

Leacroft Lodge Limited

# Ashcroft Hollow 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

The comprehensive inspection visit took place on 5 June and was unannounced.

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

Ashcroft Hollow accommodates 45 people in one adapted building. There are two floors which both have various communal areas for people to access including, communal lounges and bathrooms. On the ground floor there is a large communal dining area. There is also a large garden area for people to access. At the time of our inspection 33 people were living at the home.

Following our last inspection, we met with the provider and asked them to complete an action plan to show what they would do and by when to improve the key questions safe, effective, caring, responsive and well led to at least good. At our last inspection we had found that people had to wait for support. Care plans were not always reviewed to reflect people's current needs. People were not always having baths or showers as they wished. People's cultural needs were not considered or assessed. We also found it was unclear when people lacked capacity to make decisions for themselves and decisions had not always been made in people's best interests. Staff did not demonstrate an understanding of the act. The provider had not acted on concerns with the equipment within the home and it was not always available for people. People were not always treated in a dignified way and staff did not always have time to treat people in a kind and caring way. The provider had not sustained previous improvements made. Not all the audits in place were effective in highlighting concerns or making improvements. At this inspection we found that some improvements had been made however the provider had not made the necessary improvements to comply with all the regulations.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found that people continued to wait for support, this included at mealtimes and when they needed assistance to transfer. The lack of support people received impacted on people's dignity. As it was unclear when people lacked capacity, people are not supported to have maximum choice and control of their lives and staff do not support them in the least restrictive way possible; the policies and systems in the service do not support this practice. Capacity assessments were not always fully completed or an outcome reached. There was no evidence that decisions were being made in people's best interests.

Risks to people were not always fully considered as we observed that people received the incorrect diet and fluids that had been recommended to keep them safe. Care plans that were in place were not always

reflective of people current needs including when they had wounds and in relation to their dietary requirements.

When people were living with dementia or had communication needs they did not always receive the support they needed. When people used pictures as a form of communication we did not see these were used. Improvements were need so that people could recognise their rooms and other communal areas within the home.

There were quality monitoring systems in place however we could not be assured how effective these were. The audits completed had not identified the concerns we found during our inspection. And although the home had access to monitor the call bell system no action had been taken when bells were not been answered for longer periods of time. The provider had sent us an action plan stating how they were going to comply with previous regulations they were in breach of; despite marking the actions as completed we found they were still non-compliant in some areas. A more comprehensive survey had been introduced however the information had not yet been collated or action taken to make the suggested improvements.

Other risks to people had been considered and they were reviewed when needed. Staff knew about these individual risks to people including how to support people to evacuate from the home in an emergency situation. There were systems in place to manage medicines and daily audits of medicines were completed to ensure people were protected from the risks associated to them. Staff understood safeguarding procedures and how to report and protect people from potential harm. The provider had ensured staffs suitability to work within the home. Staff received training and an induction that helped them support people and their competency in different areas had started to be assessed.

People enjoyed the food that was available and were offered a verbal choice. Health professionals raised no concerns about the home and worked closely with them. Referrals to health professionals were also made when needed. People were given the opportunity to participate in activities they enjoyed such as gardening.

There were infection control procedures in place and these were implemented. The home was clean and decorated in line with people's preferences. Some people were encouraged to be independent and make choices how to spend their day. People and relatives were happy with the home, staff and support their received. Friends and relative were free to visit anytime and felt welcomed.

There was a complaint procedure in place and people felt more confident to complain. When complaints had been made these had been responded to. Staff felt listened to and had the opportunity to raise concerns, when needed they felt action was taken. People and relatives had the opportunity to attend meetings and when suggestions had been made these had been acted upon. The registered manager understood their responsibility around registration with us and notified us of event that occurred within the home. The previous rating was displayed in the entrance hall to the home in line with our requirements.

This is the fourth consecutive time the service has been rated Requires Improvement.

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe. People had to wait for support. Risks to people were not always managed in a safe way. Medicines were managed so that people were protected from the risks associated to them. Infection control procedures were in place and implemented. The provider had ensured staff suitability to work within the home and they ensured people were protected from harm.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective. People's capacity had not been fully considered and assessments were not always completed. There was no evidence decisions had been made in people's best interests. Staff received an induction and training and their competencies were checked. People enjoyed the food and were offered a choice. The home was decorated in accordance with people's preferences. When needed people had access to health professionals and referrals had been made.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring. People's dignity was not always maintained. People were encouraged to be independent and make choices about how to spend their day. Visitors felt welcomed and could visit the home any time. People and relatives were happy with the staff that supported them.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive. Care plans were not always reflective of people's current needs. People who were living with dementia or who had communication needs were not always provided with the support they required. People's cultural needs were considered. People enjoyed the activities they had the opportunity to participate in.

**Requires Improvement** ●

### Is the service well-led?

The service was not well led.

**Inadequate** ●

The providers remains in breach of regulations and have not made the necessary improvements needed to comply. There are concerns with the lack of leadership within the home. Audits were not always identifying concerns or driving improvement. The provider was displaying their rating in line with our requirements. Staff knew about the process for whistleblowing. The provider had notified us about all significant events within the home.

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# Ashcroft Hollow 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 visit took place on the 5 June 2018 and was unannounced. The inspection visit was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information that we had received from the public. A notification is information about events that by law the registered persons should tell us about. We used this information to formulate our inspection plan. On this occasion we did not ask the provider to send us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However we offered the registered manager the opportunity to share information they felt relevant with us.

We spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. We spoke with 11 people who used the service, eight relatives or visitors, and three members of care staff, the kitchen assistant, and the activities coordinator. We also spoke with two nurses, the administrator, the deputy manager and the registered manager. We did this to gain people's views about the care and to check that standards of care were being met. We also spoke with a visiting health professional. The consultant was also present during our feedback.

We looked at the care records for seven people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including audits carried out within the home, staff dependency tool and actions plan that were in place. We also looked at staff files so we were able to review the provider's recruitment process. We gave the registered manager and consultant the opportunity to send us any information after the inspection for us to consider. The day after the inspection we received feedback the home had received from seniors, examples of daily

reports to the directors and a list on management duties.

# Is the service safe?

## Our findings

At our last inspection we found there were not enough staff available for people and they had to wait for support. This was a breach of Regulation 18 (1) of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) 2014. We also found some risk assessments were not always reviewed to reflect people's current needs. At this inspection we found the provider had not made the necessary improvements and people still had to wait for support.

People continued to wait for support. One person told us, "You have to wait ages; you can wet yourself before they come." Another person said, "The worst thing about being here is that you have to wait to do go the toilet." During the afternoon we observed that three people were transferred from the dining room to the lounge in their wheelchairs by one member of staff. They remained in their wheelchairs facing their comfortable chairs. We spoke with one person about this. They said, "I am waiting for staff to transfer me to me chair, it's a bit hard on my bottom in this one. They need two staff to do this." After an hour we saw these people remained in the same position. We discussed this with a member of staff, who confirmed they had not been able to transfer these people as two staff were not available. They were unable to provide an explanation as to why this was and where staff were during this time. The three people did not transfer to their comfortable chairs and were instead brought back into the dining room for their evening meals. When other people needed support to transfer they also had to wait for staff to offer assistance. We saw two people were supported to have a sling put around them so they could transfer using equipment. Both people sat in their slings for over 30 minutes until they were assisted to be hoisted by two staff. This meant people had to wait for support to transfer and in some instances this support was not provided.

At lunch time people had to wait for support and their meals. One person requested assistance to transfer to the dining room for their lunch, 40 minutes later we saw this person was supported. They commented, "It's always the same at mealtimes." For another person we saw they were seated at the table at 12:45. Despite other people eating around them and their dinner plated on the end of their table they waited 30 minutes until staff supported them with their meal. They were unable to tell us about their experience due to their dementia. Other people who ate independently had finished their meal by 1pm. 45 minutes later their puddings were served. During this time one person requested a change of position as they were uncomfortable in the chair they were seated in. They told us, "It's too hard in this chair for that amount of time." 35 minutes after lunch had started to be served five people who needed assistance from staff were still waiting for their meal and support from staff to eat it.

During the morning drinks we saw only one staff member was completing this. They offered drinks to people. When people needed assistance with their drinks this staff member had to stop and offer this support. This meant after 15 minutes there were people who had still not received their drinks. 40 minutes after the drinks had started to be served we saw one person still had their drink next to them out of reach. They asked a member of staff if they could pass it to them, which they did. They said, "I have been gasping for that." The staff member offered the person another drink as that one had gone cold, which the person declined. This meant people did not always receive support in a timely manner.

This was a continued breach of Regulation 18 (1) of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

We found risks to people were not always managed in a safe way. For example, one person had recommendations in place from a speech and language assessment. There were several recommendations including the person ate with a teaspoon, could not eat certain foods including peas and was to receive custard consistency drinks. During lunch time we saw this person used a fork to eat and ate peas as part of their meal. The drinks they were offered also did not appear to be of 'custard' consistency. We spoke with staff who confirmed they were of a different consistency. We spoke with staff about this person's diet. One staff member told us that the person should receive a syrup consistency drink which was not in line with recommendations. This meant this person was placed at an increased risk as they did not receive diet and fluid in line with recommendations.

We looked at records for another person. This person had a care plan in place around 'eating and drinking'. It was recorded that the person required a blended diet; however the recommendations made by a speech and language therapist (SALT) stated they needed pureed meat. At lunchtime this person had blended not pureed meat. All the staff and kitchen staff we spoke with told us this person required blended meat. We discussed this with a member of the management team who told us that it had been discussed with SALT. They told us when the person was well they could have blended meat and when they were unwell they were to have pureed meat. They could not provide any evidence to support this recommendation. We raised our concerns with the registered manager as they had previously told us this person was currently unwell. [Therefore should be receiving pureed diet] the registered manager confirmed to us the person was unwell during our inspection. This meant this person did not receive food in line with recommendations placing them at increased risk of choking.

At the last inspection we found risk assessments were not always reviewed to reflect people's needs as people were transferred using the wrong size sling and did not have the correct slings available. At this inspection we found the necessary improvements had been made. One staff member said, "Everyone has their own sling now. It's good to stop cross infection. We hang them all up and everyone has their room number on it so we know that it is theirs." We saw people had their own individual slings that were the correct size, that they had been assessed as requiring. The slings people were transferred with matched the information recorded in people's risk assessments.

Other risks to people had been considered. Risk assessments were in place, were reviewed and followed to ensure people were protected from harm. For example, when people were at risk of falling or developing sore areas of skin. We saw guidance and risk assessments were in place for staff to follow. One staff member said, "Some people use walking aids to mobilise, they can do this independently however they just needed a member of staff there to offer guidance. We do this to keep people safe and to try to reduce the risk of them having a fall. We don't have many falls within the home so it is a sign this helps people." We looked at records for people and saw they were supported in line with the written guidance. This showed us staff had the information available to manage these risks to people.

We saw plans were in place to respond to emergencies. These plans provided guidance and information on the levels of support people would need to be evacuated from the home in an emergency situation. The information recorded was specific to individual's needs. Staff we spoke with were aware of the plans and the support individuals would need.

Staff knew what constituted abuse and what to do if they suspected someone was being abused. One staff member said, "Anything you see you should report it straight to the manager. If you don't think anything has

been done you can go straight to the safeguarding team." Another staff member told us, "It is keeping people safe from harm or any types of abuse." Procedures were in place to ensure any concerns about people's safety were reported appropriately and these were displayed around the home. We saw when needed the provider had made safeguarding referrals to the local authority as needed.

The provider had systems in place to ensure staff suitability to work within the home. We looked at records for five staff and saw that references and DBS clearance were obtained before they were able to start working within the home. The disclosure and barring service (DBS) is a national agency that holds information about criminal convictions. There was also a system in place in to ensure that nurse's registrations were checked and up to date.

People were happy with how they received their medicines. One person said, "Oh yes, I get me tablets when I need them. They also ask if I need any extras for my pain." Another person told us, "I can take tablets when necessary; I know what they are for." We saw staff administering medicines to people in a safe way. Staff spent time with people ensuring they had taken them. We saw staff checking with people if they required any pain relief and offering them their prescribed 'as required' medicines. When people received medicines on an as required basis we saw there was guidance in place for staff to follow. We saw there were effective systems in place to store, administer and record medicines to ensure people were protected from the risks associated to them.

There were infection control procedures in place and these were followed. We saw staff used personal protective equipment such as gloves and aprons when needed. Staff confirmed this was freely available to them. The provider also completed an audit in relation to infection control, this included mattress and environmental checks. We saw when needed action was taken to make improvements. There were housekeeping staff who were cleaning communal and individual's area during our inspection to ensure the environment was clean and maintained. We also saw the provider had been rated a five star by the food standards agency. The food standards agency is responsible for protecting public health in relation to food.

The registered manager told us there was no formal system in place to log how lessons were learnt and told us this was an area they were developing. However they were able to provide us with examples of this. They told us how they now introduced a log of safeguarding concerns within the home to ensure that the correct procedures were followed. They told us how they updated nurses and care staff about these incidents and the outcomes at meetings to ensure they had the information available. Minutes to meetings we reviewed reflected this information. They told us when safeguarding concluded they used this information to ensure that lessons in these areas were learnt for the future.

# Is the service effective?

## Our findings

At our last inspection it was unclear when people lacked capacity to make decisions for themselves, and when needed decisions had not always been considered in people's best interests. Staff did not demonstrate an understanding of the act. This was a breach of Regulation 11 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014. We could not be sure the training staff received was effective, as their competency was not checked. At third inspection we found the provider had not made the necessary improvements in relation to capacity and consent however other improvements had been made.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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

When needed, capacity assessments were not always completed. For example, when people had restrictions placed upon them such as bed rails or medicines. When capacity assessments had been completed we did not see how the decisions had been made. For example, for one person we saw the reason they lacked capacity recorded as 'Person is withdrawn and does not speak'. Some capacity assessments we reviewed were not dated and there was no decision made identifying if they lacked capacity or not. For the capacity assessments that were in place there was no evidence that decisions had been made in people's best interests. This meant the principles of the MCA were not followed.

It was unclear when people lacked capacity or not. In one person's records there was one capacity assessment in place in relation to 'care and permanent residency at Ashcroft Hollow'. There was no evidence on how or why this decision had been made. Furthermore, there was no outcome recorded on whether this person lacked capacity or not. This person had a care plan in place in relation to dementia which stated; 'unable to care for themselves in relation to decision making' it also stated that care needs to be maintained in 'their best interest'. Therefore it was unclear if this person lacked capacity or not. The registered manager told us they were able to make decisions for themselves and they did not have dementia.

Although staff were able to explain to us about capacity and consent they were unable to demonstrate an understanding of the process. For example, one member of staff said, "It's making sure people have choices. If they don't understand you do it in their best interests." They were unable to provide us with any more information. Records we reviewed had had a line added since our last inspection that now read 'decisions made in persons best interest'. There was no evidence to support how or why these decisions had been

reached meaning the principles of the MCA had not been followed.

This is a continued breach of Regulation 11 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

The provider had considered when people were being restricted unlawfully and applications for DoLS had been made. One person had an approval in place and staff were aware of this. There were no conditions in place for this authorisation.

At our last inspection we found staff received an induction and training however we could not be assured how effective the training was. At this inspection staff told us they received training and this helped them to support people. One staff member said, "We have had some new training it's around supporting people and treating them individually, this has been good as it makes you think more about people individually." Another staff member told us they had revisited moving and handling since our last inspection. We saw that since our last inspection competency assessments had been introduced. These included checking staffs knowledge in hand washing and bed bathing. We saw the deputy manager was in the process of working with staff to complete these.

We saw when needed, care plans and risk assessments were written and delivered in line with current legislation For example; when people had a specific medical diagnosis such as Parkinson's disease we saw people had care plans in place for this. Alongside this the provider had printed the most up to date information and guidance from relevant bodies so that staff had information available about the specific conditions. The provider was not using technology to support anyone with their care at the time of our inspection.

People enjoyed the food and were offered a verbal choice. One person said, "The dinners are very good." Another person told us, "I like the food, I enjoy it." At breakfast and lunchtime we saw people were offered a choice and had a range of different meals. Throughout the day people had cold drinks available to them and hot drinks and snacks were offered. At mealtimes the kitchen assistant offered support to people. Records we looked at included an assessment of people's nutritional risks. When risks had been identified we saw that food or fluid charts had been introduced so this could be monitored. Since our last inspection this information was now all collated together so that concerns could be highlighted and when needed this had been referred to the GP for advice.

People had access to healthcare professionals and their health was monitored within the home. We saw documented in people's notes and the registered manager confirmed that the GP visited the home when needed. During our inspection we saw that the GP attended the home as well as the chiropodist. Records we looked at included an assessment of people's health risks. People were also weighed and any concerns were recorded and reported so action could be taken. When needed we saw referrals had been made to health professionals; for example, to SALT and occupational therapy. We spoke with a visiting health professional during our inspection. They told us they had no concerns within the home. They also told us the management team and staff worked closely with them to deliver effective care and support to people.

The home was decorated in accordance with people's choices and needs. People had their own belongings in their bedrooms and around them when they sat in specific areas with communal rooms. The registered manager told us people had been involved with the refurbishment of communal bathrooms and records confirmed this to us. There was a garden area that people could access and during our inspection some people were seated outside.

## Is the service caring?

### Our findings

At our last comprehensive inspection we found people were not always supported in a caring and dignified way. This was a breach of Regulation 10 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014. At this inspection we found the provider had not made the necessary improvements.

During the inspection we observed that one person did not receive support from staff to access the toilet in a timely manner. The person asked for assistance from staff however this was not provided until 40 minutes later. This resulted in an undignified position for this person. We raised this as a concern at our last inspection. As staff did not always have time to spend with people their dignity was compromised. For example, at mealtimes some people were not seated close enough to the tables. Therefore, they dropped their food before they could reach it. As people's food had not always been cut up to make it easier for them to eat some people were picking it up with their hands or struggling to cut it themselves. This demonstrated people were not always treated in a dignified way.

Furthermore at breakfast time whilst people were present in the communal dining area, we saw one person had an injection administered while seated at their table and cream applied to their upper back, their clothes had to be adjusted for this to be completed.

This is a continued breach of Regulation 10 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

Other people's independence was promoted. One relative told us, "They encourage my relation when they have time to do so, that way they remain independent and keep the keys skills they could do for themselves at home." We saw that people were encouraged to walk around the home independently with their walking aids and minimal assistance was offered by staff. One person told us how they had previously been supported by staff to eat. They told us how they now ate independently. The care plans and risk assessments we looked at demonstrated the levels of support people needed. This demonstrated people were supported to maintain their independence.

People told us they made choices about their day. One person said, "I like to spend time in my room during the morning, if there is an activity taking place I may go down but it depends." One person told us how they liked to eat their meal later when the dining room was quieter, and we saw this took place. Staff gave us examples of how they supported people to make choices. One staff member said, "We ask people what they would like to wear, where they would like to sit, everything really just what they want." Care plans we reviewed reflected people choices as well as likes and dislikes.

Relatives and visitors we spoke with told us the staff were welcoming and they could visit anytime. A relative said "I come all day every day the carers are great with me." Another relative told us they could visit any time and commented, "The staff always make me feel welcome." We saw relatives and friends visited throughout the day and they were welcomed by staff. People and relatives were happy with the staff and the support they received. They felt the home was making improvements. One person said, "I think improvements have

been made, they are on the right track to being a very good home." Another person said, "The girls are wonderful we can't fault the care they provide." A relative said, "My relation is well looked after, very well dressed the way they used to like it."

## Is the service responsive?

### Our findings

At our last inspection we found people were not always having baths or showers. Care plans were not always reviewed to reflect people's current needs. People's cultural needs were not considered or assessed. This was a breach of Regulation 9 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014. At this inspection we found the provider had made some improvements however further improvements were needed.

Care plans continued to not always reflect people's current needs. For example, we looked at records for one person and saw they had several wounds. We reviewed the information and found that these wounds were not being dressed in line with recommendations. We discussed this with the deputy manager who told us the person no longer had these wounds and therefore the paperwork should have been discontinued. However, they told us the person had developed two new wounds and there was no information or guidance in relation to these, to follow in the persons care file. The registered manager confirmed this should have been in place and would action this. When other people had wounds we saw the information needed was in place for staff to follow. As noted in safe we also found recommendations by SALT did not always match information that was in people's eating and drinking care plans.

The registered manager told us they were aware of accessible information standards (AIS) and that this was an area that needed developing. For one person they told us how they used pictures cards as prompts. However during our inspection we did not see staff offer these to this person. People who were living with dementia were not always provided with the support they required. People were asked what they would like to eat before their meal but there were no pictures or prompts used to support these people to make their choices. We did not see any signage or adaptations that would offer appropriate support for people living with dementia. For example, all bedroom doors were the same but numbered; there were no pictures or personal objects that may help people identify their rooms. There was no signage throughout the home guiding people to communal areas such as the bathrooms.

The provider had started to consider peoples cultural needs. Conversations had taken place between people and their relatives about support that maybe required. The registered manager told us this was now an important part of the assessment process. People had the opportunity to attend church service and the local church came into the home and was available for people if they wished to attend.

People told us the situation with bathing and showering had improved. One person said, "They have the right equipment now so that helps." Another person said, "I can have one on a certain day which suits me." We saw that people had allocated days for baths or showers and records confirmed on these days' people we supported to bathe. A member of staff told us that if people wanted baths and different days then this could be arranged.

People knew how to complain and felt more confident if they chose to. One person said, "I have never complained, I know I can speak to the manager if I need to." A relative told us, "If I have any issues I speak to management, some of the things changed, its better." No one we spoke with had made a complaint so

could not comment on how this had been dealt with by the provider. There was a procedure in place to manage complaints and we saw when formal complaints had been made they had been responded to by the registered manager in line with these procedures. This demonstrated there were systems in place to deal with concerns or complaints.

People continued to participate in activities they enjoyed. One person said, "We have activities going on." There was an activity coordinator in post who people and relatives spoke fondly about. One person said, "There is something going on most days. The activities coordinator is great they have the time to spend with us the staff don't. They always go the extra mile we only have to mention something once and they have it planned for us the next week you can't get much better than that." During our inspection we saw people had the opportunity to participate in activities they enjoyed. We saw group activities taking place including balloon table tennis as well as individual activities. Some people preferred to listen to music or watch the televisions. The activity coordinator had been out and had purchased equipment for the garden and people told us this was something they enjoyed. One person said, "I liked a bit of gardening at home, we have a great time in the summer." We saw there was information displayed in communal areas about up and coming events in the home. There were also photographs displayed around the home of previous activities people had participated in including pancake making.

At the time of inspection, the provider was not supporting people with end of life care, so therefore we have not reported on this.

## Is the service well-led?

### Our findings

We have carried out four comprehensive inspections at this location since July 2015. On all four occasions this home has been rated as requires improvement. At our last inspection well led was rated as inadequate. At this inspection despite some improvements being made the provider remains in breach of regulations and had not made the necessary improvements in all areas.

After our last inspection we met with the provider and requested an action plan. In the action plan we received in January 2018, the providers again gave us assurances they understood and could meet the legal requirements under regulation 10, 11 and 17. The action plan in relation to regulation 11 stated, 'Discussions at meetings and supervision stages with all RGN's to ensure understanding of DoLS process and need for best interest decisions making' The action went on to state that documented evidence of the process would be in place. The updated action plan the provider sent to us stated this action was now completed. All the other actions in relation to compliance with regulation 11 were also identified as completed in the action plan. At the inspection although we found some mental capacity assessments were in place, they had not been completed in line with the principles of MCA and no best interest decisions were in place. There was no documented evidence in place to support this. Therefore we could not be assured the providers understood the requirements of the regulation to ensure they were compliant.

Since the last inspection the provider had introduced more audits. We saw that audits were completed in relation to infection control and medicines. We saw in these areas there was an action plan and improvements made when needed. Other audits that were completed by the provider were not always effective in identifying areas for improvement. For example, we saw a care plan audit was in place. This did not identify the concerns we had raised during our inspection for example around people's diets and wound care.

Furthermore since the last inspection a new call bell system had been introduced. Although the information could not be currently printed off the system, staff could look at this and review calls times. The registered manager told us they reviewed this information. As during our inspection we heard calls bells ringing for long periods of time before they were answered, one on occasions ten minutes. We asked to review this system and information. We saw that a call bell had been ringing for between ten and fifteen minutes previously. No one was able to locate whose call bell this was or where it was. The registered manager had not identified this previously when looking at the system. This meant the current system was not effective in identifying areas for improvement.

Since our last inspection the provider had changed their survey this was more comprehensive and covered more areas of people's care. The provider had not collated this information so we were unable to review this. The administrator told us this was as they were still waiting for some surveys to be returned. We reviewed the surveys and we found there were both compliments and areas for improvements. There was no evidence any action had been taken to address the areas for improvement despite these being raised in April 2018 and the administrator confirmed this to us. We checked the action plan the provider sent to us they told us, 'The results of the survey will be collated and any actions that are required will be addressed'.

The action plan told us this would be completed by 30 May 2018.

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

At this inspection we found there was a lack of leadership within the home. For example at lunchtime people were waiting for support and assistance. We observed that it took over two hours for lunch to be completed. During this time there was no management overseeing this. We saw that people were struggling with their meals. Despite nurses and senior carers being present in the communal areas not one noticed this or took any action. Lunchtime and other key periods during the day were disorganised and chaotic. The registered manager told us they completed a walk about within the home however these were not recorded. During feedback we discussed this with the registered manager and consultant who told us the action they had taken to try to resolve this, after the inspection the registered manager sent us information that showed they had received feedback from seniors identifying how areas of improvement could be made. The registered manager also completed a daily report that they sent to the providers, however the ones that we reviewed had not identified the concerns we had. We received mixed views about the leadership within the home. One person said, "Yes I know the manager." Whereas another person said, "They are around but I feel they could be more visible and supportive to the staff". Relatives said, "I can't say much about the management, but the care staff are very good." And "A very good friendly team, including the managers."

At our last inspection we raised concerns with the equipment within the home. At this inspection we found the necessary improvements had been made. We saw that bathrooms had been refurbished and additional wet rooms had been introduced. The equipment that we raised concerns with at our last inspection had been replaced, in line with the action plan the provider had sent to us. A bath had been removed from one bathroom and it had been made into a toilet room so that when people needed additional space to transfer this was provided for them. Additional equipment had also been purchased by the provider so that when people needed specialist equipment to shower or bathe this was available.. One person commented to us this was a positive improvement. A staff member said, "We used to have problems taking people to the toilet and doing showers. It's much better now it makes a lot of difference."

Resident and relative meetings were taking place and we saw the feedback the home received was mainly positive. When areas for improvement had been identified we saw this had been completed. For example, relatives had requested additional chairs to use during their visits. We saw that fold up chairs were available throughout the home and for relatives to use during their visits if they wished to do so.

There was a registered manager in post. The registered manager understood their responsibility of registration with us and notified us of important events that occurred in the service which meant we could check appropriate action had been taken. The previous rating was displayed in the home in line with our requirements. The home does not have a website to display the rating on. Since our last inspection the providers had employed a consultant to help with the running of the home and were present during our feedback. the registered manager told us the providers were involved with the running of the home and attended meetings for staff and relatives. We saw the service worked in partnership with other agencies, for example a local health team visited the home each day. They told us the home communicated well with them. They also commented that they had staff available to offer support to them when needed.

Staff felt they were more supported and were able to raise their concerns. One staff member said, "We have more support now, the providers have attended meetings and things are going in the right direction." Another staff member told us, "We can ask for training now and we have regular supervisions. We are definitely listened to now." Staff were happy to raise concerns and knew about the whistle blowing process.

Whistle blowing is the process for raising concerns about poor practices. One member of staff said, "I would be happy to this I know I would be supported and action taken". We saw there was a whistle blowing procedure in place.

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 10 HSCA RA Regulations 2014 Dignity and respect
Diagnostic and screening procedures	<b>People were not supported in a dignified way.</b>
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Diagnostic and screening procedures	<b>People's capacity had not been fully considered and assessments were not always completed. There was no evidence decisions had been made in people's best interests.</b>
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	<b>The providers remains in breach of regulations and have not made the necessary improvements needed to comply. There are concerns with the lack of leadership within the home. Audits were not always identifying concerns or driving improvement.</b>
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Diagnostic and screening procedures	<b>People had to wait for support.</b>
Treatment of disease, disorder or injury	

