Appletree House Care Home

Appletree House Residential Care 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

Appletree House Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care, as a single package, under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home provided care for older people, some of whom were living with dementia. The home had 14 rooms and was registered to care for up to 15 people. Two people shared a room. At the time of the inspection there were 15 people living within the home.

The home had a registered manager, who had been in post for 2 years, at the time of the 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.

We inspected Appletree House Care Home on 27 September and 1 October 2018. We brought this comprehensive inspection forward, due to information of concern we had received. This information related to the safe care and treatment of people within the home. We had received concerns relating to the suitability of staff, staffing levels and a lack of activities, the availability of food, the facilities and the management of the home.

When we completed our last inspection, on 14 November 2017, we found breaches of the regulations relating to the mismanagement of risks, due to unsafe equipment. We also identified that the provider had failed to provide meaningful activities for people and there were insufficient staff. There was a lack of oversight of the home and quality assurance systems had not improved the care people received. The provider sent us an action plan, after this inspection, detailing the changes they were making to improve the service. However, at this inspection concerns continued about the care people received and the running of the home.

At this inspection there were not enough suitably trained and competent staff available to ensure people received safe care. On the first day of the inspection the staff on duty did not have the required experience. The provider had not ensured all staff had the required pre-employment checks to ensure they were suitable to work within the care industry. Training was not up to date and had not ensured good standards of care were maintained. However, staff did receive supervision and told us that they felt supported by senior staff.

Medicines were not always delivered in a safe and consistent way. Not all staff felt confident in the delivery of medicines and this meant that some people did not receive their medicines at appropriately spaced intervals. There was a medicine procedure and audit in place, but this had not ensured medicines were always stored appropriately.

Appropriate infection control measures were not always followed and the facilities within the home did not always provide for people's needs. At this inspection the lift was still out of action, although it has since been mended. The risks relating to the use of the chair lift had been managed, as people who were less mobile had been moved to downstairs rooms. However, other environmental risks had not been addressed in a timely manner. Due to the size and age of the property the facilities were limited and if things broke, this impacted on the people within the home. The facilities also impacted on people's privacy and dignity.

Personal risk assessments and care plans were not always updated, in a timely fashion and actions were not always completed. Staff did seek the advice of health-care professionals but the documentation around decisions was not always completed thoroughly. Staff did not always anticipate the needs of people who were approaching the end of their lives. People did not always have choice in relation to their food and strategies, to ensure people had appropriate support at mealtimes, were not always followed.

There was a range of activities for people within the home but these were limited and did not always happen, if the home was understaffed. We have made a recommendation, about reviewing the activities programme and sourcing information, about meaningful activities.

Staff had not always addressed people's communication needs. We have made a recommendation about making information more accessible for people.

There was a list of audits but these did not always produce appropriate action plans or lead to positive change. Complaints and concerns were responded to but they were not recorded in a way which helped identify trends or themes. There were limited opportunities for people to feed back about the care they received. The registered manager and provider did not have a good oversight about the standards of care within the home.

There was a safe-guarding procedure in place and the manager cooperated with the local authority, as necessary. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive ways possible; the policies and systems in the home supported this practice. However, staff did not always have a working knowledge of the Mental Capacity Act (2005). We received some mixed comments about the caring nature of staff. However, during the inspection we observed some caring interactions. Some aspects of care were task orientated, rather than being based on the needs of the individual and there were limited attempts to promote or maintain independence.

At this inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities 2014). You can see what action we told the provider to take at the back of the full version of this report.

The overall rating for this service is 'Requires Improvement'. This is the second consecutive time it has had this rating.

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.

There were insufficient staff, with the required skills and experience, available and new staff did not have appropriate pre-employment checks.

People did not always receive their medicines at the right time and the storage of medicines did not always follow guidelines.

Environmental risks were not always addressed in a timely fashion. The home had poor infection control procedures.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff training was not up to date and staff did not consistently follow care guidelines. New staff did not always have sufficient skills for the role. Staff were receiving regular supervision.

People did not always receive choice at mealtimes and staff did not ensure everyone had sufficient support whilst eating. However, people told us that the food was nice and plentiful.

The premises did not always meet people's needs, with limited facilities impacting on care. However, some adaptations had been made to accommodate the needs of people living with dementia.

People's care needs were fully assessed prior to moving into the home.

Is the service caring?

Requires Improvement

The service was not consistently caring.

Some care did not meet the individual needs of people, with some aspects of care being task orientated. However, we saw examples of caring interactions between staff and people.

There were limited opportunities to promote independence.

However, staff provided choices in everyday activities around the home.

People's privacy and dignity was not always maintained, due to limited facilities. However, staff were keen to ensure people were treated with kindness and respect and spoke positively about the relationship they had with people.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People did not always receive personalised care that met their needs. There was an activity programme and the activity lead was keen to increase the opportunities for people. However, this was impacted by staffing levels.

The registered manager responded to any complaints appropriately and people and relatives felt able to voice concerns. However, the information was not always collated in a way to enable trends to be identified.

People's preferences in relation to end of life care were explored and documented on admission. However, the impact of medical decisions, relating to end of life care, was not always fully explored.

Is the service well-led?

Inadequate

The service was not well-led.

The registered manager and provider did not have sufficient oversight of the service to ensure standards were maintained at a good level.

Audits and action plans did not identify or address areas of concern. People within the home had limited opportunity to feedback about care.

Staff felt supported in their roles and we received positive comments about the registered manager.

Appletree House Residential Care 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.

This inspection took place on 27 September and the 1 October 2018. The inspection was unannounced. We brought forward this comprehensive inspection due to information of concern we had received, relating to the safe care and treatment of people within the home. This information had been investigated by the local safeguarding team, who had not identified any cause for ongoing concern.

The inspection team consisted of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience in caring for older people.

Before the inspection we reviewed information we held about the home. This included notifications the provider had sent to us. A notification is information about an important event the provider is required to tell us by law. As the inspection was brought forward the provider had not yet completed a Provider Information Return (PIR), at the time of the inspection. This is information we require providers to send to us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spent time observing the interactions between staff and people within the communal areas and observed a meal time and a medication round. We spoke with 11 people and four relatives. We also spoke with the safeguarding team, from the Local Authority, prior to the inspection and gained feedback from two health-care professionals.

During the inspection we spoke with the registered manager, four care staff, the activity lead and the cook. We spent time looking at records, including three staff recruitment files, care plans and assessments relating to three people, the accidents and incidents book, the maintenance records and the audit and quality assurance processes.

Requires Improvement

Is the service safe?

Our findings

This inspection was brought forward, due to concerns we had received relating to the safety of people within the home. The concerns related to the management of risks, staffing levels and the recruitment process for new staff. At this inspection we found care was not always given in a safe way and some of the concerns we had received were confirmed.

At the last inspection we identified concerns, relating to the safety of people. We found a breach in Regulation 12, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as risks to people were not always identified and managed appropriately. We also found a breach in Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as there were not enough staff to ensure appropriate levels of care was provided in a timely manner. The provider had established an action plan, following the inspection, detailing how they would address these breaches. At this inspection, some of the risks had been reviewed and addressed. However, we continued to have concerns relating to the safety of people and the staffing of the home.

People were placed at potential risk of unsafe care as the allocation of staff did not always ensure people were cared for by staff, who had the necessary competence and experience. On the first day of the inspection there were two care staff on duty. One of them had been employed to cover shifts, when regular members of staff were off, for example during holiday periods, or times of sickness. This member of staff had been employed for less than three weeks. The registered manager told us that new staff should have a period of shadowing more experienced staff. This enables them to become familiar with the needs of the different people and is also a way of ensuring they have the appropriate skills. We were told this member of staff had not had the opportunity to shadow shifts, due to staffing levels. As a consequence, their training needs had not been identified. The second carer was employed as the activity lead. When the home was understaffed they were required to do care duties. The registered manager told us, "Unfortunately she is not used all the time (for activities) as she is used for care." This carer was not as familiar, or confident, with certain duties, which impacted on the care people received.

We asked people about staffing levels. One person told us, "I think they can do with more staff. When problems arise, they are rushing about." We also asked staff if they thought there was enough staff on duty. Some staff were confident there was enough staff on each shift. However, one told us, "There should be more than two," going on to tell us, that if a person required help with personal care, "It puts you back." Another member of staff told us the workload, "Sometimes is a struggle for the carers." Since the last inspection the manager had introduced a form, which recorded the level of support each person required. The registered manager told us that, although they were completing the forms, the data was not collated. This meant that the needs of people were not considered, when planning the number of staff required to deliver safe care.

The provider had not ensured the safe management of people's medicines. On the day of inspection some medicines were not given in a timely or appropriate fashion. Some people were prescribed medicines that needed to be given four times a day. On the first day of the inspection the morning medicine round was

delayed. This meant that people did not receive medicines, including pain killers, at appropriate timed intervals. This could mean that people could have adverse effects, if the medicines were given too soon, or the effectiveness of the medicines could be reduced, if given too late. We asked the staff about the timing of the medicine round. We were told that the round had started at the correct time but had over-run. The member of staff giving out the medicines explained that it was not a routine part of their role. They were concerned about making mistakes, so took extra time double-checking everything was correct. This meant that the medicine round lasted over two hours and there was insufficient time between the morning and lunchtime medicines.

Medicines were not always stored appropriately. The medicine room did not have a thermometer and the room temperature was not being checked. If a medicine is not kept at the correct temperature it may reduce its effectiveness. We also observed that certain medicines had not been recorded in the correct manner, when they had been delivered from the pharmacy. Staff completed an audit of the medication administration records (MAR), to check if there had been any mistakes in the delivery of the medicines, however audits had not found the concerns we identified.

Environmental hazards were not always managed in a safe way. When we first arrived the door to the laundry room was open. The cupboard under the sink was unlocked and open. We could clearly see cleaning fluids were kept in this cupboard. This is against the regulations in the Control of Substances Hazardous to Health (COSHH 2002). As the inspection progressed this cupboard was locked. We also observed that some rooms were in a poor state of repair. One bedroom carpet had a significant ruck across the middle of the floor. The person walked with a zimmer frame and the carpet was a trip hazard. This had been identified by an environmental audit in April 2018 but actions had not been taken to replace it. We also observed that this person did not have a call bell in their room, although there was a socket for it to be plugged in. We asked the member of staff where the call bell was and how long it had been missing. They replied, "I haven't got a clue." If the person had required assistance they would not have been able to ring for help.

The above evidence demonstrates that the provider had failed to ensure staff had the necessary skills, competence and experience to provide safe care. The provider had not ensured measures were in place to ensure medicines were managed in a safe and proper way. The service had also failed to fully assess and mitigate the risks to the health and safety of people. This evidence demonstrates a breach in Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had not always had the required pre-employment checks, to ensure they were suitable to work within the care industry. New staff should complete a job application form, with details of their previous work, including an explanation for any breaks in their employment history. A provider is required to obtain proof of address and identity and a Disclosure and Barring Service (DBS) check. The provider should also obtain satisfactory evidence of their conduct in their previous jobs. This is to ensure, as far as possible, that someone is suitable to work within the care industry. Prospective staff should also have a formal interview to check they have adequate skills and experience for the role. On review of the records the DBS check had been completed. However, three staff files contained insufficient details of the member of staff's previous jobs and there was no evidence that gaps in employment had been explored. One of the files did not contain any proof of identity or address. Interview notes were not recorded for two members of staff. It was also hard to evidence that their conduct in previous jobs had been fully explored, as two of the files contained just one personal reference. When asked about the interview process the registered manager described one interview as, "Informal."

The provider had not ensured that the staff employed, had the skills and experience, for the work and did

not have the appropriate recruitment processes in place. This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff not did follow good infection control practices, placing people at risk. This had not been detected by the audits or quality assurance processes. We asked staff how they disposed of clinical waste, for example soiled pads or wipes. They advised us there was a clinical waste bin in the laundry. On the first day of the inspection this was not present. During the mealtime we observed a member of staff walking through the dining area, to put clinical waste directly in the outside bin. We also noted that staff did not always wear appropriate personal protective equipment (PPE), including gloves and aprons. We were told a cleaner was employed for either three or four days a week. We asked a member of staff about the cleanliness of the home. They told us, "That's my only bugbear…personally I'd have a cleaner every day."

Staff completed risk assessments but the information was not always up to date or complete. These included assessments of people's risk of developing malnutrition or having a fall. The assessments were reviewed at set intervals; however, some people's condition had changed and this was not always captured in the risk assessments. One example was of a person who had a risk assessment, relating to pressure area damage, completed on 16 May 2018. Since that time the person's mobility had changed and they had lost weight. The risk assessment had not been updated to reflect these changes. Another person had a risk assessment, dated 11 December 2017. This referred to the use of a hoist, when assisting them out of bed. We queried this with the care staff, who informed us that the person was now unable to be moved from the bed. The risk assessment had not been updated to reflect this change.

At the last inspection it was noted that accidents and incidents were not fully recorded and people were not referred to the health-care team, that offer advice, on ways to reduce the incident of falls. At this inspection accidents and incidents were recorded. The registered manager reviewed the forms every month and completed referrals for advice and support as necessary.

We asked people and their relatives if they had any concerns about safety. People told us they felt safe. However, relatives commented more on the actions they had taken, to ensure their loved ones were safe. One told us, "I make sure she is safe…I talk to carers and visit often." Another told us, "I have given my Mum a mobile phone so that she can feel safe and always contact me." The registered manager co-operated with the local authority when safeguarding concerns were raised. One recent safeguarding had led to a change in practice, with supervision being introduced for the cooks. We asked staff about their understanding of abuse and safeguarding. They could tell us how they would report and escalate any concerns.

Requires Improvement

Is the service effective?

Our findings

At the last inspection concerns were identified relating to the level of support and supervision staff received, the meal time choices and the adaptation of the premises. At this inspection some, but not all these concerns had been addressed.

At the last inspection staff were not receiving regular supervision. Supervision is an opportunity for staff to have one to one support, giving them the opportunity to talk through any concerns and their learning needs. Supervision was now arranged for staff every six to eight weeks. We were told how the supervision was useful, with an example of how it had identified one member of staff's keenness to have extra training, to enable them to develop within the role.

However, staff did not always have sufficient knowledge, or skills, to ensure people received good standards of care. There was a programme of training for staff. There was a list of core training, which staff were required to complete yearly. This included training on the Mental Capacity Act (MCA), first aid and Equality, Diversity and Human Rights (EDHR). At the time of the inspection the training was overdue and it was seen that training had not embedded good practice in the home. This is an area of practice in need of improvement.

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 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 the care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA and whether any conditions on authorisations, to deprive a person of their liberty, were being met.

One person had a DoLS restriction in place. We reviewed the application. This had been completed appropriately. However, staff were not always aware of who was subject to a DoLS authorisation. We asked one member of staff if anyone had a DoLS in place and they told us, "Not at the moment." We asked another member of staff if anyone was subject to a DoLS and they responded, "What's that?" going on to tell us, "I will have to look in the care plans." This is another area where staff require additional training. During the day we did observe staff asking people for consent. One person told us, "Everyone knows what I like and no one makes me do anything against my will."

At the last inspection concern was raised about the choices people had at mealtimes. At this inspection we found people's nutritional needs were not always addressed, although most people we spoke with, told us that the food was nice and plentiful. The care records showed people's food preferences and the cook had a list of people's dietary requirements. However, on the day of the inspection there was one meal choice. The cook told us that there was meant to be three choices each day but for the last two weeks there had just

been one choice. They told us this was due to the changeover between seasons. We were told that people could ask for an alternative and that this would be accommodated. One person was offered a choice, on a daily basis but this was not routine practice for everyone.

People had a choice about where they preferred to eat. On the first day of the inspection five people stayed in the lounge, whilst others went into the dining room. Both care staff went into the dining room, leaving people in the lounge on their own. We later asked the registered manager about this. They told us that one member of staff was meant to stay in the lounge, whilst the other member of staff stayed in the dining area, in case people needed assistance.

The staff did not always ensure people had their teeth cleaned, or checked that their mouth was clean and moist. We reviewed one record relating to daily care. Within a fourteen-day period staff had recorded that the person had refused mouth care every day. If people are not helped to clean their teeth regularly, this can impact on their comfort and well-being. It will also affect their ability and desire to eat and drink.

At the last inspection concern had been raised about the suitability of the premises and some equipment. At this inspection this continued to be a concern. At the time of the last inspection the lift was not working and some people felt unsafe using the chairlift. At this inspection the lift was still out of action, although it has since been mended. The people who felt unsafe using the chair lift had been moved downstairs. Equipment that was identified at the last inspection, as being unsuitable, had been removed. However, at this inspection we noted that the bath had not been used for a while. We discussed this with the care staff. They informed us that the bath had broken two weeks previously but had just been repaired. During this time most people had not been able to have a bath or shower, as there were no other communal facilities within the home. The home also had limited toilet facilities. The main communal toilet was through a door in the lounge. This did not ensure people's dignity and privacy was maintained.

The registered manager had introduced some changes to the home after reviewing guidance on caring for people living with dementia. They had introduced signage around the home, to help orientate people. This included different pictures on the bedroom doors, relating to things that were important to the individual person. They had also changed the colours of the staff uniforms and had brought plates which had contrasting colours, to help people with visual difficulties. They told us the home was, "More dementia friendly than we were." One of the health care professionals advised us that, the "Dementia training was well received and they had taken it on board."

During the inspection staff were seen to consult with other health-care professionals about the needs of the people under their care. One health care professional advised us, "They will ring me, that is always a positive." One relative confirmed, "A GP was called as required and I am kept informed." One person had recently been reviewed by the GP. After discussions with the person and their family, best interest decisions had been taken, relating to the person's medicines. The conversation was referred to, in the care records but details of the discussions were not detailed and the consequences of the decision was not fully explored.

People were assessed, prior to their admission to the home, to ensure the staff could accommodate their needs. The registered manager described how they had visited one person recently, telling us, "It does help to go and see them." They also told us that they had not admitted some people recently as they had decided their care needs were too great to be managed by the staff. One relative described this process, telling us, "I went to look (at the home), then the manager visited us at home." Another person told us how, "They made a list of my likes and dislikes," prior to them moving into the home.

We reviewed people's care records. These contained person-centred information. Each record contained a

section called, 'My life story'. This contained details about the person's family life, their previous work and their social interests. It also contained details about things that were significant to them, for example their choices relating to end of life care or their spiritual beliefs. One member of staff commented on how they found this a useful document in getting to know the person. Staff could tell us about the people under their care. A health-care professional also told us, "I find staff… know their patients really well."

Requires Improvement

Is the service caring?

Our findings

Not all practices within the home promoted choice or independence and we received mixed comments about the staff.

Most of the people we spoke with, described staff as caring. However, there were differences in the approach of some of the staff. One person told us, "These ladies are good, they look after me." One relative told us, "My Mum loves it here," and another described staff as "Diamond." However, this opinion was not consistent with one person telling us, "You don't get time of day, but no one offends me. I get on with it." One health-care professional told us that the majority of staff were, "Hard-working and caring," however, they went on to tell us this caring approach was not consistent and described it as, "The luck of the draw." They described some care that was not person-centred, or compassionate in nature.

During the inspection we observed some caring interactions between people and staff. One person had been off their food. The carer encouraged them, asking, "Can I give you some jam toast and coffee?" They were seen to touch the lady in a kind and compassionate way, to convey their concern, for the person's well-being. Another member of staff was seen to spend time in the lounge with people and they enjoyed completing a crossword together. We also observed that people were referred to by their chosen name.

Although staff offered choices to people, the service did not have the capacity, to ensure people were able to have flexibility within their routines. We asked people if they felt supported to make every day choices. One person told us, "I make my own decisions about clothes, meals, activities. Sometimes I stay in my room and other times I go out with my daughter." One relative advised us that the staff were aware of each person's needs. They advised us, "I told them all my Mother's likes and dislikes, they try to follow them and my Mother is very happy." Staff similarly told us that they offered people choices, for example in what people wanted to wear. However, some staff structured their day around the tasks they had to do. This was acknowledged by the registered manager who told us that some staff were, "A little bit task orientated."

People had limited choice around some areas of care. One example related to people's daily wash. We asked staff how often people had baths. We were told that two people were helped to have a bath each day, according to a schedule. We asked one member of staff how frequently people could have a bath. They replied, "Usually once a week but if they request extra, they can have it." However, when we questioned staff, they agreed that their current schedule would be unable to accommodate people, if they wanted a bath or shower more frequently.

There were limited opportunities for people to maintain their independence. One relative told us, "They are very good and help my Mum keep her independence, by letting her do things she is capable of." However, the service did not actively promote people's independence. One example related to people engaging with the local community. We asked if people could leave the home. Staff told us that people left the house when accompanied by family or friends. However, they advised us that they did not have enough staff to enable them to accompany people outside of the home. One member of staff advised us, "We are not allowed to leave the building as there are only two of us on." Another member of staff commented, "It would be nice for

them to go out." When we asked the registered manager if the staff had capacity to take people outside of the home they replied, "We wouldn't." This would mean that people who did not have relatives or friends, to accompany them outside, could lose their confidence and their independence. The activity lead advised us they were seeking opportunities for taking people outside of the home.

Staff placed value on the relationships they formed with the people within the home. One member of staff told us, "Our relationship with the residents, it is the best … a good rapport with residents is the most important thing." Another member of staff told us, "I like spending time with residents," going on to say, "It's a pleasure." People's family were made welcome within the home. We heard one visitor being offered a cup of tea, when they arrived. Relatives also told us they felt included in their loved one's care.

People's privacy and dignity was maintained, as far as possible, with the limited facilities. Staff discussed the actions they took to preserve people's privacy and dignity. One told us how they, "Always knock on the door…and make sure you shut the door behind you." Another told us of the need to ensure people were covered during washes, to preserve their comfort and dignity. Staff ensured people's care records were kept securely and maintained people's confidentiality.

Staff were seen to treat people with respect and told us that they aimed to treated everybody equally. One person confirmed, "We're all treated the same." People's cultural and religious beliefs were documented in care records. Some people participated in a regular church service, that was held in the lounge. We were also advised that some people had visits from their local church.

Requires Improvement

Is the service responsive?

Our findings

At the last inspection the provider had failed to ensure that people received care that was appropriate, met their needs and reflected their preferences. At this inspection this continued to be a concern.

Care records were not always up to date and did not always have enough information about how to care for the person. We reviewed the care plans. They covered the full range of people's needs, including their information and communication requirements. One relative told us, "They review her care plan with me every so often." Some of the care plans had been updated, by staff crossing out information and adding new details. One care plan, relating to pain control, had originally been written on 11 July 2016. Since that time the doctors had reviewed and changed the person's pain control four times. The care plan had been amended each time but with all the corrections it was unclear, from the record how the persons' pain was being managed, at the time of the inspection. There was also no reference to how the person's pain would be formally assessed. We reviewed the entries relating to a visit by a health-care professional. It was documented on 17 April 2017 that the health care professional had recommended using a tool, which helps assess pain, in people who are less able to communicate. This was not referred to in the care plan and had not been used when caring for the person.

Staff did not always follow the actions that were listed in the care plans. We reviewed one document. The person had lost a significant amount of weight over the last year. On the nutritional care plan, it was documented on the 8 August 2018 that their weight should be monitored every two to three weeks. Since that date their weight had only been rechecked once, on the 19 August 2018. We asked one member of staff if they were aware of anyone who needed to be monitored. They responded, "I don't know about weighing." It was also noted one person's 'behaviour' chart was not up to date. The last recorded entry was 12 September 2018. On reviewing the person's daily records, we found six events that should have been recorded on the behaviour chart. This lack of consistent recording could mean that trends may not be identified and acted upon.

The provider had not ensured care records were accurate, complete and contemporary. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Under the Accessible Information Standard (AIS) it is a requirement that the provider consider the information needs of all people, ensuring that information is presented in a way that meets their individual needs and preferences. People's communication needs were documented in the care plans. However, the home had not always considered how to make information accessible for people. The cook told people, each morning what was available to eat but the menu was not clearly displayed. There was a resident's guide but this was not easily accessible to all people. One health-care professional also described a situation that demonstrated a lack of understanding around people's communication needs.

We would recommend that the provider seek advice and guidance, from a reputable source, about making information accessible, for the people within the home.

The home had an activity lead, who was keen and enthusiastic. They arranged group activities for people, including bingo or a visiting singer. The activities were mainly in the lounge, although the garden was used in nice weather. The activity lead told us that they did spend time with people in their rooms as well, although this was not observed during the inspection. However, the activity lead was also involved in caring duties, when the home was understaffed and told us they were limited by financial considerations. As a consequence, people did not always get enough stimulation. During the inspection we observed people were sitting in the lounge, for long periods of time, with the television on. We asked people what they had done that day. One person told us, "Nothing, I'm afraid… I never do anything." Another told us, "Not very much." Another commented, "I'm not all that keen on the television." The last person we asked stated, "Anything they offer me, I'd do it." We asked carers if they spent time with the people in their rooms. One carer remarked, "I do feel a bit guilty, they just sit in their room."

We would recommend that the provider reviews their activity programme and seek advice and guidance, from a reputable source, about engaging people in meaningful activities.

The home did provide end of life care. People's preferences were explored, if appropriate, on admission and were recorded in the care records. The staff involved specialist health-care professionals, as necessary, to guide and support them, in managing people as they neared the end of their life. However, some concerns were not always addressed in a timely fashion. One person had declined all their medicines. Although this reflected their wishes, the full consequences of this decision had not been explored. This could have resulted in the person not having access to pain control, if required. This was addressed at the time of the inspection.

People felt able to raise concerns. One person told us, "I talk everything over with the manager, I have not problems." The home had a complaints procedure which was displayed in the hallway. We were shown one recent complaint, which had been received via email. This had been acted upon and responded to in a timely fashion. However, records of complaints were not kept in one place. This would make it harder to identify trends and formulate action plans.

Inadequate

Is the service well-led?

Our findings

At the last inspection we identified a breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had failed to ensure that systems were in place to assess, monitor and improve the quality of the service provided. Since the last inspection some concerns had been addressed, for example the analysis of accidents and incidents. However, the underlying concerns, relating to governance systems, that could drive change and ensure lessons were learnt, had not improved. This meant that at this inspection we identified widespread shortfalls in the way the service was led.

It is a requirement under the Health and Social Care Act that providers must ensure that their rating is displayed conspicuously and legibly at each location delivering registered service and on their website. We observed that the rating from the previous inspection was prominently displayed in the hallway of the home. However, on review, the website did not display their previous rating. This was discussed with the registered manager, during the inspection. We reviewed the website six weeks after inspection. The website had not been changed and the most recent rating was still not displayed.

Failure to display the CQC rating is a breach of regulation 20A of the Health and Social Care Act 2014.

The delivery of high quality care was not assured, by the leadership or governance of the service. Since the last inspection the registered manager had established the role of senior carer, as a way of delegating tasks and responsibilities. However, the registered manager did not always have sufficient oversight, to ensure high standards of care were maintained. There was a list of audits that were completed. These resulted in action plans being created. We reviewed the environmental audit, which was completed by a senior carer. On eight of the entries the outcome stated, "Cleaner to clean daily." This included actions, for example cleaning the communal toilets. As the home did not have a daily cleaner they were not able to complete this action. We reviewed the cleaning record. The last weekly record had been completed on 11 August 2018, although the cleaner had continued with their cleaning jobs. Similarly care records had not always been updated to reflect the changing needs of the people within the home. The audit process had not identified the gaps in the paperwork or that the actions in some audits could not be achieved as directed.

This lack of oversight was also seen in the variation in practices we observed in the home. There were policies and procedures in place. However, these were not sufficiently detailed and we observed variations in how different members of staff completed simple tasks, for example how they emptied and cleaned commodes. This was discussed with the registered manager. They told us, "I like to be out there," going on to acknowledge, "That's why things like that (audits) aren't up to date." The registered manager had also failed to ensure there were safe recruitment practices and sufficient competent and experienced staff available to ensure people's needs were met.

Feedback, from staff and residents' meetings, was not always documented or actioned in a robust manner. There were regular staff meetings. These meetings were used by the registered manager as a way to feedback to staff about areas of care that required improvement. We read the minutes of one meeting. One

item on the agenda had been a discussion with staff about the need to ensure daily records were person-centred. Another meeting had addressed the need for the care staff to clean people's drawers on a weekly basis. When asked if this had been actioned the registered manager was not able to tell us, as staff were not required to document when this had been completed.

People had limited opportunities to comment on the care they received. The registered manager advised us that resident meetings were, "Not as regular as I'd like." A recent resident meeting had explored people's food preferences and what they would like on the menu. This had led to different foods being introduced. A record had not been kept of this meeting. The last resident survey had been in February 2017. The registered manager had previously asked relatives if they wanted a formal meeting but they had declined the opportunity, preferring to give informal feedback. Relatives told us that they felt able to mention things to the staff, with one telling us, "I discuss issues with the nurses and carers and manager anytime."

The above evidence demonstrates that the provider had failed to establish systems or processes that operated effectively to assess, monitor and improve the quality of the service. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked if the staff felt supported by the provider. The registered manager told us the provider visited the home every two years and, "phones every day, emails constantly." The provider had recently employed a person to support the running of the home. The registered manager told us that they were confident that the provider responded to their requests, telling us, "Whatever I ask for, I get."

The manager acknowledged that there had been a negative culture within the service, which they were working hard to address. This was echoed by a health-care professional who advised us, "Things have improved," after referring to a previous culture within the service, which had left staff, "disempowered." Staff told us that they felt supported by the senior staff. One member of staff told us that they felt the registered manager was very approachable, stating, "More so than anyone I've ever worked with." Another agreed, telling us, "She listens to you." Staff also felt there had been many positive improvements within the home over the last year, commenting that the registered manager had made, "a massive difference."

People told us they knew the registered manager and felt able to talk to them. One person commented, "I have spoken with the manager, she is very approachable." However, one person advised us that the manager was removed from the running of the home, telling us, "She is in her office outside. She works hard and has lots to do." One relative also commented on how the staff worked together, telling us, "The teamwork is really good."

The registered manager was keen to stay up to date, reviewing recent guidelines and having discussions with other people, who worked within the care industry, to share ideas. They were also keen to access the expertise of others, for example the team of specialist nurses who advise about the care of people living with dementia. They were aware of their duties to inform the Care Quality Commission (CQC) of notifiable events and had cooperated with the local authority as necessary. We were also assured that people and their relatives were informed of any incidents. The relatives we spoke with, told us information was shared with them, in an appropriate manner.

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 The provider had failed to ensure that fit and proper persons were employed. Regulation 19(1)(b)(2)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure people received safe care and treatment. They had failed to ensure that persons providing care had the competence, skill and experience to do so. They had not ensured the proper and safe management of medicines. They had not taken appropriate infection control measures. Regulation 12 (1)(2)(a)(b)(c)(d)(e)(g)(h)

The enforcement action we took:

We have issued a warning notice as the registered person had not ensured that care and treatment was provided in a safe way.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure that systems were in place to assess, monitor and improve the quality of the services provided. Regulation 17 (1)(2)(a)(b)(d)(e)(f)

The enforcement action we took:

We have issued a warning notice as the registered person had not ensured good governance.