends. We saw where people were at high risk of falls, appropriate action had been taken to manage the risk of future occurrences. For example, we saw that some people had nurse call mats in place. This would alert staff when the person began to mobilise. Staff could then go to the person and support them to mobilise. We saw that details of accidents and incidents were also recorded in the relevant person's care record.

Staff we spoke with knew what constituted abuse and who they would report concerns to, including outside agencies. Staff were able to tell us what potential signs of abuse they would look out for and staff told us that they had received training in safeguarding. Training records we looked at confirmed that the majority of the staff had received training in this subject.

A member of CQC medicines team looked at how information in medication administration records and care notes for people living in the service supported the safe handling of their medicines.
Records showed that people were receiving their medicines as prescribed. There were frequent internal audits in place to enable staff to monitor and account for medicines. There were improvements in the availability of prescribed medicines by promptly obtaining people's medicines. Errors that had been identified were reported to the manager and actions taken. Staff handling and giving people their medicines had received training and the manager had recently started assessing their competence to do so.

Oral medicines were being stored safely for the protection of people who used the service and at the correct temperatures. However, in areas of the home where people were living with dementia, medicines prescribed for external application were not safely stored so these medicines could have been accessed by people placing them at risk of harm.

Supporting information was available when medicines were given to people to enable staff handling and giving people their medicines to do so safely and consistently. There was personal identification and information about known allergies/medicine sensitivities and written information on people's preferences about having their medicines given to them. When people were prescribed medicines on a when required basis, there was written information available to show staff how and when to give people these medicines. Pain assessment tools were in use to monitor people's pain levels and to assist with giving people their pain-relief medicines. Charts were in place to record the application and removal of prescribed skin patches and these had been completed by staff.

For people lacking mental capacity to make decisions about their own care or treatment and who refused their medicines there were appropriate assessments in place. These showed the steps taken to assess the person's capacity to make the decision about whether to take their medicines or not. Where people were deemed to lack capacity to make the decision, appropriate best interests decisions had been made. These included consultation with the person's doctor and their approval to administer their medicines crushed in

food or drink (covertly).

Requires Improvement

Is the service effective?

Our findings

At our last inspection on 5 and 6 April 2016 we found the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff had not received the necessary training and support in order to carry out their role effectively.

Following our inspection on 5 and 6 April 2016, an action plan was submitted by the provider which detailed how the service would meet the legal requirements. They told us that this would be completed by October 2016. We saw that the provider had taken action and whilst improvements were still required, the provider was no longer in breach of this regulation.

We looked at the most up to date staff training matrix. We noted that more staff were up to date with their training and the provider showed us their new list of mandatory training. They explained to us that they were focussing on care staff to become fully compliant with their training and would then ensure that other members of the staff team such as kitchen staff and administrators were up to date with the provider's new training requirements.

There were still some gaps in the staff training and we saw that only 60% of care staff had completed the practical component of their moving and handling training. We saw during our inspection that staff were practicing safe moving and handling techniques and the manager added that the remaining staff had been booked on to the moving and handling training.

A number of staff were also required to complete their fire awareness training. We saw that the registered manager had booked staff onto courses in April 2017 for their training in both components of the fire awareness training. In addition to this, the manager told us that they had arranged for a professional to come in to speak with staff about how to support people to maintain a healthy fluid and nutritional intake.

People we spoke with told us that they thought the staff were well trained. One person told us, "Of course [the staff] are well trained and certainly know what they are doing." Another person commented, "I get on really well with the carers and they do know what they are doing." One person's relative explained to us, "[The staff] do know what they are doing and they are all very helpful."

Staff we spoke with told us that they received regular training, and most of their training was e-learning. Two members of staff we spoke with told us about recent face to face training about diabetes. Both staff members told us how they found the training useful and this had helped them to better understand caring for someone with diabetes. Staff told us that they were further supported in their role through regular supervisions. We looked at the supervision records and this confirmed that staff were receiving regular supervisions.

We saw that staff communicated effectively with each other and we noted staff reporting any concerns about people's health and wellbeing to the nurse or senior carer.

Records we looked at showed that there was an induction process in place for all new staff and staff we spoke with confirmed that they received an induction to their role at Walsham Grange and also shadowed a more experienced member of staff.

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). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We saw from one person's care records that they had not had their mental capacity to make certain decisions assessed. We spoke with staff and they told us that the person did not have capacity to make decisions for themselves and staff had to make these in their best interests. We did not see anything documented in the person's care records why decisions were being made in the person's best interests. Therefore, we could not be sure that staff were following the principles of the MCA.

We saw from one person's care records that they had a mental capacity assessment and an application to deprive them of their liberty had been applied for to provide safe care and treatment. We noted from their care records that there was a risk assessment in place for the use of bed rails. This was to ensure the person's safety. We noted that the use of bedrails was not mentioned in the DoLS application.

Another person's care record we looked at showed that at times a lap belt would be used to ensure their safety when they were in a wheelchair. There was no best interests decision documented in the person's care records to show that staff were acting in accordance with the principles of the MCA.

People we spoke with told us that staff would ask for their consent before they did anything for them. One person we spoke with told us, "[The staff] are very good at asking you if it's alright to do things for you, particularly when it's personal care." One person's relative we spoke with commented, "[The staff] always tell my [relative] what they are doing and why and make sure that [relative] is happy with what they are doing."

Since our last inspection in April 2016, we saw that the serving of meals had become more organised and there was not as much traffic through the dining room. We noted that people who had their meals in their rooms did not receive the support that they required and we noted that people were not always able to reach their food. There was a dining table set up in the conservatory so people could choose to eat there instead of the dining room. We noted that the beakers on the table in the conservatory appeared old and were very marked and scratched. We noted that on both days of our inspection that the salt and pepper pots in the conservatory were dirty with food debris.

People we spoke with were largely positive about the food. One person we spoke with told us, "I like the food, I'm not fussy with food." Another person explained, "The food is very good here." Another person we spoke with told us that they did not like the choices of food. We noted that people's preferences around food were not always catered for. One person told us they liked yoghurts and would have preferred one for

their dessert. We saw on both days of our inspection they were not given this as a dessert and on one day of our inspection we had to ask a member of staff to get a yoghurt for them.

We spoke with a member of the kitchen staff and they were aware of people who were nutritionally at risk and they showed us a list of people who required soft or pureed diets. We saw that people's food was prepared according to their needs.

We saw from people's care records that appropriate referrals were made to relevant healthcare professionals where there were concerns relating to a person's care health and wellbeing. People we spoke with told us that they were supported to access healthcare professionals. One person we spoke with told us, "[The staff] are very good at getting a doctor for me when I need one." People's care records confirmed that appropriate and timely referrals were made to relevant healthcare professionals. One member of staff we spoke with told us, "We're building up good relationships with the GPs and dieticians."

Requires Improvement

Is the service caring?

Our findings

During our inspection we saw that staffs' ability to treat people in a caring and compassionate way varied. For example, we saw that one person liked to walk along the corridors of the home. On two occasions we saw one member of staff place their hand on the small of the person's back in order to hurry them along as the member of staff wanted to get past them. On the first day of our inspection we heard one person shouting. We went to see them and saw they were distressed and sat in their chair with food debris down the front of the tabard they had on. A member of staff came in after a few minutes and started to pick food off their tabard. No comfort or reassurance was offered by the member of staff.

However, people we spoke with told us that staff treated them in a caring way. One person told us, "The staff here are very caring and really look after me really well." Another person we spoke with explained, "The staff always treat you with respect." We saw that some staff knew people well and would spend time speaking with them. We saw by the way people responded to some members of staff that they enjoyed their company and interactions.

People we spoke with told us that they were able to make choices and staff would support them with this. One person told us, "If one of the carers is free, then I can go out in a wheelchair. I am free to choose where I want to go." Another person commented, "The staff always ask me how I would like things done."

We received mixed responses when we asked people and their relatives if they were involved in planning their care and making choices. Staff we spoke with were able to give us examples of how they would offer choice to people, for example when choosing what to wear. During our inspection we did not see that people were consistently asked about their wishes and preferences.

One person we spoke with told us, "I haven't had any meeting to see what I think or if I need any changes [to my care]." Another person we spoke with commented, "I had very little input into my plan." One person we spoke with told us that they found it difficult to communicate their needs and wishes to some staff due to language barriers. We saw that one person had their dessert placed next to them. They did not know what it was, when we told them they said that they did not like it and to send it back. We told the member of staff and they did not ask the person what they would like, instead they went off and got something else. They did not explain what this was before they started to support the person with eating it.

People were supported to maintain their independence and we saw that people had adapted crockery to enable them to eat and drink independently. We also saw that people had mobility aids which meant that they could mobilise without staff support. One person's relative we spoke with told us, "They help [person's name] to be as independent as she can be."

People's dignity was not consistently upheld. We saw one person being transferred from their chair to their wheelchair so they could be taken to the dining room for lunch. We noted that this was 30 minutes before lunch was due to be served. They remained sat in the wheelchair until they were supported to go through to the dining room at midday.

We saw that there were few restrictions on people being able to have their relatives and friends visit them. We saw throughout our inspection that people's visitors were welcomed by staff.

Requires Improvement

Is the service responsive?

Our findings

Staff were not always responsive to people's needs. We saw on a number of occasions that staff did not tend to people's care and support needs in a timely manner or continually assess how people were. For example, on the second day of our inspection we were sat in the conservatory. It was hot and the heating was also on. A number of jugs with water and squash were on the table. We noted that people had to wait for staff to come and offer them a drink and staff were not regularly offering people drinks on what was a hot day.

We went to check on one person after they had been visited by a healthcare professional. Staff had been advised to help the person get dressed and to change the sheet on the bed as it was wet. We saw that the person had not been dressed and the bed had not been changed. It was not until one hour after staff were given this advice by the healthcare professional that they tended to the person's needs. We reported our concerns to the registered manager who addressed the issue with the staff members concerned.

One person we spoke with told us that they kept asking staff for a cup of tea. We noted that they did not get their tea until 50 minutes later. We saw that the cup was nearly full and the tea was hot. We helped them take a sip of their tea as their care plan stated that they should be assisted with hot drinks.

We saw from people's care records that pre admission assessments were carried out. We noted that these assessments prompted staff to ask about people's personal histories, likes and dislikes. We saw that there was little detail on the assessments regarding people's past history and their preferences.

One person's care record we looked at stated that they should be offered food of their liking and they particularly liked cakes. We saw on one day of our inspection that one of the dessert choices was cake. We saw that this person was served one choice, sent it back and was given a strawberry mousse. They were not told that cake was also on the menu.

There was little information in people's care plans about supporting people with making choices about their care and treatment. For example, some people were unable to verbally tell people about their needs and wishes. There was nothing in their care plans to guide staff about supporting people with their individual needs. For example, how people could be supported to make choices about their care and treatment wherever possible. The registered manager informed us that the format of the care plans had recently been updated and completing these was an ongoing piece of work. We noted that since our last inspection people's care records in general were in a more user-friendly format.

When we spoke with people they felt that staff were responsive to their needs. One person we spoke with told us, "[The staff] certainly know what I like and what I don't like." Another person we spoke with explained, "[The staff] know what I like. They know I like to keep my trolley where I can see it. They all make sure that this is the case."

Regular meetings were held for people, their relatives and friends to attend. We saw from records of the meetings that a number of people attended them to discuss issues such as staff changes and any problems

that people may have with the care and treatment they received. These meetings gave people and others relevant to them the chance to be included in how the service is run.

There was an activities coordinator employed in the service. On one day of our inspection we saw that they were playing a game of skittles with people but we saw that not many people wanted to join in. The activities coordinator told us that they also spent time with people on a one to one basis. We saw that they would sit and talk with people about their interests. The activities coordinator spoke in depth about people's interests. They told us that one person would become anxious in the afternoon, and would start to worry about their family. They told us that they would sit with the person and go through a book of family photos as this distracted them.

We saw that there was a complaints procedure in place and any complaints were investigated in an appropriate and timely manner. People we spoke with told us that they did not have any complaints but they knew who they would speak to should they need to make one.

Requires Improvement

Is the service well-led?

Our findings

At an inspection on 28 and 30 April 2015 we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the was a lack of effective systems in place to monitor and assess the quality of service being delivered and the service failed to maintain an accurate, complete and contemporaneous record in respect of each person. At our last inspection on 5 and 6 April 2016 we found the provider was still in breach of this regulation. We issued the provider with a warning notice which outlined the date that they were required to have completed their actions relating to the breaches.

At a focussed inspection on 9 August 2016 we looked at whether the provider had taken the necessary action. At this inspection we found that there were still significant concerns relating to the governance of the service. As a result of our findings, we placed the service in special measures. We imposed conditions on the provider's registration as a result of enforcement action. The conditions meant the provider was required to send us information every month to show that they were meeting the legal requirements. We did not always receive the information required from the provider but we did see evidence that the provider was starting to implement some appropriate and effective quality assurance systems. As a result of this, the provider is no longer in special measures.

We found at this inspection that improvements had been made but we still had concerns relating to the lack of effective systems in place to monitor and assess the quality of care being provided to people. The registered manager confirmed that they did not audit people's care records. We also found that the service failed to maintain accurate, complete and contemporaneous records in respect of each person. This included keeping a record of the care and treatment provided to each person and decisions taken in relation to the care and treatment provided.

Where people are at risk of developing a pressure ulcer, they were often prescribed creams to prevent the breakdown of their skin. We looked at the cream charts for four people and we saw that these records were not completed correctly. We saw that one person should have their cream applied twice a day. We saw from the staff signatures on the cream chart that the cream was only applied once a day and sometimes not at all. We found similar concerns with the other cream charts we looked at. One nurse we spoke with agreed with us that the cream charts were not being recorded as applied but they were sure that staff were applying people's creams as prescribed. However, due to the lack of complete records, it is difficult to conclude that people were being administered their creams as prescribed.

There was no system in place to monitor and assess people's individual dependency needs. This along with the dependency tool would provide a more robust system of monitoring staffing levels. For example, if some people's health declined, there was nothing to evidence how people's support needs would be reassessed and how the staffing levels would be adjusted to meet the needs of people effectively. In addition to this, whilst a training matrix was in place, this system did not identify the gaps in staff training.

As a consequence of these findings the provider was still in breach of regulation 17 of the Health and Social

Care Act 2008 (Regulated Activities) Regulations 2014.

In order to continue to make improvements the provider has engaged the services of consultants who will provide advice regarding improving the service.

A number of audits had been implemented and we noted that regular medicines audits were being carried out and there was a monthly audit of accidents and incidents carried out by the manager. We saw from records we looked at that the manager analysed the accidents and incidents and identified trends. We saw that appropriate action had been taken to mitigate risk of future incidents. The registered manager told us that they were planning on auditing people's care plans after they had all been revised by the nurses. They were able to show us the form that they planned to use in order to monitor the care plans. In addition to this, we saw that the provider carried out monthly audits and identified shortfalls and the remedial action required.

We saw that regular staff meetings took place and records showed us that the manager was aware of the areas in the service which required improving. We saw from one set of meeting minutes we looked at that the registered manager reminded staff of the importance of encouraging and recording fluid intake.

The manager told us that they had given people and their families a questionnaire which asked about the quality of the service being delivered. We saw that this was given out in November 2016. We saw that the questionnaire was generic and there were questions which were directed to people who lived in Walsham Grange and other questions addressed people's family or friends. Whilst no formal analysis of the responses had taken place, we saw that the manager had started to make note of the main themes emerging from the responses.

People and their relatives we spoke with were positive about how Walsham Grange was managed. One person we spoke with told us, "I am generally happy with what I get. The management are very helpful." Another person we spoke with commented, "I am really happy here. I find the manager easy to talk to." Staff we spoke with told us that the registered manager was approachable and kept them informed of the changes in the home. One member of staff told us, "Management are really open, really supportive. You can go and knock on the door at any time."

Staff we spoke to reported that staff morale had improved over the past year. One member of staff we spoke with told us, "When I first came here it was sad, there was no spirit. I'd quite happily bring my parents here now." Another member of staff commented that they feel as though that can spend more time with people and getting to know them more. One person's relative we spoke with noticed the improved staff morale and they told us, "[The staff] work as more of a team now." Another person's relative explained, "The home feels much better now than it did in the past. Now [relative] is safe. The home smells cleaner."