Southern C C Limited

St George's Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 29 and 30 November 2016. The inspection visit was unannounced on 29 November 2016 and we informed the manager we would return on 30 November 2016.

St George's Nursing Home is registered to provide both nursing and residential care with accommodation for up 43 people. People who live at St George's Nursing Home all had needs relating to their health, and some people were also living with dementia. At the time of our inspection there were 11 people living at the home.

A registered manager was not in post at the time of our inspection. 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 had recruited to the role of home manager and this manager was in the process of registering with the Care Quality Commission [CQC].

At our previous inspection on 20 and 21 April 2016, we found five breaches in the legal requirements and regulations associated with the Health and Social Care Act 2008. These breaches were in relation to person centred care, safe care and treatment, premises, staffing and good governance. The home was placed in 'Special Measures.' The special measures framework is designed to ensure a timely and coordinated response where we judge the standard of care to be inadequate. Services in special measures are inspected again within six months.

We also took enforcement action by imposing a condition on the provider's registration to restrict admissions to the home. This was because of the significant concerns about the safe care and treatment of people who lived at the home.

At this inspection we looked to see if the provider had responded to make the required improvements in the standard of care to meet the regulations. Whilst we found areas of improvement had been made to meet some of the regulations the provider continued to be in breach of the legal requirements and regulations associated with the Health and Social Care Act 2008. These were in relation to safe care and treatment and good governance.

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

The provider had management procedures in place but these were not consistently effective. Where improvements were required these had not always been assessed for their effectiveness and sustainability.

At this inspection we found there was a continued lack of a consistent strong vision and oversight of the service to support people in receiving safe, effective and responsive care which was well led.

We found there were inconsistencies in the provider's systems and staff practices to provide assurances that all risks to people were safely and effectively managed. We found the management oversight of incidents did not provide confidence in how these were consistently followed through. There were aspects of staff practices which did not assist in the prevention of reducing cross infections and accessible items could place people at risk of harm.

The provider had employed a maintenance person who had assisted in the improvements in the repairs within the home. Since our previous inspection work had been carried out on the water supply so the risks to people of scalding and/or their personal care needs neglected had been reduced. The temperature of the hot water supply had been regularly tested by the maintenance person.

People's medicines were stored securely and made available to people as prescribed. Safety measures had been put in place to make sure staff no longer carried used needles around the home environment. Further improvements were required to ensure the practices adopted when administering medicines was consistently undertaken in line with the provider's medicine policies and procedures.

People had different reasons for feeling safe whilst living at the home which included feeling having staff available so they could request support. Staff told us they understood how to recognise abuse and would report concerns to the manager.

We saw staffing arrangements made sure staff were available to assist people in meeting their needs at times they required. The provider employed agency staff to fill any gaps in the daily staff rotas. There was some inconsistencies in the arrangements to make sure there was a cook in the kitchen to make sure people's nutritional needs were effectively met although the manager had undertaken recruitment to fill this post.

Staff training continued to require improvement to ensure all staff had the opportunity of receiving regular training. We saw staff did not always apply their knowledge into their daily practices to effectively meet people's needs. Although there were some measures in place to check the effectiveness of staff's competencies these needed to be embedded into all aspects of staff's nursing and caring roles.

Health and social care professionals were involved in people's care to ensure they received the care and treatment which was right for them. This included nutritional advice and support where required to meet people's needs.

People were asked before support was provided and their wishes were respected. We saw people were given choice about day to day decisions such as what they would like to wear and where they would like to sit. However, there were inconsistencies in assessing people's ability to make their own decisions. Where decisions had been made on people's behalf the records did not always reflect whether best interest decisions were made by people who had the authority to do this.

The manager was aware staff's caring practices required further improving to make sure people's dignity was maintained. The manager and staff had made improvements to the home environment. They recognised there was more to do, such as signage to further support people's independence and meet the needs of people with dementia. There were no plans in place to progress these improvements. These would need to be implemented and caring practices sustained over time.

Work was in progress to update people's records so they accurately reflected their individual needs to assist in guiding staff's daily practices. Record keeping required further strengthening so there were assurances these would be met at the right time and in the right way. There were inconsistences in how people's care and health needs were accurately recorded especially where people's needs had changed.

The activities co-ordinator employed by the provider was assisting in the improvements for people to have fun and interesting things to do. Opportunities for people to follow their own interests and socialise was continuing to be embedded into daily life.

At the last inspection in April 2016 the home had an overall rating of inadequate and the provider was placed into special measures by the Care Quality Commission. After six months we have re-inspected and one key question remains as inadequate. As a consequence the service remains in special measures.

This service will continue to be kept under review and, if needed we will take further action in line with our enforcement procedures preventing the provider from operating this service. Where necessary, another inspection will be conducted within a further time period, and if there is not enough improvement and there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Risks to people's safety and wellbeing were not consistently managed to protect people from the risk of improper treatment.

People were supported by staff who were made available and met their needs in a timely way.

People's medicines were made available to them at the specific times they were prescribed. Staff medicine administration practices needed to consistently reflect the provider's medicine policies and procedures.

People were supported to feel safe and staff knew how to report potential abuse to the manager.

Is the service effective?

Requires Improvement

The service was not consistently effectively.

Staff did not consistently apply their training and knowledge to make sure their practices remained effective and safe.

People's best interest decisions were not consistently followed through to show only people with the legal authority were included so people's rights were protected. Staff sought people's consent before supporting them.

People received support from healthcare professionals which included assisting staff to meet their nutritional needs.

Is the service caring?

Requires Improvement

The service was not consistently caring.

People did not consistently benefit from living at home where they were always kept at the heart of the care practices to consistently enhance people's quality of life.

People were supported by staff who were kind and respectful.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People's care plans were being improved so they consistently held accurate details to support staff in providing care in accordance with people's needs and preferences.

People were supported to follow their interests and have fun things to do which was continuing to be developed to enhance people's quality of life.

The complaints procedure was on display and people knew how to make a complaint.

Is the service well-led?

Inadequate

The service was not well led.

The systems and processes in place did not assist in ensuring the services provided were consistently effective, sustained and well led.

There had been inconsistencies in the management of the service. The current manager was not registered with us which is a condition of the provider's registration with us.

People who lived at the home, relatives and staff were hopeful the improvements being made would continue as there had been previous inconsistencies in the management of the home.

St George's 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 took place on 29 and 30 November 2016. The inspection visit was unannounced on 29 November 2016 and we informed the manager two inspectors would return on 30 November 2016. The inspection team consisted of three inspectors and a specialist advisor who was an advanced nurse practitioner. They had the knowledge, skills and experience of managing people's health needs.

We looked at the information we held about the provider and the service. This included information received from the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We asked the local authority and the clinical commissioning group, who purchases care and support from the provider on behalf of people who lived at the home for their views. We did this to obtain their views on the quality of care provided at the home. In addition to this Healthwatch who are an independent consumer champion who promote the views and experiences of people who use health and social care were asked if they had any information to share with us.

We spoke with five people who lived in the home, one visiting relative and a further four relatives by telephone. Additionally, we spent time looking at how staff provided care for people to help us better understand their experiences of the care they received.

We spoke with the manager, the operational manager, clinical lead, four members of the care staff team and two nurses, the housekeeper, maintenance person, and agency chef. We looked at a range of documents and written records including sampling five people's care records and medicine records, the staff training document and the recording of incidents and accidents. We also looked at information relating to the auditing and monitoring of service provision.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection in April 2016 we found the provider had failed to mitigate the risks to people's safety, health and welfare. This was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found whilst some improvements had been made there was inconsistencies. These inconsistencies were in how the provider had maintained effective systems to ensure risks to people's safety and welfare were consistently assessed, monitored and managed.

We found there had been an incident which had potentially resulted in injuries to a person due to staff practices. The incident had not been reported and staff practices had not been effectively checked. For example, one person had sustained skin wounds which staff informed us were possibly caused when staff had assisted the person to move using equipment. The manager told us the person's family member wanted assurances that only a nurse and a permanent care staff member would be assisting their family member with their physical needs going forward. The manager and staff told us the person was now assisted by a nurse and a permanent care staff member. The manager told us they had not reported the incident and could not shows us how they reviewed and monitored staff practices so all risks to people's safety and welfare were consistently assessed, monitored and managed.

Additionally we looked at the person's care records which showed information to guide staff practices in assisting staff to reduce the risks to the person. The assessment to guide staff when assisting the person to move had not been accurately updated. The clinical lead acknowledged this and took action to make sure the information was accurate so a consistent approach by all staff was taken to reduce further risks to the person's health and safety.

We found there were aspects of staff practices which were inconsistent in mitigating the risks to people's safety, health and welfare. For example action had been taken following our previous inspection to ensure chemicals were secured. However, at this inspection we saw cupboards were left open and had varied items, such as, disposable gloves and alcohol which could potentially place people at risk. Staff we spoke with told us the cupboards should have been locked as per the provider's procedures and were locked after we had prompted staff.

Although we saw improvements had been made to potential trip hazards for people such as making sure work was undertaken to secure carpets without the use of tape. Part of the corridor carpet in one area on the first floor of the home did pose a potential trip hazard to people and staff. We showed this to the nominated individual who took action to make sure the risks to people's safety and health were reduced.

We saw staff's hand hygiene practices had improved since our last inspection. However, this was not done consistently by all staff to show lessons had been learnt from a previous infectious outbreak and their training. For example we saw a staff member placed their hand in a bin and continued with an activity they were doing without washing their hand. Another example was the clinical waste bins which were stored outside the home. These were unsecured and were full which prevents another risk of the provider's infection prevention and control procedures not being followed to reduce cross infection risks.

We spoke with the manager about the laundry room as there were identified risks of both infection prevention and control together with staff safety issues. For example, the laundry room had only one access which meant dirty clothes passed clean laundry on the way to the washing machines

This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with and relatives all commented upon how the home environment had improved with the redecoration work and had no concerns about the cleanliness aspects of the environment. We saw improvements had been made following our previous inspection, for example furniture and equipment looked clean. The manager had gained some new equipment, such as commodes and bins for the sluice rooms. However, the bin in the sluice room on the ground floor was very rusted. We spoke with the manager and operations manager and they were unable to confirm the cause of this due to the bins being new other than the operational manager sharing their thoughts as to whether cleaning fluid had been used to clean the bins. The manager acknowledged action would be taken as part of their infection prevention and control improvements.

At our last inspection in April 2016, we found people were not consistently protected from potential abuse. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider was no longer in breach of Regulations. The manager and staff told us no incidents of abuse had occurred since our last inspection. People told us they felt safe living at the home due to staff being available to meet their needs. Staff told us how they would recognise and report abuse in accordance with the agreed local abuse procedures.

At our inspection in April 2016 we found the provider was in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had failed to ensure the risks of scalding had been mitigated for both people who lived at the home and staff. At this inspection we found that improvements had been made and the provider was no longer in breach of Regulations. The provider had taken action to recruit a maintenance person following our last inspection in April 2016. This appointment had assisted the provider in making the improvements required to the water supply to meet their legal obligation of ensuring people were not at risk of scalding. When we spoke with the maintenance person they were able to describe to us how recent work undertaken on the water supply to the home had assisted in making sure water temperatures were maintained at the correct safe levels. Staff we spoke with also told us they were no longer carrying bowls of water to assist people with their personal care. The maintenance person was able to show us how they regularly checked the water temperatures so any improvements needed were completed in a timely way.

People we spoke with told us their medicines were readily available and they were supported by staff to take these. One person told us they were, "Happy they [staff] look after my medicines its fine with me."

We spent time with a staff member during a medicine round. We saw the staff member supported people to comfortably take their medicines by making sure they had a drink. The staff member checked each person's medicine against their medicine records before administering these. However, we did notice the staff member did not follow the provider's own policies and procedures. This was because on one occasion they did not watch the person taking their medicine before signing the medicine charts to indicate they had. When asked about this practice the staff member said they trusted the person to take their medicine and it was how the person preferred to have their medicines. The manager recognised this practice did not reflect the provider's medicine procedures and confirmed the person did not have a plan to confirm they self-administered their own medicines. The manager undertook to take actions to ensure all staff followed the

provider's own medicine procedures and policies.

We found medicines were stored securely and appropriate systems were in place for the ordering and disposal of medicines. Where people had been prescribed when required medicines, up to date protocols were in the care records. These provided instructions on when these medicines could be given. The staff we spoke with understood when these medicines could and could not be given to assist people in receiving their medicines at the times they needed them.

People we spoke with had no concerns about the availability of staff to meet their needs. One person told us when summons the staff by using their call alarm they come. Another person said they received, "Good care from staff, sometimes they can be busy like now after lunch." We saw staff had time to meet people's care and support needs, without rushing. For example, we saw individual staff members assisting people to move from different areas of the home as they chose. The manager told us they were reviewing staffing levels and wanted to introduce another staff member in the mornings to enhance the availability of staff at this busy time of day. The manager told us they used agency staff when they needed to fill any gaps so people's needs were not compromised. We saw this was the case as on the day of this inspection an agency cook was working at the home. However this was not consistent as on the previous day a care staff member had cooked. The manager gave us their assurances that staff who prepared and cooked people's meals had the appropriate training qualifications to do this as this was unclear from the training planner.

We saw the provider had safe recruitment processes in place. We examined four staff personnel files and saw that references had been obtained. Disclosure and Barring Service (DBS) checks had also been carried out to ensure the provider had employed people who were suitable to work with the people who lived at the home.

Requires Improvement

Is the service effective?

Our findings

At our previous inspection in April 2016 we found the provider did not ensure staff had the specialist knowledge and skills to meet the particular needs of all people who lived at the home. This was a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider failed to increase staff's skills and knowledge before accepting to meet people's needs when they came to live at the home. At this inspection we found action had been taken to meet Regulation 18 due to some people moving to alternative accommodation. The provider was no longer in breach of this regulation.

People spoke positively about how staff met their needs. Comments included, "I'm looked after." and "The carers are good." One relative told us, "More than happy with the care." Another relative said the care, "Seems adequate for [person's name] needs" However, we found improvements were required to ensure staff were equipped with the knowledge, skills and the on-going support they required to consistently provide effective care.

We looked at how staff were provided with an induction when they first started to work at the home and how staff's competencies were regularly checked for their effectiveness. One staff member described to us they had received an induction and had been shown how to use equipment by the maintenance person. However, there was no evidence to show the maintenance person had received infection prevention and control training. Additionally they told us they had not been provided with training on how to use chemicals but was, "Picking this up as I go along" and when we asked about the different pieces of equipment they used to effectively control and prevent infections they did not refer to all of these.

In addition to staff receiving an induction the manager was unable to provide us with evidence of how staff member's competencies were consistently checked for their effectiveness. For example, we found due to the inconsistencies of having a permanent cook in the kitchen at times care staff had done the preparing and cooking of meals. On one occasion a staff member had used gravy as a complement to fish to provide people with soft diets and when we spoke with the manager they were unaware of this but acknowledged it was not effective practice. We saw the manager had introduced meetings at 12pm each day to support staff in sharing any problems and to provide staff with any updates. Staff we spoke with told us these were working well and were hopeful with consistency in the management of the home they would go some way to further improve their effectiveness in their caring roles.

Staff we spoke with told us they had received training in various aspects of their caring roles and the manager was planning training courses to assist them in keeping their knowledge updated. Due to the inconsistency in managers the present manager showed us the training planner and we saw they were working towards filling any training gaps for staff. However, we saw and heard examples where staff did not use the knowledge they had gained from their training which have been reported on in the 'safe' question of this report.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

We saw staff asked people for their consent before they assisted people with their care needs. However, when we spoke with staff about how the MCA affected their caring roles they lacked knowledge in this subject which had also been the case at our previous inspection. Staff told us they had not as yet received training around MCA. The manager confirmed to us that not all staff had received this training but they had reminded staff about gaining people's consent.

We found there were inconsistencies in following through capacity assessments and best interests decisions to ensure they reflected the principles of the Act. We saw where people did not have the capacity to make a specific decision and this had been made in their best interests but these were not always clearly documented to show the legal processes had been followed through. One person had a mental capacity assessment detailing they needed a decision made in their best interests for locked doors although the person had capacity. The person also self-administered their own medicines but there was no risk assessment in place to show how they were supported to do this. For another person their relative had been part of a decision making process to inform staff practices so their family member's needs were met. However, there was no documentation to show the person's relative had the legal authority to make this decision. The clinical lead acknowledged this and told us they would take action to make sure all decisions made in people's best interests were completed with people's representatives who had the legal authority to do this.

We saw applications had been submitted under DoLS for people who had restrictions in place to meet their needs. Staff had mixed knowledge about what DoLS meant in terms of their caring practices. One staff member told us they had not received training in DoLS so was unable to confirm the basics of the DoLS to ensure their practices were effective in maintaining people's rights. Another staff member was able to tell us where people may have possible restrictions in place, such as bedrails and where people would be unsafe to go out alone. The manager was aware there were staff who required training in MCA and DoLS to assist in broadening their knowledge to inform their practices.

People told us they were offered a choice of meals. One person told us, "Food is really lovey, lots of choice." Another person said, "Food is okay." Staff we spoke with could identify people at risk of weight loss and required nutritional supplements to meet their needs. People's ability to maintain a healthy weight was monitored by checks staff completed. This was to make sure people received effective care and risks of weight loss were being effectively managed. Where people were at risk of being unable to eat enough to stay healthy we saw they were referred to their doctor for further support. Staff were aware of which people required a diabetic diet.

People were supported to access care from a doctor who regularly visited the home and other healthcare professionals. One person told us, "GP [doctor] comes in if I feel unwell, no delay or hesitation, lovely man." Another person said, "Opticians been in and these are new glasses." We saw where people required eyesight tests the staff had taken the action required to make contact with the optician so where required changes to people's glasses were made. A further person told us they were waiting for the occupational therapist and showed us the leg exercises they were doing. A relative told us the, "GP [doctor] is wonderful" and visited

people at the home regularly. We saw a person's records reflected where the doctor had visited and where their health needs had been met due to staff following the person's medicine plans. In addition social workers had been involved in people's care when appropriate.

Requires Improvement

Is the service caring?

Our findings

We found the changes in managers had impacted upon the improvements which were being made to strengthen staff's caring practices. For instance there had been a commitment made by the previous manager in sharing positive practices which kept people at the heart of their care., One example was to improve people's lunchtime experiences by staff having their lunch with people and encouraging people to sit in more comfortable chairs at the dining tables. However, we found these practices had not been sustained. We spoke with the manager and they acknowledged whilst some people chose to sit in their wheelchairs staff should encourage other people to sit in more comfortable chairs. The manager told us they were working with staff to improve their caring practices which included making sure people were supported to maintain their dignity.

The manager and staff team wanted to make the home environment into a more caring and pleasant one for people. We saw efforts had been made to decorate and furnish some of the communal areas. For example we saw improvements had been made to the lounges and dining room. The manager told us they were most proud of the redecoration work in the dining room and wanted to improve this space further to make it more welcoming for visitors, such as creating an area where cake, biscuits and drinks could be accessed. The manager acknowledged the home environment required further improvements. For instance, directional signs in corridors to direct people and looking at how the environment could support people with dementia care needs and people's independence. We were concerned about how the manager would be supported to sustain positive practices as we had evidence from previous inspections where this had not happened.

People who lived at the home and relatives felt staff were caring. One person told us, "All the staff are wonderful." Another person told us, "They [staff] are all nice, big smiles, get to know me and chat." Relatives we spoke with were equally positive about the caring nature of staff. One relative told us their family member was treated with respect by staff. Another relative said, "Staff are friendly and helpful."

We saw caring approaches where different staff had involved people in their care. For example we saw one person had been supported to choose the colour of the paint for their walls which was linked to the football team they supported. This was a positive start in establishing practices where people were kept at the heart of their care. Another example was of how the activities coordinator had spent time with people on an individual basis to get to know their interests and assist them in following these. However, these positive practices needed time to develop further and become embedded into day to day practice.

People we spoke with told us they felt staff knew them and were aware of their needs. One person said, "The staff know how I like things and when I need help." Staff we spoke with had an understanding of people's needs and their history and we saw they used their knowledge of the person during conversations with them in a caring way. We saw staff were respectful when communicating with people and there was humour between them and people they supported.

We saw there were some arrangements in place for people to be involved in making decisions. If people

needed an advocate the manager had access to information about this resource to support people in their lives and speak up on their behalf when this was required. We spoke with an advocate who told us they were supporting two people who lived at the home.

We heard some positive examples from people about their experiences of staff respecting their privacy. One person described how they preferred to spend time in their room as it allowed them, "A little privacy as I like some time on my own." We saw staff respected this person's wishes. Staff were seen to knock on people's personal doors before entering and closed the door before supporting the person with their personal care.

Requires Improvement

Is the service responsive?

Our findings

At our previous inspection in April 2016 we found the provider did not have a consistent approach to make sure when people came to live at the home they were able to meet their particular needs. We saw staff lacked the skills needed to provide effective personalised care for all people. This was a breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made and the provider was no longer in breach of this regulation.

We found some of the people whose personalised needs were not effectively met and responded to at our last inspection had been assisted to move to alternative accommodation. The manager confirmed this with us and acknowledged there was a further person who required alternative accommodation. Additionally, we had taken enforcement action following our previous inspection to impose a condition on the provider's registration to restrict admissions to the home. This action had assisted in providing assurances no further people would come to live at the home until improvements had been made, assessed for their effectiveness and sustained over a period of time.

Work had been undertaken to ensure people had care records which were accurate to assist and guide staff in responding to people's needs. This was particularly important as there had been some further changes in staffing and at times agency staff were required to fill any staffing gaps. We saw examples where people's individual needs had changed their care records had not consistently been updated so staff had accurate information to guide their daily practices. For one person the specific requirements to meet their health needs for staff to follow had not been updated. For another person advice had been provided to staff by a health professional but their care plan had not been updated to assist staff in their practices when responding to the person's particular needs. The clinical lead was disappointed their colleagues had not taken to update records and felt they had to constantly do these on their behalf. The manager and clinical lead assured us people's care plans would continue to be improved to guide staff practices in providing both consistent and responsive care.

People we spoke with told us they were happy with the support they received from staff and felt their needs were met. One person told us, "I get everything I need here." Another person told us they were, "Very happy here, staff look after me."

We spoke with the new activities coordinator who was enthusiastic about their role in supporting people to have fun and interesting things to do. We heard from people they were supported to do the things they enjoyed and followed their individual interests, such as knitting, word search quizzes and reading. One person told us about a recent trip they had gone on which was, "Brilliant." Another person said they liked to do, "Knitting, word searches and watch television. I am perfectly happy with this." A further person told us they would be doing the newsletter for the home. This had been a goal at our previous inspection which had not been progressed.

It was positive to hear from people and see how improvements had been made to the support they were now offered to meet their social wellbeing. However, the manager was aware this needed to continue to be

developed and the improvements sustained over a longer period of time. They were also aware care staff needed to be consistently involved in meeting people's social wellbeing. This was because they said a culture had developed whereby care staff mainly supported people with care tasks, such as personal care and meals. Additionally we spoke with the manager about people having access to meet their religious, spiritual and cultural needs. The manager said she was aware there was no access to services for people but also told us nobody had shared their preferences in wanting to attend services.

Staff we spoke with told us they learnt about people's changes in needs through staff meetings and daily between shifts to handover information about people's needs and by reading people's care plans. We saw on the handover information there was information which staff shared when a person's needs had changed and/or when the doctor for a person was required.

People told us they knew how to raise complaints or concerns if they wanted to. One person said, "If anything was not right my daughter would sort it out and if they don't [management] I would move out." Staff told us they supported people and relatives to raise complaints or concerns if they wanted. We saw a record of one complaint raised which showed they were responded to and resolved in line with the provider's complaints procedures.

Inadequate

Is the service well-led?

Our findings

At our previous inspection in April 2016 we had significant concerns about the safety, care and welfare of people who lived at the home due to the inconsistencies in the management of the home and provider's ineffective quality checking systems. Additionally, the provider had not notified the Care Quality Commission [CQC] before they decided to accept the admissions of people with learning disabilities and specific mental health conditions. The provider also failed to increase their staff team's skills and knowledge to safely, effectively and responsively meet the specific needs of four people who came to live at the home. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In addition to this breach and the significant concerns we imposed a condition upon the provider's registration to restrict admissions to the home.

At this inspection we found the quality monitoring systems in place were not consistently effective in assisting to make sure people lived in a home which was well led.

There had been a further change in the post of home manager since our previous inspection. A new manager had been appointed by the provider in June 2016. The manager was not registered with us at the time of this inspection and advised us they were progressing their application to become registered with us.

The manager was open and acknowledged the areas we identified which continued to require improvements to be made. The manager said to us, "There is a lot of work to do." The manager told us they were most proud of the redecoration work they had progressed since coming into post, such as the dining room. They shared with us the challenges since they had come into post by stating, "There was no manager to have a handover from so things are coming up as going along. My biggest challenge is to get staff to do what they are supposed to do." The manager also told us their vision was, "Once the home is out of special measures work with local authority to commission, better place for residents. Good quality of life for people."

The manager was unable to provide us with was a clear vision of how they were prioritising the improvements required within their current action plan. In addition to this the manager was unaware of the action the Care Quality Commission had taken to impose a condition upon the provider's registration to restrict admissions to the home. We would have expected the provider to fully assure themselves the manager was aware of this to ensure communication was effectively shared between the leadership team. We spoke with the manager about this action as we needed assurances they had all the information needed to undertake their roles and responsibilities.

At this inspection we found limited improvements had been made, such as redecoration and checking of care records. However, there continued to be further improvements required to ensure there were strong quality checking systems, reliably effective and consistent in driving through improvements which were sustained.

It was the provider's and manager's responsibility to undertake regular checks to ensure people received

safe, effective and responsive care. However, we found examples whereby the arrangements in place to reduce risks to people's safety and effectively meet their needs were inconsistently applied. One example was the accessible items which could place people at unintentionally at risk. Another example was staff's practices to assist in reducing the risk of cross infections. We saw these were similar to the issues we identified at our previous inspection and showed the management oversight of staff practices required further improvement.

Effective systems were still not in place to ensure the staff team had the knowledge and skills required to meet people's needs and keep people safe. For example, there were gaps in the staffs knowledge about how the Mental Capacity Act which placed people at risk of receiving care which did not safely and effectively meet their needs. The manager acknowledged staff training was an area they were continuing to work to improve upon to make sure all staff had received up to date training. This had also been a goal of the previous manager which had not been effectively met. The training planner showed shortfalls in staff's training but this did not reflect when staff had been booked onto courses. This was an area of improvement the manager acknowledged needed further work. Additionally, there continued to be a person who lived at the home where staff had not received additional training to meet their needs in the interim whilst alternative accommodation was sought. The manager acknowledged the person's needs were not effectively met.

There were organisational quality checking systems in place together with the manager's daily walk around of the home, however they were not always effective in identifying the shortfalls. For example, we saw the clinical waste bins were unsecured and full but the manager's recent checks had not identified this. Additionally, we saw there was an area of carpet which was a safety hazard and we prompted the action taken on the day to secure this.

We found there was no planned approach to assist in the improvement work being undertaken to ensure this was completed in a timely way. For instance we saw there was further work to be completed to refurbish rooms as we saw these were not ready for people to move into. When we asked the manager and maintenance person for an action plan they were unable to provide us with one which prioritised each stage of the refurbishment work. The lack of this evidence did not provide assurances about how the work was being planned and when it would be achieved by.

The manager had been provided with support as a staff member from one of the provider's other homes were in the position of clinical lead. Although the clinical lead was supporting the writing and review of care and monitoring records there were inconsistencies across the staff team in maintaining their accuracy. The clinical lead acknowledged the inconsistencies we found and told us they would ensure all staff understood the importance of fully completing and updating records. However, the clinical lead had only been in post since October 2016 so more time was needed to show if the processes they had put in place embedded into everyday practice and continued to provide an accurate reflection of the care people received.

The manager showed us how they had developed a management system so they were able to track any patterns when incidents and accidents had happened to reduce reoccurrence. However, it was difficult to clearly see at a glance which people and how many people each incident and accident was about. The manager acknowledged this and would be progressing their incident and accident tracking further to make sure it was as rigorous as it could be as part of their safety checking measures.

We found when an incident had happened the manager was unable to provide documentation on how all staff's competencies had been reassessed to assist them in identifying where staff might benefit gaining additional knowledge. This was an area of improvement which had been identified at our previous

inspection to assist in providing assurances people consistently received safe, effective and responsive care.

Additionally there was a steep staircase which had a key pad which staff told us meant they had to carry laundry bags down the steps. This was a potential trip and/or fall hazard. However, the manager was unable to produce a risk assessment in place for the laundry and/or lone working. We have discussed the risks about the laundry room with managers at our previous inspections which have included the flooring being appropriate due to the risks of floods. The nominated individual assured us they were working hard to try to resolve the flooring issues in the laundry room. Whilst the manager spoke about whether the laundry room could be relocated in another part of the home.

Due to these issues the provider continued to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw there was an action to assess the home environment to identify improvements to meet the needs of people with dementia and to further enhance all people's independence. However, we saw they had actioned this to take place once the imposed condition to restrict admissions had been removed. This did not support the provider's values or reflect a caring approach towards the people who already lived at the home.

The manager in post was friendly and approachable. They had the support of people who lived at the home, relatives we spoke with and staff. People consistently told us they were happy to see recent improvements which included the redecoration of the home environment. One person told us, "New manager, she is lovely asks me how I am and if everything was okay." Another person said the manager was, "…on our side." One relative told us, "Overall [the manager] is doing a fairly good job, hope they get help [from the nominated individual]." Another relative said, "A lot of managers come and gone. Leaves a lot to be desired." Staff comments included, "Good manager who was working on staff morale" and staff as a team we, "Support each other." "Going in the right direction." Staff knew about the provider's whistle blowing procedure and said they would not hesitate to use it if they had concerns about the running of the home which could not be addressed internally.