

Southern Counties Care Limited

Birdsgrove Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 10, 11 and 15 August 2016 and was unannounced.

Birdsgrove Nursing Home is a care home with nursing. It is registered to provide accommodation and nursing care for up to 87 people. The Care Quality Commission (CQC) has placed a restriction on admissions to the service and at the time of this inspection 15 people were living at Birdsgrove Nursing Home. Following the last inspection the service was rated as Inadequate and placed into special measures. This inspection found there had been insufficient improvement to take the service out of special measures. CQC is now considering the appropriate regulatory response.

Some of the people using the service are living with dementia while others require assistance due to age or frailty. The service is arranged in three units. At the present time the unit in the oldest part of the service is not used by people living at the service. However, staff access this part of the premises for maintenance and storage purposes.

The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of the inspection the service did not have a registered manager.

The service had been without a registered manager since September 2015. Since then there had been staff appointed to manage the service but they had not registered with CQC. The current manager was appointed to the service in November 2015 and had submitted their application to register with CQC in July 2016. The current manager was present and assisted during the inspection.

We last inspected the service on 30 November and 1, 2 and 4 December 2015. At that inspection we found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found some improvements have been made however, a number of concerns remained evident.

A number of fire safety issues were identified which led to a referral to the fire safety officer. These included a fire risk assessment which made no reference to how less able people or people using wheelchairs would be managed safely if the premises need to be fully evacuated. Emergency lights did not always work or were dimly lit resulting in poor levels of lighting and a potential risk to those people with visual impairment or dementia. Final fire exit doors with energised magnets installed did not release when the fire alarms were activated and staff were not aware of how to override this to operate the doors manually. In addition, staff were not clear on the actions expected of them in a fire emergency or who the fire marshals were.

Other issues relating to the safety of the premises were identified and included the lack of a detailed risk

assessment relating to the control of infection. It was therefore unclear how issues relating to storage, equipment cleaning, floor cleaning, utility areas and clinical hand washing facilities were managed and monitored. Areas of the service were found to be unclean with a build-up of dust, grease and grime. Mould was found growing across carpets and on tiles and bath sealant. Appropriate hand washing facilities and equipment were not always available and we could not be sure that staff understood the colour coding systems of cleaning equipment for preventing the spread of infection. Unlabelled substances and out of date supplies presented further risks to people using the service and staff.

Staff had identified a toilet leak and reported it to the manager and maintenance worker. However, the manager's health and safety checks had failed to identify this as a potential slips/falls risk to people using the affected bathroom. It was not until inspectors indicated the risk of someone slipping and falling that action was taken to put the area out of use.

People's personal information was not always kept confidential or secure. There was a risk personal records may be accessed by unauthorised personnel.

Staff were aware of their responsibilities with regard to safeguarding people. However, they were not all aware of the whistleblowing policy and who to contact outside the organisation if they needed to.

Medicines were ordered, administered and disposed of safely. Most storage was in line with guidelines. However, we found some creams stored in a cupboard where the temperature was not monitored, resulting in a risk of them becoming inactive or dangerous for use.

There were sufficient staff with appropriate skills to meet people's needs. Staff had been recruited using effective recruitment procedures.

People's right to make decisions was protected. When people could not make decisions for themselves appropriate best interests meetings were held. Staff sought consent from people before assisting them.

Staff received support in the form of meetings, appraisals and training which they considered sufficient to do their job effectively. People's nutrition was monitored when necessary and people had sufficient to eat and drink. Their healthcare needs were met.

Some adaptations such as the use of memory boxes and coloured toilet seats had been made to the premises to meet the needs of people living with dementia, however, these were limited. Parts of the premises were in poor condition and needed attention.

Staff treated people with kindness, compassion and respect. They knew people well and provided privacy and dignity. People had the opportunity to plan the care they would like at the end of their lives.

Care plans reflected people's needs and were regularly reviewed and updated. Staff were responsive to people's needs and care was provided mostly in a person centred way. However, there were some examples of practice we could not be sure promoted people's personal choice.

Activities were under review by the new activity co-ordinator who planned to include more personalised activities into the programme.

Audits were carried out but did not always identify areas where action was needed. We found the provider was reactive to issues raised but not proactive in identifying concerns and taking action to ensure the

service was a safe place for people to live in and for staff to work in.

People, relatives and staff spoke highly of the manager who they felt was approachable and supportive. The manager had created an open culture in the service which had led to good team working and a positive attitude in the staff team.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

Health and safety audits had not always identified all risks associated with fire safety and infection control. Action had not been taken to mitigate all health and safety risks.

Staff were aware of their responsibilities in protecting people from the risk of abuse.

Not all staff were aware of whistleblowing procedures or outside agencies they could contact with concerns they may have.

People received their medicines when they required them. Medicines were managed safely.

Inadequate ●

Is the service effective?

The service was not always effective.

The design of the premises was not effective in meeting the needs of people living with dementia.

Staff received the training, guidance and support they needed to enable them to carry out their job effectively.

Staff understood the principles of the Mental Capacity Act and Deprivation of Liberty Safeguards. People's right to make decisions was protected.

People were supported to eat sufficient quantities to maintain their well-being and their health needs were managed effectively.

Requires Improvement ●

Is the service caring?

The service was mostly caring.

People's confidential records were not always held securely.

People were provided with privacy and dignity.

Requires Improvement ●

Staff treated people with kindness and showed patience toward people.

Relatives were positive about the care people received.

Is the service responsive?

The service was not always responsive.

While people's needs were mostly met in a personalised way we were not assured that people's choice was always fully respected.

People and their relatives were able to give feedback on the service.

Information about how to make a complaint was available. When concerns had been raised they had been dealt with and responded to.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

The provider had quality assurance and risk management systems to identify issues within the service but they were not effective and did not consistently identify concerns and issues that required attention.

People, staff and relatives spoke highly of the registered manager and felt they were approachable and open.

Requires Improvement ●

Birdsgrove Nursing 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 by two inspectors on 10, 11 and 15 August 2016 and a specialist professional advisor on 11 August 2016. A specialist professional advisor is someone who has a specialist knowledge and experience in the service being inspected. The inspection was unannounced and it was a comprehensive inspection.

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. Due to technical problems a PIR was not available and we took this into account when we inspected the service and made the judgements in this report.

Prior to the inspection, we reviewed the information we held about the service. We looked at statutory notifications that had been submitted by the service. Statutory notifications include information about important events which the registered provider is required to send us by law. We contacted the local authority commissioners to obtain feedback from them about the service. We looked at information received about the service from other people and stakeholders and we reviewed previous inspection reports.

During the inspection we spoke with 16 members of staff, including the manager, the nominated individual, two registered nurses, eight care staff, the activity coordinator, a member of the kitchen staff, a laundry assistant and a maintenance worker. We spoke with five people who use the service and six relatives and visitors.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We watched a medicine round and attended a staff handover. We spent time observing activities in the communal areas of the service.

We reviewed six care plans and associated records including medicine administration records. We examined a sample of other records relating to the management of the service including staff training and supervision records, complaints, accident and incident reports, surveys and various monitoring and audit tools. We looked at the staff files for six staff and checked the recruitment records for the three most recently recruited staff members. We also reviewed documents relating to health and safety, for example, servicing certificates for equipment and risk assessments for fire and legionella.

Is the service safe?

Our findings

During an inspection in November and December 2015 the provider was not meeting the requirements of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. This was in relation to the provider not taking all reasonably practicable measures to mitigate risks in relation to ensuring the premises were safe for their intended use. At this inspection we found some action had been taken to make improvements but the requirements of the regulation had not been fully met.

Some examples of the improvements we found included, fire doors were not propped open and there were no obstructions preventing fire doors automatically closing in the event of a fire. The lighting in the lift had been attended to and was in working order. A maintenance worker had been employed in February 2016 and was now responsible for completing routine checks on things such as the bed rails, the nurse call bell system and water systems in the service.

Although we noted action had been taken to address those issues highlighted at the previous inspection we found that there were still concerns with regard to safety of the premises.

We were shown a fire risk assessment dated 20 April 2016. This made no reference to how less able people or people using wheelchairs would be managed safely in the event of a full evacuation of the service being necessary. People had personal evacuation plans in their files. However, they had not been reviewed since 2014 and were not sufficiently detailed to ensure staff had appropriate guidance to assist each individual. However, following the inspection the provider sent us a document detailing the assistance required by each individual which had been reviewed in June 2016. We also found poor levels of lighting in some areas of the service and insufficient emergency lights on external escape routes. This was a potential risk to those people with visual impairment or dementia.

We also identified a number of other issues relating to fire safety. These included final fire exit doors with energised magnets installed that did not release when the fire alarms were activated. Override buttons were present but we could not be sure that staff were aware of them or knew how to use them. Not all mandatory fire notices were displayed above fire call points as expected in a health and social care setting. However, a fire risk assessment completed on behalf of the provider by a contractual fire assessor found there was an adequate number in place.

Although staff told us they had attended fire safety training they were not clear on the action they should take when the fire alarm sounded and none mentioned using the override button to open the final exit doors. The manager could not tell us if the digital keypads on exit doors would open automatically when the fire alarm was activated nor did they refer to the override button to open the door in an emergency. Staff were also unaware of who the fire marshal on duty was despite this being displayed in the reception area.

We looked at the external fire escapes and found the steps had a covering of dirt and some had moss on them. This presented a risk of them becoming very slippery if they became wet in the rain and may cause a fall and injury to people or staff using them. Additionally, a basement area containing boilers and electrical

consumer units had restricted access and emergency lighting that did not work. As a result of the concerns surrounding fire safety we referred the service to the Fire Safety Officer who visited the premises and carried out an inspection.

The provider had an infection prevention and control policy however it was a generic policy relating to the brand of Aster Healthcare and not specific to the service at Birdsgrove Nursing Home. They were not able to provide a detailed risk assessment relating to the control of infection. It was unclear how the provider managed and monitored issues relating to storage, equipment cleaning, floor cleaning, utility areas and clinical hand washing facilities. A quarterly audit was carried out by the clinical lead but this had not identified the issues we saw during the inspection.

While people's bedrooms were generally clean and tidy and records indicated they were cleaned regularly, there were areas of the service that were not clean. For example, in one utility/sluice room we found dust, cobwebs and dead insects on the window sill and other surfaces. There was a stack of dirty commode pots left on a surface which had dried dirt and grime on them. Hand soap was available in this room but there were no paper towels to use for drying hands. In a number of utility areas there were exposed, hot, cold and waste pipework which were also covered with grime. We saw there were notices indicating a colour coding system to be used for mops and buckets. However we noted that used wet mops were left in buckets both in sluice/ utility areas and in people's rooms and we could not be sure staff understood the system in use to prevent the spread of infection. This increased the risk of cross infection and is not in line with the Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance.

Following an inspection in May 2016 the environmental health officer had compiled a report indicating improvements were required in relation to practices in the kitchen. However, the report was not available for us to see and we could therefore not be assured the improvements had been completed.

In one bedroom which was not currently in use we found the carpet to have a large area of green mould covering it. In bathrooms we also found mould growing on sealant and tiles. Furthermore, we noted all clinical waste bins outside of the property were unlocked and therefore posed a risk of unauthorised access and contact with hazardous waste.

We found an unlabelled bottle of dark fluid in an unlocked cupboard. The manager could not assure us what the contents were but thought it was a cleaning material. In another room we found out of date supplies of items such as polygrip and denture cleaning materials. There was a risk that appropriate measures may not be taken when using the cleaning fluid as there was no way of identifying what it was. People may have been exposed to the use of supplies that had become ineffective or dangerous due to being out of date.

During a tour of the service we entered a bathroom which had staining to the ceiling tiles and to the floor tiles. We asked what had caused this and were told there had been a leak from a main water tank which had been fixed three weeks previously. On further inspection we noted there was water on the floor running from the soil pipe of the toilet toward a drain in the floor. We noted this was caused by a leak from the pipe. We asked the manager and maintenance worker if they were aware of this. We were told it had been reported to a plumber one and a half weeks previously. We asked if the bathroom was being used as there was no notice to say it was out of action and we were told it was in action. We informed the manager and the maintenance worker this presented a danger of slipping and potential injury to people using the service. We asked that the room be put out of use. Action was then taken to rectify the leak by the following day. On later examination of the maintenance book and staff communication book we saw there had been numerous reports of issues in this bathroom dating from January 2016 relating to leaks from the toilet and bad smells.

The above findings mean the service remains in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe and relatives had confidence their family members were cared for safely. Staff had received training in safeguarding people. They were able to describe the types of abuse people may be subject to and the signs that may indicate this. Staff said they would have no hesitation in reporting any concerns regarding people's safety to the senior staff. They felt confident it would be taken seriously and escalated to the appropriate authorities. However, not all staff knew who to contact outside of the organisation if they were not listened to. Some did not know there was a whistleblowing policy or what whistleblowing meant. We raised this with the manager and the nominated individual who showed us the whistleblowing policy was displayed in a frame in the reception area. However, the contact details for agencies outside the organisation were on the reverse of the page and therefore not visible without taking it out of the frame. They told us they would address this immediately.

Accidents and incidents were recorded and an audit was completed to monitor for trends in such things as falls. We noted there had been no accidents or incidents since January 2016. The provider had a contingency plan to provide guidance in case of emergencies such as loss of utilities and staff shortage. This contained relevant contact numbers and timescales for action.

Maintenance of equipment such as the hoists, passenger lifts, fire alarms and cooking appliances had been carried out by contractors engaged by the provider. Checks had been completed in accordance with current legislation and guidance.

We observed a registered nurse administering medicines and saw they followed the provider's policy and procedure and people received their medicines safely. Most medicines were stored in the clinical room in trolleys, cupboards or fridges. They were kept in accordance with the manufacturer's recommendations. The temperature of the storage facilities was measured daily and recorded. However, we saw some creams were stored in a room that felt very warm and was not ventilated. We were told the temperature was not measured in this room which meant there was a risk that the cream could become ineffective or dangerous. The manager agreed to take action to ensure the safe keeping of the creams.

Medicines were disposed of safely in accordance with current guidelines. Full medicines audits were conducted quarterly with monthly random audits to monitor that quantities of medicines held corresponded to those prescribed and used. When an audit identified an issue this was noted and action taken. For example, a medicine had not been signed for and the record noted the nurse had been spoken to. Some people had medicines prescribed 'as required' and for each person there were clear guidelines as to when these medicines should be given. Care staff told us they had received training in medicines so they could apply creams although all other medicines were administered by the registered nurses. Registered nurses told us their competency to manage medicines safely was checked each year.

At the previous inspection the provider was not meeting the requirements of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. They had not operated effective recruitment procedures. At this inspection we found improvements had been made and the provider's recruitment procedure was thorough. They were meeting the requirements of the regulation.

Pre-employment checks included the completion of Disclosure and Barring Service (DBS) check. A DBS check allows an employer to check if an applicant has any criminal convictions which would prevent them from working with vulnerable people. Other checks included seeking references from past employers with regard to an applicant's previous performance and behaviour. A full employment history was requested

from all applicants and gaps in employment were explained. Professional registers such as those held by the Nursing and Midwifery Council were checked to ensure staff had current registration to practice.

There were sufficient staff to meet people's needs. People, their relatives and staff all told us they felt there were enough staff with the required skills. People's dependency was regularly assessed and staffing levels were adjusted accordingly.

Is the service effective?

Our findings

At the previous inspection the provider was not meeting the requirements of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The premises were not suitable for the purpose for which they were being used. During this inspection we found that some improvements had been made but not all the requirements of the regulation had been met.

Staff had received training in dementia care and information was available in a folder for staff to refer to. However, this related mainly to the different types of dementia rather than best practice in assisting people to live well with dementia. Only six staff out of the 35 employed had signed to say they had read the information. However, we found that some toilet seats were now red to differentiate them for people. Some seating had been altered to provide group seating rather than seats just lining the perimeter of the walls. Memory boxes were now being used to display important items and help people recognise their rooms.

However, the design of the premises did not always meet the needs of people living with dementia. The walls and doors were all in a neutral colour with very little differentiation to assist people to orientate themselves. While there were items of memorabilia on the walls and around the service they mostly related to one era, that of the second world war. There was no representation of other times that may have memories for people of different ages or to provide an alternative stimulus for people who may not have happy memories of the war times. The manager was not able to tell us of any further plans the service had for adapting to make a more suitable environment for those living with dementia. There was no evidence of specialist advice being sought to assist in helping people to live well with dementia.

Some areas of the service were in poor condition. Some carpets were stained and damaged in areas and some rooms were in need of redecoration. We noted stained ceiling tiles in a number of rooms, in other rooms ceiling tiles had either been removed or fallen down. We were told there was a refurbishment programme however we were not shown any plans or details of this during the inspection. Window frames both internally and externally appeared to be in poor condition and a gate at the bottom of the exterior fire escape came away from the hinges when opened. In a number of rooms we found offensive odours and very high temperatures. Although these rooms were not being used at the present time this would indicate a lack of cleanliness and maintenance in the service.

This was a continued breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the previous inspection the provider was not meeting the requirements of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured the care and treatment of service users was provided with the consent of the relevant person. At this inspection we found improvements had been made and the provider was meeting the requirements of the regulation.

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.

Staff had received training in the MCA and DoLS. We observed staff seeking people's consent before doing anything for or with them and they checked if people were happy with what they did. We also observed staff offering people choices in everyday decisions such as what they wanted to do or what they wanted to eat.

The manager told us some people had decisions made for them by relatives who had Lasting Power of Attorney (LPA). Where this was the case verification of the LPA was held on the person's file. Best interests meetings had been held to ensure decisions were made appropriately on behalf of people who did not have the capacity to make decisions for themselves. Examples of these meetings related to the use of bed rails and using covert means to administer medicines. Records of the meetings indicated who attended and why the decision was in the person's best interests. Whenever possible people themselves had been included in the meeting.

Providers are required to submit applications to a 'supervisory body' for authority to restrict people's liberty. At the time of the inspection we saw records stated 12 people either had a DoLS authorisation in place or one had been applied for. DoLS authorisations were being monitored to ensure they were reviewed as required by the 'supervisory body'.

At the previous inspection the provider was not meeting the requirements of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to staff not receiving appropriate training or professional development to support them to carry out their job effectively. At this inspection we found improvements had been made and the provider was meeting the requirements of the regulation.

All staff had received an induction and most told us they felt they had received enough training to fulfil their role. However, one member of staff commented, "Honestly, I think I've been rushed a bit." Staff told us they received regular training updates mostly by watching DVDs but did also refer to face to face training with regard to using equipment. We reviewed the provider's training matrix which showed all staff were up to date with training the provider considered mandatory. This included safeguarding and infection control among others.

Staff told us they felt supported and had regular one to one meetings with their line manager. They were complimentary about the manager who they described as supportive and said they often asked if there is something they could help with. It was clear the manager had worked hard to provide the support required by the staff team and to create an open culture with a team of staff committed to the service. Staff meetings were held regularly and staff told us they were able to raise issues and concerns and voice their views during these meetings.

At the previous inspection the provider was not meeting the requirements of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People's nutrition and hydration needs were not being met. At this inspection we found there had been some improvements made and the provider was meeting the requirements of the regulation

Staff were aware of the importance of nutrition and hydration and were able to tell us the target amounts people should consume and how they would report it to the nurses if people did not meet these targets. When required people's nutrition and hydration was monitored and relatives praised staff in the way they encouraged their family members to drink and eat. One person's visitors told us they were happy that the person had gained weight since being at the service and felt this was positive for them. People's weight was monitored and their risk of malnutrition measured using a recognised assessment tool. Where any concerns about a person's weight or dietary intake occurred the person was referred immediately to the GP for their assessment or referral onto another health professional.

The catering staff were aware of people's individual nutritional needs. They explained how over recent months they had introduced fortified fruit smoothies with positive results. This had been discussed and agreed between the service, the local authority and health professionals. It had enabled the use of proprietary supplements to be discontinued as people had stopped losing weight and in some cases had gained a little weight as a result. The cook told us, "It's nice to give people smoothies to have fruit that they otherwise cannot eat."

We observed most people were provided with appropriate support to eat their meal when this was required. However, during a Short Observational Framework for Inspection observation during the lunch period we noted that one person appeared to require assistance but would intermittently eat their meal using their fingers. Staff wiped the person's fingers which had the effect of discouraging the person from eating. Over a period of 15 minutes the person was offered no assistance with their food other than for staff wiping their fingers. After 15 minutes a care worker said to the person, "Are you finished [name], are you ready for your pudding?" They then took the plate of food away and a pudding was placed in front of the person. They did not attempt to eat it and no assistance was offered. After five minutes a care worker said, "don't you want your pudding[name]" but left the plate. After a further 10 minutes the care worker said, "Are you not going to eat this?" Then they removed the plate. There was no attempt by the care staff to prompt the person to eat their meal other to ask if they had finished. The person's care plan clearly stated the person could eat independently but needed encouragement and prompts.

People's healthcare needs were met and they were able to see healthcare professionals when they required. The GP visited the service weekly and staff could request visits at other times if necessary. Referrals had been made to specialist health care professionals, for example, mental health professionals. People had also seen dentists, opticians and chiropodists when required. Each person had a 'Hospital Passport'. This was a document outlining key information about an individual which was used to inform hospital staff about the person's needs and preferences should they need to be admitted.

Is the service caring?

Our findings

People's records were not always stored securely to ensure the information the service had about them remained confidential at all times. We found several unused rooms with people's records loose in large piles. At least one of these rooms was on the ground floor with large windows giving full view of the records to anyone passing by. Although the room was locked, on further inspection we found the window to be insecure. A window restrictor was in place to limit how far the window could open however, it still presented an opportunity for and risk of unauthorised persons gaining access to these records. Furthermore, on a tour of the service we found personal records relating to people using the service stored in an unlocked sideboard in a communal area. By the end of the inspection we were assured that all confidential records had been archived and stored securely.

People and relatives praised the support staff gave and described them as "caring", "kind", "approachable" and "nice." Throughout the inspection we saw staff approached people with patience. They showed kindness and compassion toward the people they were assisting. We observed positive interactions between staff and people with staff sharing humour and general banter with people as they went about their jobs. Staff spoke passionately about their work and talked about the people they supported as individuals and in a caring and respectful manner.

We noted staff supported people with composure if they were upset, allowing them time to calm down or using distraction to engage them in a different topic. A relative also commented on how well staff managed their family member when they were in what they described as a "difficult mood". They told us, "They (staff) reassure her and calm her and they all come out laughing." Reassurance was provided to people whenever it was required. We noted examples of this when people were assisted to move using hoisting equipment. Staff were attentive and showed kindness and understanding to the people being assisted.

People's privacy and dignity was protected. We observed staff knocked on doors and either waited to be invited into people's rooms or announced they were entering if they knew a person could not respond to them. A sign was used on doors to alert others to times when personal care was being provided. Staff described how they kept people covered as much as possible during this process in order to maintain their dignity. Relatives and visitors too felt staff were attentive to people's dignity and provided respect. One commented, "I walk through the care home discreetly and see that they (staff) treat people with respect, they always knock on the door and things like that and always say goodbye to people when they are leaving."

People's rooms were individualised and they had brought personal belongings with them. Their rooms were organised to suit them, helping to make them feel personalised. When they were able to, people moved around freely choosing how to spend their time. People chose to join in with activities if they wished and while they were encouraged to do so they could choose to opt out and do other things if they preferred.

People and when appropriate their relatives had been involved in making decisions and planning their care. Staff were mostly able to tell us about people's personal preferences and they showed knowledge of

individual care needs and an awareness of people's past history and interests. One said, "We know all our residents very well." However, when we spoke with one person they appeared to be struggling to see and focus their eyes. When asked staff were unsure whether the person should be wearing spectacles. We looked at the person's care plan which stated their eye sight was poor and they needed to be encouraged to wear their spectacles as they could be reluctant to do so. We discussed this with the staff and on the third day of the inspection we saw they had reacted to our discussion and the person was wearing their spectacles. Staff commented that they were amazed the person was keeping them on. We observed the person appeared to now be able to focus when we spoke with them.

Each person had an end of life care plan and had been given the opportunity to discuss their wishes. We noted that specific requests had been detailed on the plans and there were clear directives regarding advanced decisions such as those relating to cardiopulmonary resuscitation.

Is the service responsive?

Our findings

At the previous inspection the provider was not meeting the requirements of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured that people had their personal care needs met and responded to appropriately. At this inspection we found improvements had been made however not all requirements of the regulation were met.

We observed that care and support was mostly provided in a person centred and individualised way. However, we observed a sign written by the manager and on display in the staff room which stated, "From immediate effect night staff to give full wash and get residents ready for breakfast. I expect a minimum of five residents from each floor. I expect a clean environment from all staff at hand over to day staff. Signed by [manager]." We asked staff if it was people's choice to get up early before the night staff went off duty and if there was a minimum number of people they expected to be up when they came on duty. We received a mixed response to our questions. Some staff told us people were assisted to wash and dress only if they were awake. Others said there were always five or six people up, washed and dressed with their beds made and curtains open before day staff came on duty but added "it's all in the care plan". One member of staff said "night staff get them washed and dressed, it's too early to get them up." On day two of the inspection at 8am we observed three people had been assisted to get washed and dressed but were still in bed. The manager could not offer an explanation of the notice when we raised it and did not provide any evidence this had been discussed with people. We could not be assured that people were always given appropriate choice in the time they got up.

People's records stated whether they preferred a bath or shower and staff told us they were offered choice. However, during the tour of the service we noted one assisted bath was out of order and another assisted bathroom had been converted into a hairdressing salon. Staff told us there was another bathroom but the bath could only be used by people who were independent as it was unsuitable to use with a hoist. They also stated the assisted bath had been out of action for some time with one member of staff saying they had never seen it used in the time they had worked at the service which was for over a year. Staff told us people were offered a bed bath as an alternative. However, the service was unable to offer people living there a choice between a bath and a shower.

This was a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's needs had been assessed before they moved into the service and a care plan was developed using this information. We found care plans had been reviewed to reflect people's changing needs and where necessary, changes made to guide staff to deliver the most appropriate care. Although care plans were detailed and captured people's needs in all aspects of their lives we could not be assured people's preferences were always adhered to. For example, personal choice in regard to the time to get up and choice regarding bathing as described previously. Care plans were reviewed on a monthly basis or when there was a change in a person's condition.

In addition to a full care plan, each person had a folder in their room. This contained a pen portrait and charts relating to the provision of care such as pressure mattress settings which staff were able to refer to as they supported people throughout the day. Where necessary records were completed to show repositioning of people to protect their skin from pressure damage and the nutritional intake of people who were at risk of malnutrition. We found these records were completed fully and staff were able to state the importance of doing so.

Not all the people using the service were able to use a call bell to summon help if they required it. Each person had been assessed to determine if they were able to use a call bell effectively. Where they were able to do so we noted call bells were available and in reach of the person. Where it had been assessed that a person was unable to use a call bell a record of regular checks was kept and staff either visited the person's room or checked their safety in the communal areas at predetermined intervals throughout the day and night taking into account people's individual needs.

Pressure mattresses were in use when an assessment had indicated a person may be at risk of developing a pressure sore. These were set in accordance with people's weight which was recorded on a chart in their room and checked monthly or more frequently if necessary. We saw daily checks of the pressure mattress settings took place however, we found two pressure mattresses set incorrectly. One was set at 55 when the chart stated it had been checked earlier that day as being set at the required 65kg. The other was set at approximately 54kg when the requirement was a setting of 45kg. We raised this with a registered nurse. They told us the dials were easily knocked and thought the checks had been carried out prior to the rooms being cleaned and the dials may have been knocked by the cleaning staff. We also raised this with the manager and nominated individual who agreed to look into the matter. This had not impacted on people living at the service and people did not have pressure damage to their skin at the time of the inspection.

Staff told us they were kept up to date with any changes to care plans or people's well-being. One said the organisation was "very good at updating". Verbal handovers took place at the beginning of each shift. We attended a night to morning shift handover and found it to be brief. Reference was made to whether a person had slept well and the amount of fluid taken throughout the night. However, notes were made on each person, each day and staff told us they could refer to this to gain updated information or speak with the nurses.

An established member of staff had recently taken on the role of activity co-ordinator. They told us this was a new responsibility for them and were beginning to assess what people liked to do and explore what activities they could introduce to the service. A large board in the reception area displayed the current activity timetable for the week in both words and pictures. A mixture of activities was available such as arts and crafts, flower arranging and biscuit baking. In addition outside organisations brought other activities into the service such as a therapy dog and musical entertainment. A church service was held regularly for those who wished to attend. A relative told us the activity co-ordinator was "very positive" and "she thinks in the best interests for the residents". However, they went on to say that if the activity co-ordinator is on leave no-one takes over. During the inspection the activity co-ordinator had some time off and we did not see any organised activities other than some provided on an individual basis such as listening to music, offers of manicures and staff talking individually to people.

At the previous inspection the provider was not meeting the requirements of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not evidence investigation of complaints. At this inspection improvements had been made and the provider was meeting the requirements of the regulation.

The provider had a complaints policy and procedure. People and their relatives told us they were aware of how to raise concerns and complaints. The service had received three complaints since the last inspection. These had been recorded, investigated and responded to in accordance with the provider's policy. A record was also maintained of when people and relatives were informed of the outcome.

Meetings had been held for relatives to provide opportunities to give feedback to the service. Two relatives commented that there had not been a recent meeting and records showed the last one was held in April 2016. Two relatives felt the service had been slow to make the improvements required following the last inspection and one said, "I find it highly frustrating." However, they told us the manager was "very approachable" and they could speak with him at any time if they needed to. Surveys were also completed to gain views on the service and the most recent one in April 2016 provided mostly positive comments. Responses described the service as "very friendly" and the staff as "friendly, always offered a drink".

Is the service well-led?

Our findings

At the previous inspection the provider was not meeting the requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not have systems or processes in place to effectively ensure compliance. The provider did not assess, monitor, mitigate risk or improve the quality of the service in carrying out the regulated activity. Complete, accurate and contemporaneous records were not maintained in respect of each service user. The provider did not evaluate or improve their practice in respect of the processing of information. At this inspection we found some improvements had been made but the provider was not meeting all the requirements of the regulation.

The provider had introduced a quality assurance framework which was linked to the key lines of enquiry used by CQC during inspections. A new quality assurance officer had taken up post since the last inspection and was working with the manager and nominated individual to monitor the quality of the service. In addition the provider had commissioned an independent consultant to work with the service to address quality issues. However, we found that despite these measures there were issues that still needed to be pointed out to the provider before action was taken. For example, audits had not always identified issues or concerns we found during this inspection. The manager told us they completed a health and safety audit and a walk around to detect any problems or concerns. This practice had not identified the safety issues we found in a bathroom with a leaking toilet and when asked about this, the manager said "I just popped my head in the door to check". They then went on to say he relied on the information received from the maintenance worker with regard to issues found. Furthermore, the audits had not identified areas of the service requiring attention such as the emergency lighting not working correctly in areas, unmarked containers containing possible substances hazardous to health, out of date supplies or unlocked clinical waste bins.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that staff had worked hard to ensure records relating to care had been completed fully and were representative of people's changing needs. They provided guidance for staff to enable them to meet people's needs effectively and responsively. Regular audits of people's care records had been carried out by the clinical lead and the manager. This monitored the reviews of care plans as well as the daily recording of care delivery.

The service did not have a registered manager in post at the time of the inspection. The manager had been in post since November 2015 and had recently submitted the required application to become registered with the Care quality Commission (CQC).

Staff spoke highly of the manager and told us they were approachable and supportive. They said they could speak to them at any time and the "office door was always open". Relatives too spoke of the approachability of the manager and how people were getting to know them and spoke of them by name. We saw people

responded in a relaxed manner to the manager smiling and speaking with him as he went around the service. We observed staff approaching the manager and they received a positive and supportive response. One told us, "[Name] is fantastic, approachable and takes on any problem." Another said, "The manager is really nice, someone you can really talk to."

Staff told us they had regular staff meetings. As well as sharing information at these meetings they said they had an opportunity to make suggestions for improvements to the service. They spoke of working together as a team and improved staff morale since the manager came to work at the service.

At the previous inspection the provider was not meeting the requirements of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. The registered provider did not notify the commission without delay of any abuse or allegations of abuse in relation to a service user. As there have been no notifiable incidents since the last inspection we were unable to determine if the provider had met the requirements of this regulation.

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 9 HSCA RA Regulations 2014 Person-centred care People were at risk of not receiving person centred care because the registered person had not always ensured that care reflected people's preferences. Regulation 9 (1) (c)

The enforcement action we took:

The Care Quality Commission has cancelled the provider's registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person had not ensured risks to people's health and safety had been assessed or action taken to mitigate such risks. Regulation 12 (1) (2) (d) (h)

The enforcement action we took:

The Care Quality Commission has cancelled the provider's registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment People who use services and others were not protected against the risks associated with unsafe or unsuitable premises. The registered person had not ensured the premises and equipment used was clean and suitable for the purpose for which they were used. Regulation 15 (1) (a) (c)

The enforcement action we took:

The Care Quality Commission has cancelled the provider's registration.

Regulated activity	Regulation
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Accommodation for persons who require nursing or personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

The registered person had not ensured there was an effective system in place to assess, monitor and improve the quality of service provided.

Regulation 17 (1) (2) (a) (b)

The enforcement action we took:

The Care Quality Commission has cancelled the provider's registration.