

Ilkley Health Care Limited

Riverview Nursing Home

Inspection report

Stourton Road
Ilkley
West Yorkshire
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27 June 2017

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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?

Inadequate 

Summary of findings

Overall summary

The inspection started on 6 June 2017 with an unannounced visit to the home and continued on 7 June 2017. On 27 June 2017 we visited the home again; this visit was announced at short notice as we needed to make sure the administrator was available. There were 50 people who used the service at the time of our inspection.

The home provides personal and nursing care for up to 60 older people. It is a large converted property and is located close to the town centre of Ilkley. The accommodation is on four floors and consists of shared and single rooms of which 17 have ensuite facilities. There are two passenger lifts giving access to all areas. The communal areas are on the ground floor. There are gardens which are accessible to people.

The last inspection was carried out in April 2016. At that inspection we rated the service as 'requires improvement' and there were three breaches of regulations. They were in relation to safeguarding, person centred care and good governance. The provider sent us an action plan showing the actions they were taking to address these concerns. During this inspection we checked to see if the required improvements had been made. While we found some aspects of the service had improved we found the pace of improvement was slow. We found three new breaches of regulations and found the provider remained in breach of the regulation about good governance.

There was a registered manager in place when we carried out the inspection. Following the inspection the provider told us the registered manager had resigned from their 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 provider told us the clinical lead nurse would take responsibility for the day to day management of the home until such time as a new manager was appointed.

People who used the service felt safe and we found staff knew how to recognise and report concerns about people's safety and welfare. However, we found the necessary checks on new staff were not always carried out in line with the provider's policy. This could put people at risk of being cared for by staff unsuitable to work in a care setting.

We found they were not always deployed effectively at busy times of the day.

The home was clean, the environment was generally well maintained and there was evidence of on-going refurbishment. However, we found some working practices were creating risks to people's safety and welfare. These risks had not been identified by the provider until we brought them to their attention.

People received their medicines as prescribed and medicines were managed safely.

Most people were happy with the food. However, we found there was a risk people were not always getting the right support to make sure they had adequate amounts of food and drink. Our observations of meal times showed this was not a positive experience for people.

People were supported to meet their health care needs and had access to the full range of NHS services. Feedback from visiting health care professionals was positive.

The service was working in line with the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards which helped to make sure people's rights were protected and promoted.

People received care and treatment from staff who were trained and supported to carry out their roles.

We observed a lot of positive interactions between staff and people living in the home. We found staff to be caring and compassionate. People told us they found the staff to be caring and people's relatives told us they were involved in decision making and kept informed about changes in people's needs.

We found there was sometimes a lack of attention to detail when dealing with people's toiletries which compromised their dignity.

Although staff knew people well this was not always reflected in people's care records. The provider had already identified this as an area for improvement and was dealing with it.

There were opportunities for social activity and engagement and most people were satisfied with this aspect of the service. There was accessible, secure outside space but we recommended the provider look at relevant guidance on the provision of dementia friendly outside space to ensure people benefitted from this facility.

The majority of people who made any concerns or complaints told us they were listened to and dealt with appropriately. However, we found the information given to people in the complaints procedure was potentially misleading. We also found that the provider did not always act on the feedback people provided to ensure the quality of care consistently improved.

Everyone we spoke with had confidence in the management team.

There were systems in place to monitor and assess the quality of the services provided but we found they were not operating effectively. The provider was committed to improving the experiences of people who used the service and had engaged a consultant to help them bring about the required improvements.

In addition to an on-going breach of regulation in relation to good governance (Regulation 17) we found three new breaches of regulations in relation to staff deployment (Regulation 18), staff recruitment (Regulation 19) and supporting people with the nutritional needs (Regulation 14).

You can see the action we have asked the provider to take at the back of the full version of this report. In relation to the continued breach of good governance the Commission is considering the appropriate regulatory response. We will publish our actions when any representations and appeals have been dealt with.

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 consistently safe.

People felt the service was safe. Staff knew how to recognise and report concerns about people's safety and welfare.

There were not always enough staff available at busy times to meet people's needs in a timely way.

Risks to people's health, safety and welfare were not always identified and managed.

People's medicines were managed safely.

The home was clean.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

People did not always get enough support to meet their nutrition and hydration needs.

The service was meeting the requirements of the Mental Capacity Act which helped to make sure people's rights were protected.

People were supported to meet their health care needs and had access to the full range of NHS services.

Staff were trained and supported to meet the needs of people who used the service.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Staff were kind and compassionate in their interactions with people.

People's dignity was not always promoted.

People's relatives were involved in decisions about care and

Requires Improvement ●

treatment.

Is the service responsive?

The service was not consistently responsive.

People's care plans were not always person centred or accurate which created a risk their needs would not be met. The provider had already identified this and was dealing with it.

Most, but not all of the people we spoke, were satisfied with the support they received to take part in social events and stimulating activities.

Complaints were investigated and the majority of people were satisfied that their concerns were listened to and acted on. The information given to people about the actions they could take if they were not satisfied with the way their complaint had been dealt with was not accurate.

Requires Improvement ●

Is the service well-led?

The service was not well led.

People who used the service and staff had confidence in the management team.

People were given the opportunity to share their views of the service but the provider did not have clear processes in place to show how this feedback was used to bring about improvements to the service.

Although there were quality monitoring systems in place they had not been effective in achieving the required improvements in the service.

Inadequate ●

Riverview 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 started on 6 June 2017 with an unannounced visit to the home and continued on 7 June 2017. On 27 June 2017 we visited the home again; this visit was announced at short notice as we needed to make sure the administrator was available.

The inspection team consisted of two adult social care inspectors 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. In this case they had experience of services for older people and people living with dementia.

During the inspection we spoke with seven people who lived in the home, six relatives and a friend of a person who lived in the home. We spoke with two visiting health care professionals, the registered manager, the clinical lead nurse, the administrator, a nurse, three senior care workers, five care workers, the cook and the activities organiser.

We observed care interactions between people living in the home and staff throughout the day and we observed the meal service at breakfast and lunch time. We looked at six people's care records in detail and other records relating to people's care and treatment such as medication records. We looked at four staff recruitment files and other records relating to the management of the service such as training and maintenance records, meeting notes, audits and surveys.

We looked around the home at a selection of bedrooms, communal bathrooms and toilets and the communal living areas.

Before visiting the home we reviewed the information we held about the service, this included notifications sent to us by the provider. We contacted the local authority commissioning and safeguarding teams to ask for their views of the service.

The provider completed a Provider Information Return (PIR) at our request and returned it to us in good time. This is a document which gives the provider the opportunity to tell us about their service and any planned improvements. All this information was taken into consideration when we rated the service.

Is the service safe?

Our findings

There were measures in place to protect people in the event of an emergency, these included, PEEPs (Personal Emergency Evacuation Plans), regular fire drills and an emergency plan.

However, we found some people had concerns about the emergency procedures. One person who lived in the home told us, "I don't have any safety concerns as such but I have concerns about the delay in an emergency." They told us on one occasion they had fallen and been unable to reach their buzzer and had to shout for help, they said they had waited 15 minutes for staff to arrive. They were also worried that the pressure mat which was put beside their bed at night to alert staff in the event of a fall was pushed under the bed during the day, even when they were in bed, which meant staff would not know if they had fallen.

Another person told us they sometimes struggled to find their buzzer to call for help, they said, "I have a buzzer but can't find it in the dark."

A visitor told us they had some concerns about the security of the building. They said when they visited they were supposed to sign in so that management knew who was in the building. They went on to say, "Often there is no pen to sign in so there is often no record of who is in the home." We observed when we arrived at the home on the first day of our inspection we were asked to sign in and there was no pen, we used our own. Later in the day we saw that a pen had been put with the signing in book.

Although the environment was generally safe we had concerns about wet floor surfaces in the dining rooms and lounges. Throughout the day we saw staff regularly mopping the floors but they did not dry them which created a risk that people living in the home or others would slip or fall on the wet surfaces. For example, we saw people sat in the dining room with no staff present and a floor that had recently been mopped. We saw that although staff were putting 'wet floor' signs in place these were of limited use as people living with dementia did not always understand what they were for, and in some instances they actually created an additional hazard. This was discussed with the management team during the first day of our inspection and they provided assurances it would be dealt with as a matter of urgency. However, on the second day of inspection we still found floors being mopped by staff while people were sat at the dining table.

We saw accidents and incidents were recorded and analysed, however there was no evidence of learning or actions taken to reduce the risk of recurrence. This had been identified as a concern during the last inspection in April 2016.

Within people's care records we saw risks to their safety and welfare were identified. These included falls, pressure sores, nutrition and behaviour which challenged. However, we found the records did not always accurately reflect people's current needs or the actions being taken to manage risks. For example, in one person's records we saw a care plan/risk assessment dated 15 May 2017 which showed they were at risk of malnutrition and dehydration and should be weighed on a weekly basis. Their weight records showed they were last weighed in April 2017. This was discussed with the clinical lead nurse who told us they were actually unable to weigh the person due to their behaviour and acknowledged the care plan/risk assessment should have been amended to reflect this.

In other examples we found there was a lack of detail about the actions staff should take in response to behaviours which challenged. For example one person's care plan/risk assessment stated 'needs lots of reassurance' but did not include any specific information about what staff should say or do to reassure the person.

We concluded the provider did not have effective process in place to assess, monitor and mitigate risks to the health, safety and welfare of people who used the service and others. This meant that they continued to breach Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The management team told us they had already identified shortfalls in the care records and were implementing a new format for care plans and risk assessments to address this.

When we looked around we saw there were radiator guards were in place, hot water temperatures were controlled by means of thermostatic valves and window openings were restricted. These measures helped to keep people safe. We looked at maintenance records including those relating to the safe management of water, gas and electricity and they were up to date. Other maintenance records showed installations and equipment, such as lifts and hoists, were serviced and maintained in line with manufactures guidance and legal requirements.

During the inspection we saw there was refurbishment work in progress. The rooms which were being refurbished were locked to reduce the risk of injury to people who lived in the home and others. The work which had been done had been carried out to a good standard.

The registered manager told us sufficient care staff were employed for operational purposes and that care staffing levels were based on people's needs. They told us the service used some agency staff although the use agency staff had reduced in recent months. The staff we spoke with confirmed this and told us there were enough staff on duty to ensure people received safe and appropriate care.

We asked people if they thought there was enough staff and the feedback was mixed. One person told us they thought the staff worked hard and did a good job, they said, "Yes I am impressed with the staffing levels." Other positive comments included, "Just about right." "Yes, I am okay." "Yes, plenty of staff, excellent." "I don't need much help; it would be available if I needed it."

However, one person told us, "I often get assistance but sometimes I have to wait too long time and end up helping myself." They said they did not think there were enough staff at meal times and in the early evenings, they added, "In between times they can be overstaffed. Another person said, "I have been kept waiting" and a third person said, "At times, no."

This feedback was consistent with our observations which showed that staff were not deployed effectively at peak periods of the day. For example, at lunch time on day one of the inspection the service looked chaotic with staff having to leave one person who required assistance midway through their meal to assist other people. This resulted in people having a poor mealtime experience. In addition we saw there were times throughout the day when there were no staff present in some of the small lounges to ensure peoples safety and attend to their needs in a timely way. This was discussed with the registered manager who confirmed they would review the staffing arrangements.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw recruitment and selection procedures were in place to ensure only staff suitable to work in the caring profession were employed. This included all applicants having to complete a job application form and attend a formal interview as part of the recruitment process. The registered manager told us during recruitment process they obtained two references and carried out Disclosure and Barring Service (DBS) checks for all staff before they commenced work. These checks identified whether staff had any convictions or cautions which may have prevented them from working in the caring profession.

We looked at four staff employment files and found the recruitment procedure had not always been correctly followed. For example, we found the registered manager was not always exploring gaps in people's work history during the interview process or ensuring wherever possible at least one of the references received was from the person's last employer.

This was discussed with the registered manager who acknowledged the shortfalls in the system and confirmed that in future they would ensure the recruitment process was more robust.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People who lived in the home and relatives thought the service was a safe place for people to live. Comments included, "Yes I am well looked after." "I don't have any safety concerns." "I do think [my relative] is safe." "You never hear any raised voices."

At the last inspection we had concerns that safeguarding issues were not always identified and reported properly. During this inspection we found these concerns had been addressed. We found staff were aware of how to identify and report safeguarding concerns. We found safeguarding concerns were reported and the registered manager kept records of any concerns raised and the actions taken in response to these concerns.

The registered manager told us money was held in safekeeping for only one person who lived at the home and transactions were dealt with by the administrator. This was a long standing arrangement which had come about due to exceptional circumstances and the provider's current policy was that they did not have any involvement with people's personal monies. We checked the money and records and found the person's money was managed safely.

We asked people if they got their medicines on time and they said they did, one person said, "Yes I get them." Another said "Yes I do." A relative said, "Yes I think so, he has complex needs, I have witnessed medication being given."

We asked people if they got their medicines for pain relief when they needed them. Again the responses were positive. One person said, "They are very good almost to the point of pushing pain relief." Another person said, "Yes I ask for it and they give it to me, they always ask what the matter is first." A relative said, "I think there is greater support for pain relief and medication here."

We inspected medicine storage and administration procedures at the service. We found that medicines were stored securely and the trolleys and storage cupboards were clean. The drug refrigerator temperatures and the temperature of the medical room were checked and recorded daily to ensure that medicines were being stored at the required temperatures.

We found systems were in place to ensure medicines prescribed to be administered before or after food were given correctly. For example, medicines that should be taken on an empty stomach were given 30 to 60 minutes before breakfast by the nurse on night duty.

We saw protocols were in place for medicines prescribed on an 'as and when required' basis [PRN]. We looked at the protocols and found they described the situations, frequency and presentations where PRN medicines could be given. We checked the stock control figure for five medicines prescribed on a PRN basis which had been dispensed in individual boxes and found no discrepancies. We also conducted a sample audit of seven medicines dispensed in boxes. We found on all occasions the medicines could be reconciled with the stock control balance recorded on the Medication Administration Record (MAR). We found people's medicines were available at the home to administer when they needed them.

We observed the morning medication round and found the nursing staff administered the medicine correctly. We saw they asked people if they required their PRN medicines and looked for signs they might require it.

In addition to the qualified nurses three designated senior care staff could also administer medicines. We saw all three staff had received appropriate medicine training and had on going competency checks to ensure medicines were being administered safely.

Some prescription medicines contain drugs controlled under the misuse of drugs legislation. These medicines are called controlled medicines. We inspected the contents of the controlled medicine's cabinet and controlled medicines register and found all drugs accurately recorded and accounted for. We saw the qualified nurses carried out a stock control check on all controlled medicines on a weekly basis.

We saw evidence people were referred to their doctor when issues in relation to their medication arose. Allergies or known drug reactions were clearly recorded on each person's MAR sheets. We found in some instances documents such as the MAR sheet indicated there was a need to administer medicines covertly. In all such instances we found a 'Record of decision to administer medicines' were in place. The record clearly showed who had been involved in the decision making process and the reasons why medicines had to be administered covertly.

We saw the date of opening for creams and ointments was not always being routinely recorded but found the dates were within permitted timescales. The application of creams was recorded on a separate topical medication administration record [TMAR] which contained a body map which showed the areas where the cream had to be applied. We found some gaps on the TMAR whereby staff had failed to sign to indicate they had applied the cream or ointment. This was discussed with a team leader who confirmed they would address this matter immediately.

We concluded people's medicines were managed safely.

We found the home was clean and odour free and visitors told us they always found the home clean and fresh. One relative said, "It is nice and clean although it is an old building it is kept clean." Another thought it had improved, they said, "Always been clean when I have visited. It has improved, new floors have been laid." The home had been inspected by the local authority infection prevention and control team and achieved a compliance score of 98%. The kitchens had also been inspected and given a rating of 5 (very good) which is the best score possible.

Is the service effective?

Our findings

We asked people what they thought about the food and if they were offered a choice. Comments included, "The pudding was very nice." "Yes the food is nice I am not a big eater but I like the food." "I choose from the menu they give it to me in a morning." "I am given a choice I think it's suitable." A relative said, "Yes the food is good for [person's name], it is what he likes. He needs plenty of fluids and they make sure he gets plenty." Another relative told us they had stayed for a meal and found the food to be of a good standard, they said they had enjoyed their meal.

One person told us they did not think there was always enough time between meals. For example on the day of our inspection they had been served their breakfast at 10am and their lunch around 12 noon. Our observations showed other people living in the home had similar experiences, we saw breakfasts being served until 11am and lunch service starting between 12 and 12.30pm. The main meal of the day was served at lunch time; the evening meal was lighter meal. When we reviewed people's food charts we saw that when they had refused their meal at lunch time they were not offered a meal of equivalent nutritional value in the evening. We concluded there was a risk people's daily nutritional intake would not be sufficient.

The registered manager told us eleven people required assistance to eat their meals and seven people required prompting to ensure they ate an adequate diet. We observed both the breakfast and lunch time meals and found the dining experience for people was generally poor. In the dining room the tables were set with table cloths and cutlery there was no napkins or table decorations. There were no menus on the tables or in the dining room though we did see a menu on the board in the blue lounge. There was a choice of main course and we saw staff asking people what they would like but we did not see people being shown a sample plate of each choice of dish to help them choose. Most people who lived with dementia would have benefitted from being shown the choices available to them to ensure they could make an informed choice. We also observed people were not offered a choice of pudding.

We saw the main dining room was unable to accommodate all the people who lived at the home and therefore many people ate their meals from tables placed in front of them in communal lounge areas.

We found the mealtimes on the first day of inspection were chaotic and it was difficult to establish with any certainty whether or not people had sufficient to eat and drink. On the second of inspection the mealtime service appeared to be more organised although still a poor experience for people living at the home.

We saw staff started to assist one person to eat their food only to called away to be assist another person. We saw the person who obviously required assistance tried to eat their meal alone only to spill most of the food on the table or themselves.

We saw there were insufficient plate guards available. This meant people who were trying to eat their meals independently were unable to do so as they were unable to keep the food on the plate. The absence of plate guards and aids to help people eat independently was raised during our last inspection in April 2016.

We saw that if people were at risk of dehydration a fluid intake chart was completed by the care staff to ensure they had sufficient to drink. However, we found some fluid charts were poorly completed with no evidence nursing staff were looking at the charts or totalling up the amounts people had drunk on a daily basis. We also looked at a selection of food charts used to record the dietary intake of people identified as being at risk of malnutrition. Our findings were similar, there were no meal times recorded, the amount of food eaten was not consistently recorded and there was no evidence of people being offered high calorie snacks between meals. This was discussed with the clinical lead nurse who acknowledged the shortfalls in the system and confirmed they would address the matter.

We looked at the care records of some people who had been identified as being at risk of poor nutrition. We found they did not provide clear guidance to staff on the actions they should take to support people. For example, one person's care plan stated they should 'liaise with the Dietician if necessary' but gave no information as to what should trigger such a referral. We saw that although the person had lost weight their care plan had not been updated to reflect this.

We concluded there was a risk that people's nutritional and hydration needs would not be met. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we asked people what they thought could be improved about the service a number of people made comments relating to food and meal times. One person said "Time table for food." Another person said, "Better food and hotter food." A third person said, "The meal times I have been here a year and I still don't know the meal times".

We spoke with the chef on duty and they had a good understanding of people's dietary needs. They told us they were aware of the need to fortify food for people experiencing weight loss and followed the 'Guide to fortifying common food.' The chef told us people could have either a cooked or continental breakfast in the morning and there was always a choice of two main meals at lunchtime. They also told us if people did not like what was on the menu they were always offered an alternative.

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 authorisation 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.

Since the last inspection the registered manager had assessed people's capacity and where appropriate had submitted applications for DoLS authorisations. A number of people living in the home had DoLS authorisations in place and when the authorisations had been granted with conditions we found the conditions were being complied with.

We found information about Lasting Power of Attorney (LPA) was not always recorded. This is important

because there are two types of LPA namely property and affairs (finances) and health and welfare. Providers and staff need to know what decisions the attorney can make.

We asked people if they had access to health care when they needed it. Most people were happy with the support they received. One person said, "Yes, I am seeing the doctor today." Another person said, "I tell the staff and the nurse comes." A relative told us, "The doctor and district nurses come and I am well informed." However, one person told us they were not happy, they said, "Poor, I wanted to see the doctor recently but I had to wait a day or two."

Most people told us they felt they would be looked after if they were unwell. One person said, "I would tell the staff and they would get a doctor." A relative said, "The staff will look into it and sort him out and arrange things. When he has to go for treatment someone goes with him, I am well informed."

One person said they would speak to staff if they were unwell, "If I can catch someone passing my room or I press my buzzer and tell them what's wrong".

The registered manager told us the service had a good working relationship with other healthcare professionals to ensure people received appropriate care and treatment. This included GP's, hospital consultants, community nurses, tissue viability nurses, speech and language therapists, dieticians and dentists. We saw a local GP held a surgery at the home on a weekly basis which meant people registered with the surgery had access to prompt medical care.

During the course of the inspection we had the opportunity to have discussions with two visiting healthcare professionals. They told us they had no concerns about the quality of care provided and staff always followed their advice and guidance.

One healthcare professional told us the registered manager and staff had cared for people with complex needs which other homes had not been able to manage. They also told us the registered manager and staff were receptive when offered training opportunities and were very knowledgeable about the people in their care.

We asked people if they thought the staff were trained to meet the needs of people who used the service. One person said, "Pretty well trained, some are better." Another person said, "On the face of it yes." A relative said, "Yes, there is a mental health nurse and they are trained to handle him."

We looked at the staff training matrix and found staff received appropriate training to meet people's assessed needs. The registered manager told us the majority of training was face to face class room training or distance learning.

The registered manager told us some training continued to be facilitated by an external trainer and training required to meet an individual persons needs was at times provided by other healthcare professionals.

We saw all new staff members completed induction training. In addition, the registered manager told us the service had recently introduced the Care Certificate for new employees with no previous experience in the caring profession. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

We saw individual staff training and personal development needs were identified during their formal one to one supervision meetings. The staff we spoke with told us supervision meetings were held on a regular basis

and assisted them to carry out their role effectively.

Is the service caring?

Our findings

We asked people if they thought the staff treated them or their relatives with dignity and respect and if they felt their privacy was respected. Comments included, "When I visit staff are always kind." "Some days are better than others." "Everything is explained." "Yes, it depends on the staff." "Yes been impressed." "They knock on my door."

We observed care and interactions between staff and people who lived in the home. We saw lots of positive interactions with staff showing kindness and warmth which helped to enhance people's wellbeing.

We saw staff knocking on people's doors before entering their rooms. We looked in the shared bedrooms and saw there were privacy curtains in place. However, we found people's individual toiletries were not always clearly identified. We raised this with staff on the first day of our inspection and found it had been addressed when we returned the next day.

Most people thought the staff were very caring and helpful and were happy with the support provided. A person who lived in the home told us, "I think they are all very nice they are always very nice to me. They explain everything." Another person said, "Its good here, they help you." A third person said, "When [staff name] helps me in the shower he is very gentle and explains everything he is going to do."

A relative said, "[Name of relative] is well looked after and the staff are very patient with them even though they can be a little difficult and trying at times." Another relative said, "I visit on a regular basis and always leave in the knowledge [Name of person] is safe and well cared for. I think the staff do a great job and don't really get the credit they deserve."

However, one person told us they did not always feel staff were attentive to their needs. They said, "Staff have the ability to look in my room when they pass as the door is always open but choose not to look to see if I am okay. They determine their own priority." From our observations we saw people were not always supported to maintain their independence. For example, at meal times we saw the absence of plate guards made it difficult for people to eat without assistance. In a similar way we saw that people were not always offered choices in a manner which was appropriate to their needs. For example people were not offered a visual choice to help them choose their food at meal times.

We asked people if they knew about care plans and were they involved in making decisions about their care. Comments included, "I don't know." "I don't ask them." "Pretty well, yes." A relative said, "I am included in all decisions about his care." Another relative said, "They discuss it with me and they put down his interest and choice in music."

People thought the staff knew their likes and dislikes. One person said, "They are getting to know him." Another person said, "I have every confidence in the staff."

Relatives told us everything was explained to their relatives. For example, one relative said, "If he is moved

from one chair to another they tell him what is happening before they do it." This was consistent with our observations. We observed staff interacting and communicating with a person they were supporting to move from a chair to a wheelchair with the aid of a hoist. Two members of staff prepared the person by explaining what they were doing and why they had to do it making sure that person was safe and secure before lifting with the hoist into the wheel chair. This was done with care and patience and the person was encouraged to put their feet on the foot rest of the wheel chair.

However, we found people's wishes and preferences were not always acted on. For example, in the notes of a recent residents meeting we saw people had mentioned that when they had their meals in their rooms the food was not always hot because food covers were not always used. During the inspection we observed the use of food covers was inconsistent. In another example, we in one person's records that they had expressed a preference for a particular milky drink at bed time but their fluid and food charts showed they were always offered tea at supper time.

We saw the service had policies and procedures in relation to protecting people's confidential information which showed they placed importance on ensuring people's rights to confidentiality were respected. We saw staff had received information about handling confidential information and on keeping people's personal information safe.

All confidential records and reports relating to people's care and support and the management of the service were securely stored in locked cabinets in either the main office or nurses station to ensure confidentiality was maintained and computers were password protected.

We spoke with the manager about the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. We spoke about the protected characteristics of disability, race, religion and sexual orientation. Our discussion demonstrated the manager had a thorough understanding of how they needed to act to ensure discrimination was not a feature of the service.

A visiting health care professional told us the home provided very compassionate end of life care. This was echoed by feedback from people's relatives in 'Thank you' cards and letters we saw in the compliments file. However, we found this was not always reflected in people's care records. The management team had already identified shortfalls with the care records and were addressing this with the introduction of a new format for care planning.

We saw people and/or their relatives had been involved in decisions about DNACPR (Do Not Attempt Cardio Pulmonary Resuscitation) orders.

Is the service responsive?

Our findings

The relatives we spoke with told us they were involved in the care planning process and were kept informed of any significant changes in people's needs. One person's relatives told us the service was responsive to changes in their relative's needs. They said they had asked if their relative could have a different type of chair and said they were willing to pay towards the cost of this. They said the service had provided a new chair at no extra cost to them and their relative was now more comfortable.

We looked at the care plans and supporting documentation in place for six people who lived in the home. In some instances we found information was either difficult to find or was contradictory.

While some of the care records contained information about people's individual needs and preference we found this was not consistent.

For example, at the front of every care file there was a summary sheet which included all the basic information about the person including their diagnosis. However, we found this information had not always been recorded correctly. For example, we saw the information recorded for one person showed they had been diagnosed with epilepsy. However, when we looked at the hospital passport which would accompany the person in the event of a hospital admission we found no mention of them being diagnosed with epilepsy. We also found there was no specific care plan/risk assessment in place to provide guidance to staff on how to assist the person if they had a seizure.

In a second person's care file we saw their diagnosis recorded on the front sheet showed the person was living with dementia although this had not been formally diagnosed. However, when we looked at the information recorded on the hospital passport we found in addition to living with dementia the person had been diagnosed with epilepsy, type 2 diabetes and arthritis.

In another person's records we saw a life history record which stated the person had poor eyesight. We spoke with the person who told us they used to have glasses but had lost them. There was no information in their care plans about how to support them with their visual impairment. In the same person's records we saw a care plan which stated their body language would change if they were in pain or had an infection but it did not state what changes staff should be looking for.

We concluded the provider did not always maintain accurate and up to date care records. This meant that they continued to breach Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider told us they had already identified shortfalls in the care records and were in the process of implementing a new care planning system to address this.

We asked people if they thought there was enough to do at the service and if they were involved in social activities. We received mixed feedback. One person said, "No I don't get stimulated with activities here my family are the best people for that. They told us they enjoyed reading. "I am finding reading difficult, a speaking book might help." Another person said, "There is always something to do." A third person said, "I

would like to be taken out in the bus."

A relative we spoke with was happy with the activities, they told us that there was a person who entertained and said on nice days they put bunting in the garden and made sure their relative was wearing sun screen when outside.

There was an activities organiser and there was a planned activities programme. The homes newsletter provided a summary of activities that had taken place the previous month. These included a 1960s theme day, a minibus trip, gardening and a visiting entertainer. The home had pets which included two guinea pigs and a rabbit and during our visit we saw people enjoyed interacting with them. We saw people enjoyed this, they looked happy.

There was an enclosed area near the entrance which had been designed to enable people to have easy access to a safe outside space. While this was a good idea we judged improvements were needed to ensure people benefitted from it. We recommend the provider consults relevant guidance such as that provided by SCIE (Social Care Institute for Excellence) on the provision of dementia friendly outside space.

Most people we spoke to were reasonably happy with the service. They said they felt if they had a problem they would be listened to. Most people knew who to go to if they had a complaint.

One person who lived in the home said, "Medical matters are usually very prompt. And you just say so if you are not happy." Other comments included, "I usually complain to (manager) or individual staff." "I would tell one of the staff." "I would find the procedure if needed." A relative said, "I would speak to the manager I believe in getting things sorted I don't let things fester."

We asked people if they had ever complained. One person said, "No I haven't" and another person said, "I have not had cause to complain." However one person said they had been asking for the TV in their room to be sorted, they said, "I was promised it would be fixed six weeks ago and I am still waiting. Tomorrow will be soon enough but tomorrow never comes." We spoke with the provider about this and it was dealt with during the inspection.

We looked at the complaints log. The records showed complaints had been investigated and provided details of the complaint, the action taken and the feedback provided to the complainant. We saw the service also kept a record of compliments received which showed where they had met or exceeded people's expectations.

When we looked at the Statement of Purpose and Service User Guide we found the information given to people about complaints was potentially misleading. The documents advised people to contact the Care Quality Commission (CQC) if they were not satisfied with the way their complaint had been dealt with. CQC while wishing to hear about people's experiences does not have any regulatory powers to investigate individual complaints.

Is the service well-led?

Our findings

There was a registered manager in post at the time of our inspection. Following the inspection the provider informed us the registered manager had left.

We asked people if they thought the service was well run and if they thought the management were supportive. The feedback we received was positive. Comments included, "It's quite well run."

"I think it's well run." "Very helpful." "The management is approachable." "Yes I do all staff very helpful they talk to me."

A relative told us they had chosen the home because they thought it was well run. They said, "It was the first impression that clinched it for me. I didn't come with my relative when they were transferred here but I have heard staff talking to new residents and I am confident the home is well managed."

One relative explained they chose this service because of the reports they had read and how they found the staff to be kind and caring. They said, "I looked at other places and decided this home was best to suit his needs".

Another person told us they thought the management handled a problem very well, "There was an issue between [name] and another person about twelve months ago and this was resolved satisfactorily."

The staff we spoke with told us communication and support within the service was good. We saw staff meetings were held on a regular basis which gave opportunities for staff to contribute to the running of the service.

We asked people what was good about the service. Comments included, "Homely and feel at ease. Stress free." "Nice ambience." "Consistency with staff, their behaviour and response." "They will come and take me down to meals; they let me decide how I want to travel." Two people told us they didn't think there was anything which the service needed to improve.

We asked people if they there were meetings where they could share their views about the service. One person said, "I know about them but I have never been." Two other people said they knew about the meetings and one person said they had never heard about them before talking to us. Another person said, "They had one last week the notice was only twenty four hours and I had already made plans with visitors so it clashed and I wasn't able to attend."

We saw notes of the meetings held for people who used the service. Topics discussed included food, activities and events happening in the home. However, we found action was not always taken in response to people's feedback. For example, in the notes of a recent meeting we saw people had mentioned that food covers were not used consistently when staff served food to people in their rooms. This meant the food was not always hot when people received it. During the inspection we observed the use of food covers was inconsistent.

One person we spoke with said they had been asked from time to time to complete a questionnaire. We saw questionnaires had been sent to people who used the service and their relatives in January 2017. A summary of the findings was displayed in the home for people to see. Overall the people who responded were satisfied with the service. The registered manager told us they had not implemented an action plan to address any areas for improvement identified by the survey. This meant they were unable to demonstrate how people's feedback was being used to improve the service.

Audits of various aspects of the service were carried out and there was an improvement action plan in place. The registered manager told us designated team leaders were allocated specific lead roles within the home. For example, one team leader told us as part of the quality assurance monitoring system they carried out weekly checks to ensure the fire system was fully operational and the bedrails and wheelchairs in use were fit for purpose.

However, we found these measures had not been effective in bringing about the required improvements to the service as evidenced throughout this report. For example, we found information about Lasting Power of Attorney (LPA) was not always recorded. This is important because there are two types of LPA namely property and affairs (finances) and health and welfare. Providers and staff need to know what decisions the attorney can make. In another example we found the providers complaints procedures did not give people the right information to help them progress their complaint if they were not happy with the way the provider had dealt with it.

In addition, at the last inspection in April 2016 we identified three breaches of regulations in relation to safeguarding, person centred care and good governance. During this inspection we found the provider had taken action to become compliant with the regulations relating to safeguarding and person centred care. However, we identified three new breaches of regulation in relation to the deployment of staff, staff recruitment and meeting people's nutritional and hydration needs.

We concluded the provider remained in breach of the regulations about good governance. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that although the provider was clearly committed to improving the service the pace of improvement was slow. This meant people continued to experience a service which fell below the required standards for a good service.

The provider told us they had engaged the services of a consultant to help bring about improvements in the service.

The rating from our last inspection was displayed within the home as required by law. The provider confirmed they do not currently have a website.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Diagnostic and screening procedures	Robust recruitment procedures were not always operated effectively to ensure only fit and proper persons were employed. Regulation 19(2)
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Diagnostic and screening procedures	There were not always enough staff deployed to meet people's needs in a timely way. Regulation 18(1)
Treatment of disease, disorder or injury	

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 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs
Diagnostic and screening procedures	People did not always get the right support to ensure their nutrition and hydration needs were met. Regulation 14(1)
Treatment of disease, disorder or injury	

The enforcement action we took:

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Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	Systems and processes were not operated effectively to assess, monitor and improve the quality and safety of the service provided, to assess, monitor and mitigate risks to the health, safety and welfare of people who used the service and others and to act on feedback from relevant persons. Regulation 17(1)(2)(a)(b)(c)(e).
Treatment of disease, disorder or injury	

The enforcement action we took:

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