Thorngate Churcher Trust

Russell Churcher Court

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?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on the 9 and 10 October 2017 and was unannounced.

Russell Churcher Court provides residential care and support for up to 44 older people some of who are living with dementia. People were accommodated in individual rooms with a toilet and shower and small kitchenette. Communal facilities include a lounge, dining room and conservatory and secure outside spaces. At the time of our inspection, 44 were living at the home.

A registered manager was not in post and the previous registered manager left on 30 June 2017. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider had recruited a manager and they were currently applying for registration.

People told us they were safely cared for at Russell Churcher. However, we found people were not always protected from risks associated with their care and support. We found people's needs were not always reviewed when they experienced a fall to ensure detailed plans were in place to minimise the risk of a reoccurrence.

Records showed information to enable staff to effectively monitor, evaluate and mitigate the risks to people from dehydration and malnutrition was not consistently recorded. Topical creams prescribed to protect people from the risks associated with pressure sores were not always recorded as applied as prescribed. Information was not always readily available to staff about where to apply the creams. From the examples seen we could not be assured people were always receiving sufficient fluids, food and skin care to prevent the risk of deterioration in their health.

Risk assessments and continuity plans were in place to guide staff on how to support people in an emergency situation such as a fire or flood. People were supported safely and appropriately with their moving and handling needs.

Robust procedures were not in place to ensure medicines were always managed safely. We identified medicines were not always stored and disposed of safely. Cream and liquid medicines were not dated when opened to ensure they remained effective. Staff administering people's medicines had not been routinely assessed as competent to do so line with the provider's policy and current guidance.

The provider had recently increased care staff hours during the day. We received mixed feedback about the staffing levels in the home from people and staff. The provider planned to carry out a more detailed analysis of people's dependency needs to ensure sufficient numbers of staff were deployed to meet people's needs. Staff had the knowledge to identify safeguarding concerns and acted on these to keep people safe. Safe recruitment practices were followed before new staff were employed to work with people. Checks were

made to ensure staff were of good character and suitable for their role.

Staff did not receive regular supervision sessions. Supervision helps to ensure people are cared for by staff who are appropriately supported in their role.

Staff completed an induction and on-going training to develop the knowledge and skills required to meet people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People spoke positively about the food available in the home. Some people may have benefited from more attention during meal times to encourage eating.

People received support with their healthcare needs from the relevant health care professionals. Care plans did not always contain detailed information about how their healthcare needs were being met. The manager took action to ensure people's records were updated as required following our inspection.

People and their relatives told us the staff were kind and caring and we saw interactions between staff and people to support this view. However, we observed staff during lunchtime were not always respectful and caring towards people. The manager told us they would address this with staff.

People and their relatives told us they were satisfied with the care provided in the home. At the time of our inspection, work was in progress to review and update people's care plans to ensure they were personalised and reflected people's needs, choices and involvement.

People had a range of activities they could be involved in. In addition to group activities, people were able to maintain hobbies and interests. However, we observed there was less staff engagement and meaningful activity for those who did not participate in group activities.

A system was in place to manage complaints. Information about this was available to people and their relatives Concerns and complaints were used as an opportunity for learning or improvement.

Most people, their relatives and staff told us the home was well led. It was clear the provider and manager were acting to make improvements in the home and the service people received. Systems in place to identify improvements required were not always effective and had not identified all the concerns we found.

A system was in place to gather feedback from people, their relatives and visitors to the home. Feedback from people had been used to make improvements.

We found four 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?

Requires Improvement

The service was not always safe.

Risks associated with people's care were not always fully assessed. Actions to mitigate risks to people were not always evidenced as completed to ensure risks to people were effectively monitored and evaluated.

Staff had the knowledge to identify safeguarding concerns and acted on these to keep people safe.

We received mixed feedback about staffing levels in the home. The provider planned to review staffing using a system to determine the appropriate staffing level to meet people's identified needs.

Safe recruitment practices were followed to check staff were suitable for their role.

Medicines were not always stored or disposed of safely. Staff competence was not routinely assessed to ensure staff remained competent to administer people's medicines.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff were not supported in their role through regular supervision.

Staff completed on-going training to develop their knowledge and skills to support people effectively with their needs.

People were supported in line with the principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS).

People were provided with good quality food. Some people may benefit from more attention at mealtimes to encourage good nutrition.

People were supported with their healthcare needs. The manager improved recording of people's healthcare needs

following our inspection.

Is the service caring?

Requires Improvement

The service was not always caring.

Staff did not always treat people respectfully.

People received support with personal care in privacy.

People told us they valued their relationships with staff who knew them well.

People told us they were able to express their views and they were listened to by staff.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's care plans did not always reflect their personalised information. Work was in progress to update care plans with this information.

Activities provided in the home did not always meet the needs of people who did not participate in group activities.

A complaints procedure was in place and available to people and their relatives. Feedback from concerns raised had been used to make improvements.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Planned improvements were underway at the time of our inspection. The system used to identify improvements was not always effective and had not identified all the concerns we found at this inspection.

The manager and provider were acting to improve the culture in the home. Work was in progress to improve staff engagement and the manager worked alongside staff to monitor the quality of care people received.

People and their relatives were asked for their feedback on the service and this was acted on to make improvements.

Russell Churcher Court

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 09 and 10 October 2017 and was unannounced. The inspection team included 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. The expert by experience had experience of caring for older people living with dementia.

Before the inspection, the provider completed 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. We reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

During the inspection, we spoke with eight people and three people's relatives. We spoke with the manager, the receptionist, the HR consultant, six care staff, four senior care staff, an activities co-ordinator, three housekeeping staff, the interim catering manager and the chef. We spoke with one visiting community health care professional and one visiting local authority social care professional. Following the inspection, we spoke with another social care professional from Hampshire county council and received written feedback from the operations manager of a visiting optician.

It was not always possible to establish people's views due to the nature of their communication needs. To help us understand the experience of people who could not talk with us, we spent time observing interactions between staff and people who lived in the home.

We reviewed records, which included seven people's care plans, daily monitoring records and medicine administration and management records. We also reviewed ten staff files, supervision and recruitment records, staff training records and the staff duty roster for the period 10 September 2017 to 8 October 2017.

We looked at records relating to the management of the service such as quality assurance audits, accidents and incidents and complaints. We observed lunch in the dining room on both days of our inspection and attended a staff handover meeting, we observed part of a medicines round.

This was the first inspection of this service, which was registered on 01 March 2017.

Requires Improvement

Is the service safe?

Our findings

People and their relatives we spoke with told us they (or their relative) felt safe living at Russell Churcher Court. People told us the home was "safe, secure and comfortable".

People were not always protected from risks associated with their care and support because risk assessment of their needs did not always take place when needed. For example, whilst people's care plans included some actions taken to protect people and minimise their risks of falls, they did not consistently demonstrate that people's needs were reassessed following falls, in order to assess and mitigate their risk of further falls.

One person had fallen five times in 2017. Incident forms had been completed for these falls however; their risk assessment did not show their needs had been reviewed following each specific incident. On one occasion when the person had returned home from hospital following a fall, their risk assessment stated 'staff to monitor' which did not provide clear guidance. Their falls risk assessment had been updated in October 2017, which showed some actions had been identified to mitigate the risk of further falls. However, these actions were not sufficiently detailed to ensure robust plans were in place to protect the person from further falls. For example, the risk assessment required staff to check the whereabouts of the person regularly as they could fall when tired and they did not always use their walking frame. However, the care plan did not specify what regularly meant, nor was it clear if particular staff members were to be allocated to check the person's whereabouts. Another person's falls risk assessment had been reviewed in August 2017 but did not show their needs had been reassessed and reviewed following the falls they experienced in September 2017. This meant there was a risk that people may not receive the support they required to prevent risks to them from falls.

People who had been assessed as at risk of skin breakdown were prescribed topical creams and lotions to reduce this risk. An electronic record and a paper record were in use to record their application. The paper records of where and how often these creams were applied were kept in people's rooms and the manager confirmed staff were required to complete these following each application. We reviewed the records of four people and found they did not demonstrate that these creams had been applied as prescribed. This included two people who had skin damage. Two people did not have a body map available to show where the creams should be applied including one person with a pressure sore. Information should be readily available to staff about the application of these creams. One person's record showed they had creams applied twice daily but not consistently and their medicine administration record showed this should be three times daily. A staff member told us they relied on these paper records because the tablets used to record care electronically were not always available. We could therefore not be assured that all measures to reduce the risk of further skin breakdown for these people were being taken.

People who had been assessed as at risk of poor nutrition and hydration had their intake of food and fluids monitored by staff. A staff member told us they recorded people's intake on a paper record, which was then added to their electronic record. We reviewed the records of five people who required food and fluid monitoring to prevent the risk of deterioration in their health. We found these records were not consistently

completed. Records did not always include the amount of fluid consumed and some people's records showed they had consumed very little fluid or none on occasion. There was no running total of fluids, and some dates when the records had not been completed for food or fluids. Staff were unable to tell us how these records were evaluated and used to inform care planning and the reduction of these risks. This meant important information to enable staff to monitor, evaluate and mitigate the risks to people of dehydration and malnutrition was not always available. Following the inspection the manager told us they would ensure the records were completed and totalled.

The failure to ensure all the risks to the health, safety welfare of service users had been fully assessed and all that was reasonably practicable had been done to mitigate risks was a breach of Regulation 12 of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We did find people's care plans contained other risk assessments such as the use of pull cord alarms, which guided staff about how they could ensure people had appropriate arrangement in place to call for support if needed. In addition, manual handling assessments and bed rail risk assessments were in place, which guided staff to the support people needed with independent movement. Where we observed staff using hoists to move people; this was consistently done safely and effectively.

Personal Emergency Evacuation Plans (PEEP's) were held in each care plan and held centrally in paper form, which outlined how the person could be removed or kept safe in the event of an emergency, such as fire or flood. The level of difficulty and the number of staff required to do this had also been calculated. A business continuity plan was in place and this provided details of what actions should be taken by whom in the event of a major event such as loss of accommodation and failure of utilities.

People's medicines were not always stored safely and disposed of promptly. Some prescription medicines are controlled under the Misuse of Drugs Act 1971. These medicines are called controlled drugs (CDs). Providers are required to have procedures in place to ensure that CDs are safely managed and that staff follow these to keep people safe. We found the stock levels of controlled medicines were accurate and records showed that these were checked regularly. However, we found that not all CDs were stored appropriately. Some CD medicines for disposal were found in a locked cupboard along with a large quantity of other medicines for disposal in the treatment room and not in the CD cupboard as required by the legislation.

The storage of other medicines for disposal did not meet current guidance or the provider's own policy for the safe disposal of medicines. Medicines, such as creams and liquids for disposal were in an unlocked box on the floor and not in a tamper proof container within a cupboard. Most of the medicines awaiting disposal had not been recorded. The records for disposal had last been completed on 18 July 2017, and these items had not yet been disposed of. Unwanted and out of date medicines had not been disposed of promptly to prevent the risks to people associated with surplus unwanted or expired medicines. We brought this to the attention of the manger who took prompt action to address this and arrange for the disposal of these medicines.

We observed that some prescribed cream and liquid medicines in use were not dated when opened. This is important because some medicines have a reduced expiry date once opened.

People's medicines were administered by senior care staff who had completed training in medicines administration. We asked about competency checks for staff who regularly administered people's medicines. These checks ensure staff remain appropriately skilled to support people safely with their medicines. These were kept in staff files and we were shown five of these. We noted none contained up to

date annual competency assessments. The most recent had been undertaken on 24 June 2016. The others had been completed in 2013 and 2015. The review of staff competency did not meet the current guidance or the provider's own policy.

The failure to ensure the proper and safe storage and disposal of medicines and the review of staff competence in the management and administration of people's medicines is a breach of Regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulation 2014.

The provider had introduced an electronic medicines management system. Staff we spoke with who used this system spoke positively about this. They showed us how this enabled them to support people safely with their medicines because the system alerted them to the medicines a person required and when. It used barcodes to confirm the correct medicines for the person and flagged any potential errors such as missed medicines and doses given too close to a previous dose. A daily management report of the system was reviewed by the manager and discussed weekly with the provider. This report enabled the manager and provider to check the system was used effectively and address any issues of concern.

We received mixed feedback about the staffing levels in the home. Four of the eight people we spoke with said they were satisfied with the staffing levels. Four other people told us there were not always enough staff available. People's comments included "They (staff) don't come quickly (when answering call bell) things are much better if you can get up and walk around yourself" and another person told us staff were always too busy to give the time to look at all the problems and questions they would like answered. People's relatives were mostly satisfied with the level of staff available although their comments included "There could be more staff around".

Whilst staff confirmed people's care needs were met, two staff told us they felt staffing levels were 'stretched' and the time they spent with people was mostly task focused. A staff member said, "There isn't enough staff, no. It is a conveyer belt sometimes. We have time to give basic care, and then we start all over again". Another care staff member said, "They (staffing levels) aren't always great. I would say at least once a week there aren't enough staff. It can be because staff ring in sick or because there just aren't enough staff on duty". Other staff thought there were enough staff and their comments included "I think we have enough staff. We're a good team and if anyone can't make a shift, we cover".

We discussed staffing levels with the manager and they told us they aimed for eight care staff in the morning and six care staff in the afternoon/evening and four care staff at night. We looked at the staff duty rota for the period from 10 September 2017 to 8 October 2017. We noted there were usually between seven and nine care staff on duty during the morning and five or six in the afternoon and evenings. At night, there were four care staff. There were also kitchen, laundry, administrative, activity and maintenance staff on duty. The provider was aware that care staffing levels had required some adjustment and had addressed this by increasing the care staffing level during the day although this had not yet fully stabilised.

A system to assess the number of staff needed to meet people's needs was not in place but we were told that the provider was in the process of introducing this. This would provide more detailed calculation of people's support needs and staffing levels would be subject to review following this being completed. The provider allocated a range of staff to each shift based on their experience and qualification level. More time was required to implement and embed the staff changes and needs analysis to ensure sufficient numbers of staff were deployed at all times to meet people's needs.
Call bells were alerted to staff by a pager they carried with them and bells did not sound in the home. This meant people were not disturbed by call bells. Some people told us they had to wait a long time for call bells to be answered. We were aware when talking to staff that call bells were busy but we did not see that

call bells went to an emergency status, which would be alerted to the office. The provider did not audit call bell response times and the manager said they were not aware some people were dissatisfied with staff response times and they would speak to people and staff about this.

People were supported by staff who understood their safeguarding responsibilities and acted to keep people safe. Staff completed training in safeguarding people from abuse and were aware of the types and signs of abuse and knew how to report any concerns. Staff told us they felt able to share any concerns with the manager and were confident these would be acted on. We discussed the management of safeguarding concerns with the manager who evidenced they had taken appropriate action to safeguard people from abuse. Information was available to people about 'keeping safe'. This was displayed in the home to enable people and their relatives to know how to report concerns about safeguarding concerns should this be required.

Appropriate recruitment checks were undertaken by the provider to ensure staff were of suitable character to work with vulnerable people. We examined staff files containing recruitment information for five staff members. Criminal records checks had been undertaken with the Disclosure and Barring Service (DBS). There were also copies of other relevant documentation including full employment histories, professional and character references and interview notes in staff files. We noted staff were asked care focused questions during interviews, such as the management of safeguarding issues. The manager told us this helped them to assess the values of applicants and recruit appropriate recruitment.

Requires Improvement

Is the service effective?

Our findings

People and their relatives spoke positively about staff and told us they were skilled to meet their needs. People's comments included "The staff are really well trained and give excellent care and support" and "Staff are very well trained to cope with any situation".

There was limited information in staff files to demonstrate that staff received supervision and appraisal. Supervision is a process which enables staff to reflect on and learn from practice, providing professional development, motivation and support in their role. We asked the manager about this. We were told that no supervision or appraisal sessions had been undertaken since they came into post on 25 August 2017 and no supervisions had been planned. None of the staff we spoke with had undertaken recent supervision sessions. One staff member, in post for eighteen months, could not remember ever receiving supervision or appraisal. They told us they would have appreciated the opportunity, as there were a number of issues they wished to raise with the manager. Following our inspection the provider submitted evidence to show that 14 of 56 staff had received one supervision session in the last year. The manager told us they would take action to ensure staff received supervision.

The lack of on-going or periodic supervision for staff is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

We spoke with staff about their experience of induction to the home when first coming to work for the provider. One staff member told us, "It was outstanding I would say. I shadowed until I felt comfortable and there was a lot of training". New staff completed the care certificate induction standards training. These are nationally recognised standards of care, which care staff, are expected to adhere to in their daily working life to support them to deliver safe and effective care.

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. We looked at the provider's staff training matrix and examined staff training certificates. These records confirmed staff received training on a range of subjects including; health and safety, infection control, and safeguarding for example. Other training completed by staff included: The Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS), dementia care, equality and diversity and dignity and respect. Staff told us they had the training they needed to meet people's needs and a staff member said, "The training is really good. There's always something you can do and it helps us to look after the residents".

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.

The provider had made applications for DoLS to the local authority on behalf of a number of people and these were currently awaiting assessment and authorisation by them. We looked at DoLS applications and care plans in the light of issues of consent and capacity. We noted, in some cases, the provider had acted in a manner consistent with the law. Mental capacity assessments were in place for those requiring them, which included information about the person's level of ability to make decisions for themselves. However, we noted there was confusing and contradictory information about people's mental capacity in two DoLS applications and in the care plan of another person. For example, two people were assessed as having the mental capacity to make decisions and their DoLS application stated they did not. A person's care plan included contradictory assessments about their mental capacity so it was not possible from the care plan to ascertain whether the person retained the ability to make decisions for themselves or not. It is important to have accurate and consistent information about people's mental capacity to consent to their care and treatment to ensure appropriate decisions are made in line with the MCA. The provider acknowledged a more consistent and thorough approach to people's care planning was required to ensure people's needs were accurately recorded.

Some people had stair gates in use across their bedroom doors. These were used as a deterrent to other people who may walk into their bedroom. People were asked whether they wanted to use these gates and had given their consent. Whilst these were not intended to restrict people from leaving their room, these gates can be restrictive. One person who did not have the mental capacity to make a decision about the use of a gate did not have a mental capacity assessment or a risk assessment in place to determine if the decision made was in the person's best interests and was safe. The manager confirmed the decision had been discussed with the person's relative and would ensure the risk assessment and decision was properly recorded.

We asked staff about issues of consent and about their understanding of the Mental Capacity Act (MCA) (2005). All of the staff members we spoke had undertaken recent training in this area. Most staff understood the rights of people with mental capacity to take risks if they chose to. The provider had planned further work in this area to ensure staff, people and their relatives were fully informed about the MCA.

People spoke positively about the food provided in the home and told us they appreciated the 'fresh ingredients, choice and home-made cakes.' People were given a weekly menu including pictures of the meals available and were asked for their choice in the mornings. The catering manager told us alternatives were also available on request. They said, "Our ethos is to ask 'Would I be happy for my parents to be having that?" People's food was prepared to meet their dietary needs. When people required a pureed diet this was, attractively presented using moulds to shape ingredients separately so that people could see what they were eating. People were served hot and cold drinks at lunch and throughout the day.

We observed the lunchtime meal in the dining room on both days of our visit and we visited people who ate lunch in their rooms. We observed that some people in the dining room may have benefited from more encouragement to eat as we noted some people sat for a long time with their lunch and desert in front of them. We visited a person living with dementia who was eating in their room and was given their main meal and desert at the same time. We observed they did not eat any of their main meal. A staff member told us they always only ate the desert. It is helpful to offer people one course at a time to encourage a balanced diet, avoid confusion and to ensure each course is served warm (when appropriate).

We looked at people's care plans in order to ascertain whether people's health care needs were being met. We noted the provider involved a range of external health and social care professionals in the care of people, such as community nurses, hospital consultants and NHS Tissue Viability Nurses. We spoke with a visiting health professional, who came to the home on a regular basis. They told us staff were knowledgeable about the people they were looking after and followed the guidance and advice given. Referrals were made appropriately and feedback about people's condition was accurate and reliable. Senior care staff followed up people's healthcare needs on a daily basis, making referrals to healthcare professionals as required.

Community nurses visiting people at the home did not complete and leave notes for care staff following their visits. A person raised some questions with us about their treatment from the community nurses. We reviewed the information on their care plan with the manager and found that although the nurses had visited the person, their care plan had not been updated with any information about their condition and treatment at this visit. The community nurses visited on the second day of our inspection and the manager confirmed their records had been updated.

Two people had been identified to us as having pressure sores. We looked at their care plans. We found there was very limited information about their wounds. These people were receiving treatment from the community nurses. However, information available to staff about their wounds was limited. One person's body map did not show the affected area of the person's skin. There was conflicting information in their care plan about the level of risk to them from pressure sores. Another person had been visited by the community nurses on 6 October 2017 however, their risk assessment dated 9 October 2017 made no mention of this and during our inspection, we learned the person's condition had deteriorated and they were being re-referred to the community nurses. This meant information about people's healthcare needs could be missed and may not be available to all staff. Following our inspection the manager arranged for a member of the care staff to escort the community nurses during their visits so that all information could be recorded on to the system for staff to refer to.

Requires Improvement

Is the service caring?

Our findings

People and their relatives told us the staff were kind and caring. Their comments included "Staff are very supportive and caring" and "Staff are caring and I am happy here". We observed some good interactions between people and staff who consistently took care to ask permission before intervening or assisting. There was a high level of engagement between people and staff on these occasions.

However, we observed that care given was not always person centred and respectful. On several occasions, we heard staff referring to people in communal areas by their room numbers, rather than their names. During our lunchtime observation on the second day of our visit, we noted the noise levels were extremely high throughout lunch, caused exclusively by staff. We observed staff calling across the dining room to each other over the heads of people attempting to eat their lunch. Most, but not all of these conversations, were about people living at the home. On both days of our visit, a staff member sat at one table with a laptop completing care records of what people had eaten. Other staff members were constantly approaching and reporting what people had eaten. The focus on administrative duties may have detracted from a pleasurable lunchtime experience for people.

There were also very loud noises coming constantly from the kitchen as staff were clearing crockery. Whilst the provider had put in place a 'protected mealtime policy' they told us this did not apply to noise levels but was 'to request relatives visited outside of mealtimes'. Lots of noise and activity in the dining area can make it difficult for people, particularly those living with dementia to concentrate on the task of eating.

On both days of our inspection we observed those not receiving care were not always approached by staff to provide encouragement and prompting to eat although they were not eating their main meal. Puddings were served to some people prior to their main meal being finished. Staff assisting those requiring support mostly acted in a task oriented way. We observed one person tell a staff member that they "didn't like the food" and had difficulty eating it. The staff member ignored the previous statement and said, "Well use your spoon then". This did not solve the problem and was disrespectful to the person.

We were told by the manager that work had been done with staff on 'nutrition and mealtimes'. However, it was not apparent that this had been effective to ensure people experienced a person centred, pleasurable and respectful mealtime. We discussed our observations with the manager who told us they would address this with staff.

Other staff interactions showed that staff were respectful and kind to people living at the home and we observed instances of genuine warmth between staff and people. For example, we observed a person living with dementia engaged by the reception staff member listening to music and singing which they enjoyed. We heard staff having friendly and personal conversations with people, which showed they knew the person they were talking with. Staff were able to tell us about the people they supported when we asked them. This included how a person communicated their needs, a person's employment history and objects of importance to a person. Most people told us they valued their relationships with staff, were able to express their own opinions and that they were always listened to by staff. The provider had not recently used agency

staff. Existing staff covered vacant shifts. This helped to provide people with more consistent care by familiar staff.

During our inspection, we saw staff supported people's privacy and dignity when supporting people with personal care tasks. This was done discreetly, behind closed doors to ensure people's dignity was maintained. People confirmed staff treated them with dignity and respect.

Requires Improvement

Is the service responsive?

Our findings

People and their relatives told us they were "happy" and "satisfied" with the support and care provided in the home. A person's relative told us they thought their relatives care had "Improved over the past six weeks" and added "I am very happy with the care (person) receives now". We observed and some people commented that staff did not always have enough time to spend with them on an individual basis to meet their social and activity needs.

People's care and treatment was set out in an electronic care plan based on an assessment of their needs. Care plans were legible and securely stored. However, they were not always person centred; people's choices and preferences were not consistently documented. Some of the care plans we looked at did not contain any meaningful information about people's social and personal histories. This information is important to help staff develop relationships with people and provide personalised care treatment and support. Care plans did not always provide staff with information on how to meet people's needs to promote their wellbeing and ensure their needs were met. For example, a person living with dementia had a care plan for behaviours that may challenge others. The care plan stated their behaviour should be monitored and incidents documented. However, the care plan did not include what staff needed to understand about why they may be challenging and what to do to try and support the person so they did not become challenging. There was very limited information on how the person could be meaningfully engaged in their daily life and social activities care plan. This information is important so that people, who may not be able to fully express their needs, receive person centred care and support to achieve positive outcomes.

People's relatives told us they were kept informed by staff about any issues affecting their relative and that staff did take the time to talk to them about their relative. We looked at people's care plans in order to see how staff involved people and their families with their care as much as possible. Staff reviewed care plans regularly but there was nothing in place to show that people or where people were unable to contribute to their care planning, their relatives had regular involvement in on going care planning or risk assessment.

The manager told us they had already planned to review and update people's care plans including the involvement of people and their relatives and this was in progress at the time of our inspection. A person's care plan that had been updated showed this included person centred information and clear details and guidance of how to support the person. Similarly, the provider had identified that people's daily records required improvement to reflect more personalised information. More time was required for these improvements to be fully embedded into practice.

Two activity workers were employed with one activity worker on each day of the week. A programme of activities was in place and we saw people participating in activities such as potting up plants, dominoes and bingo. Outings were also arranged for people such as attending tea dances. Group activities were usually held in the conservatory and we saw that six to eight people participated in these. People who participated in group activities and outings told us they enjoyed the activities on offer and a person said, "The home has some nice outings." Visiting clergy held religious services and bible study at the home from local Methodist

and Catholic churches. People that were able to follow their own hobbies and interests were able to do so and we observed staff showed some support for this by enquiring about what the person was doing.

We observed there was less staff engagement with those who did not participate in group activities. We asked staff about a person who spent time in their room they told us the person rarely spent time with others because their behaviours can distress others. Other than providing personal care we did not see staff spend time with this person. We visited the lounge several times during our visit and noted there were no staff routinely available to people in this area. We observed a person standing in front of the TV in the lounge obscuring other people's view but no staff were available in the lounge to distract the person or intervene. On another occasion a person was in the lounge and their behaviour was causing distress to another who was crying, however there were no staff available to engage either person, both of whom were unoccupied, which may have alleviated this situation. The seating arrangement in the lounge during the inspection did not promote social interaction between people. Some people were sat facing the back of another chair. The provider told us this was because seating had not been reorganised promptly following recent decoration.

The activity co-ordinator we spoke with told us there was not always enough time to spend with people on a one to one basis. The manager said the activity worker at the weekends had more time for one to one interactions with people. Improvements were planned to support people's social activity needs. Following the inspection the provider wrote and told us "Our activities programme is an area that we have identified for further development and our aim is to provide occupation which reflects the interests, strengths and wishes of people".

The staff members we spoke with were clear about their responsibilities in the management of complaints or concerns. They were aware of the provider's complaints policy and procedures, which were on display in communal areas. One staff member told us, "I would always let the manager know". No formal complaints had been received. Records showed that concerns and suggestions received from people and their relatives had been responded to and were either resolved or on going. Actions taken in response to issues were recorded and showed the provider used this information to make improvements to the service people received. For example, improvements had been made to catering arrangements and a person's relative had been invited to a care plan review in response to their suggestion. A system was in place for people to raise their complaints and concerns and they were acted on.

Requires Improvement

Is the service well-led?

Our findings

Most people and their relatives told us they thought the home was well organised and well managed. People's comments included "The home is very friendly and approachable" and "This is a homely home." Most staff we spoke with told us they thought the home was 'well-led'. A staff member said, "Things have improved so much in the past six months. The new manager has made a big difference. Things that were getting missed are done now". A social care professional told us they thought the manager was very committed to achieving improvement and "driving changes."

A registered manager was not in post. The last registered manager left on 30 June 2017. The provider has recruited to this post and the new manager has been in post since 25 August 2017. At the time of our inspection, they had applied for registration with CQC.

The provider had an action plan in place which showed they had identified improvements to the service based on the key lines of enquiry CQC use to answer the five key questions as to whether the service is; safe, responsive, effective, caring and well led. The action plan was based on audits carried out by an external consultant who had audited the service four times since January 2017 and their results showed improvements had been made. We looked at the service audit dated 25.09.2017.

The service audit had identified some of the issues that we found. For example; the audit identified that staff supervisions were not up to date and recommended the implementation of a programme of supervision. The audit identified improvements were required in the recording of food and fluid consumed by people at risk and a regular evaluation of this. Some issues we found were not identified in the audit such as; risk management for people at risk of falls and skin breakdown. The audit did not detail any findings about medicine disposal and storage other than to state the home had reviewed their systems to ensure good practice and to meet legislative requirements.

Other audits to assess and monitor the quality and safety of the services provided had been carried out by senior care staff. These included health and safety audits, the Control of Substances Hazardous to Health (COSHH) audits and a medication audit. The medication audit carried out on the 30 September 2017 found all the criteria for the safe management of medicines were met including returns of CD medicines. The audit identified medicines for disposal were awaiting collection and this should be monthly. However, we found the records for disposal had last been completed on 18 July 2017, and these items had not yet been disposed of. The audit had not identified the need for any action or that the medicines had not been collected for over two months. Whilst the manager took prompt action to address this issue, this system did not enable the provider to properly identify where the safe management of medicines was being compromised.

We reviewed the records of accidents and incidents in the home. Electronic records were kept which detailed the incident/accident and the initial actions taken. We noted that these records were not always completed with follow up information. Records of accidents and incidents showed that most accidents had involved people falling. We reviewed the incident and accident records for the period 10 April 2017 to 8

October 2017. There were a total of 91 records out of which 84 related to falls. A falls monitoring system was in place but was not being used to enable the manager to regularly review this information to identify patterns and trends, assess, and evaluate the measures required to minimise the risks to people of reoccurring falls. We found that people's risk assessments were not always reviewed and updated following falls. Following our inspection the manager told us that an analysis of accidents and incidents would be completed.

This meant the system in place to assess and monitor the quality and safety of the service for people was not always effective in driving improvements. This was a breach of regulation 17 of the Health and Social Care Act 2008 (regulated activities) Regulation 2014.

There had been recent changes in the staffing at the home including, management, care staff and catering staff. The manager and the HR consultant both spoke to us about building a "more positive culture" in the home. Actions had been taken to improve staff engagement and consultation. The provider had carried out a staff survey in July 2017. We noted there was a 24% response rate. The results of this survey showed the majority of staff responding were proud or very proud to work for the provider, and would recommend them as an employer. Staff working in the home had been asked to rate the service against the five key questions we use to inspect and rate services. As part of this exercise, staff had made suggestions for improvements in their working conditions and to help them perform their role more easily. We were told the results from this survey would be used to inform developments in the service and an action plan would be produced.

There had been one staff meeting held since August 2015. This was held on 26 July 2017. We looked at the minutes of this meeting. We noted staff were able to discuss matters of importance to them and the people they were looking after. However, the minutes did not contain an action plan outlining what issues were to be addressed, by whom and by when. This meant it was not clear who was accountable for the actions.

Whilst we could see that action had been taken to improve staff engagement, it was not clear how the information gathered had been used to make improvements. More time was needed to evaluate the effectiveness of the staff survey and staff meeting once actions had been identified and taken.

People and their relatives were asked for their views on the quality of the service people received. There had been regular residents and relatives' meetings held. We looked at the minutes of the latest two available, held on 21 July and 23 August 2017 respectively. These were well attended. It was clear issues relevant to people and their families were discussed and action had been taken to make improvements based on their feedback. For example, we noted that issues related to catering had been brought up on both occasions and improvements in catering had been made. This included involving a member of the catering team in residents meetings. The interim catering manager told us "We have received good feedback so far and have gone around the residents to see if they have comments and we are not aware of any negative." People had been consulted about decoration colours in the home and the manager said "we are trying to make is so that residents are joining in and making choices, we want to be more inclusive like a community".

The provider had introduced a new feedback system for people and visitors to the home. This was a touch screen system based at the reception, which enabled people to give immediate feedback with support from the receptionist if required. We saw feedback previously collected using a 'smiley face chart' had been acted on. For example, requests for the front door to be fixed had been acted on. Systems were in place for people, their relatives and others to give feedback about the quality of the home and this was acted on.

At the time of our inspection the manager had been in post for six weeks. The manager told us about the improvements they had made and the current challenges facing the service. The HR consultant told us how

the manager had been proactive in addressing staff performance issues and we saw appropriate action had been taken when performance issues were identified. The manager told us they walked around the home regularly throughout the day to observe staff and check people were receiving appropriate care and support and we observed the manager working alongside staff on some occasions during our visit.

The manager was in the process of moving their office to be closer to the front of the home. They told us this meant they would be more accessible to people, staff and visitors. The Chief Executive Officer (CEO) was based in an adjacent building to the home and was regularly on site. The manager told us they were supported by the CEO to meet the requirements of their role. It was evident the provider and the manager were committed to making improvements to the service and we have reflected in this report where improvements were planned or underway. The provider had engaged external consultants to support the manager with the improvement plans and the provider planned to recruit a deputy manager to strengthen day-to-day management of the service. Resources were planned to support the manager to effectively monitor the quality and safety of the service people received such as new compliance software and continuing external audits.

The provider was aware of the requirements of their registration with the Care Quality Commission. They adhered to their registration requirements and submitted statutory notifications as required such as safeguarding incidents and deaths of people using the service.

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 12 HSCA RA Regulations 2014 Safe care and treatment The failure to ensure all the risks to the health, safety welfare of service users had been fully assessed and all that was reasonably practicable had been done to those mitigate risks was a breach of Regulation 12 (2)(a)(b) of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The failure to ensure the proper and safe storage and disposal of medicines and the review of staff competence in the management and administration of people's medicines is a breach of Regulation 12 (2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The system in place to assess and monitor the quality and safety of the service for people was not always effective in driving improvements. This was a breach of Regulation 17 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The lack of on-going or periodic supervision for staff is a breach of Regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated

Activities) Regulation 2014.