The Fremantle Trust

Carey Lodge

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on the 26 and 27 November 2018. The inspection was unannounced.

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

The service provides care for up to 75 older people, including people with dementia. The home is made up of six individual houses and set over three floors. Each house has its own sitting and dining room. The large reception/ entrance area to the home is used for activities. Three of the houses are for people with dementia and the other houses provide residential care. At the time of our inspection there were 73 people living at the service.

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

At our previous comprehensive inspection in February 2016 the service was rated as good overall, with a requires improvement rating in the safe domain. At that inspection the service was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A focused inspection was carried out in March 2017 to check compliance with breach of Regulation 12. At that inspection the service was compliant with Regulation 12 but in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the previous inspections, we asked the provider to complete an action plan to show what they would do and by when to improve the key question safe to at least good. At this inspection we found there was a repeated breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and other Regulations were not complied with. The service achieved an overall "Requires Improvement" rating.

Relatives were happy with the care provided and felt confident their family members were well cared for. They commented "All of the staff are kind, caring, encourage appropriately and go above and beyond what is expected of them. I really appreciate all that they do. My mum is very happy here and sees it as her home." "The care staff are excellent, they show such understanding to my wife and the whole family." "The carers are wonderful, they treat [family member's name] as a good friend and that is comforting to see."

Staff were not always appropriately deployed and rotas were not always suitably managed. The staffing levels were not always adjusted to take account of the support a person required and there were periods of the day where there was a reduction in staffing levels. Some people told us there was a lack of continuity of

care for them. They told us staff were rushed and did not have time to talk with them.

Risks to people were identified but not always appropriately managed. Systems were in place to ensure medicines were safely managed. However, medicines were not always kept secure and no protocols were in place for a person's "As required" medicines, which were administered regularly and not as required.

People had care plans in place. The care plans lacked specific detail and guidance on the support people required. Records relating to people and the running of the service were not always accurate, up to date and suitably maintained.

People were consulted on their day to day care. However, for some people the records showed the principles of the Mental Capacity Act 2005 were not followed. A recommendation has been made to address issues of consent.

Care plans made reference to people's communication needs but appropriate measures and guidance were not put in place to promote people's communication. A recommendation has been made to address this so that the service works to the Accessible Information Standard.

Staff were suitably recruited and inducted. They received training the provider considered mandatory. Some staff did not feel they had the required skills and training to carry out aspects of their role. A recommendation has been made to address this.

Staff were kind and caring, however some staff practices did not promote people's dignity and show respect. Staff were trained in safeguarding, but they failed to notice other staff member's poor practice and interactions which did not safeguard people. A recommendation has been made for staff practices to be monitored.

The service was being audited and these audits had identified improvements were required. The improvements made were not sufficient to demonstrate an overall good rating at this inspection.

People, staff and relatives felt the service was well managed. However, our inspection findings showed a lack of management oversight.

Systems were in place to deal with complaints. Resident meetings took place and relatives were invited to give feedback on the service through reviews of their family member's care and surveys.

People's medical and nutritional needs were identified and met. The service had regular input from local GP practices and the community mental health teams. There was mixed feedback on the meals provided, with some people telling us the meals were good, whilst others were less satisfied with them.

People had access to a wide range of activities, which were person centred, innovative and promoted involvement in their local community.

The home was clean and suitably maintained. The dementia care houses were decorated with murals and displays suitable to the needs of people on those houses.

At this inspection the provider was in breach of Regulations 9, 12, 17 and 18 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

People's risks were not appropriately managed, which put them and others at increased risk of injury.

People's medicines were not always kept secure and administered in line with pharmaceutical guidance.

Staff were not always suitably deployed and the shifts appropriately managed. This resulted in inconsistent care and supervision for people.

People were safeguarded as staff were provided with the information on how to keep people safe. However, some poor practices went unnoticed which did not always safeguard people.

Is the service effective?

Good

The service was effective.

People's capacity was assessed but staff did not always work to best practice in relation to the Mental Capacity Act 2005.

People were supported by staff who were inducted, trained and felt supported. However, some staff were carrying out roles they did not feel suitably trained and skilled in.

People's nutritional needs were identified and met.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind, caring. friendly and helpful.

People's privacy was promoted but some staff practice did not promote people's dignity.

People's communication needs were not identified and the

provider was not working to the Accessible Information Standard.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's care plans were not person centred and specific relating to the care and support people required.

People were provided with a varied programme of person-centred activities and community involvement was promoted.

Systems were in place to manage complaints.

Is the service well-led?

Requires Improvement

The service was not always well-led

Records were not suitably maintained, up to date, accurate and accessible.

Systems were in place to audit the service. The provider's audit had identified areas for improvement.

An improvement plan was in place and issues were being addressed. However, all issues were not fully addressed which is reflected in the current rating.

Carey Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 26 and 27 November 2018 and was unannounced. The inspection was carried out by two inspectors on day one and three inspectors on day two.

Prior to the inspection we reviewed the information we held on the service, such as notifications and safeguarding alerts and concerns. A Provider Information Record (PIR) was already on file and not requested prior to this inspection. The PIR is a form that the provider submits to the Commission which gives us key information about the service, what it does well and what improvements they plan to make.

We contacted health care professionals involved with the service to obtain their views about the care provided. We have included their written feedback within the report.

Some people who used the service were unable to communicate verbally with us. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we walked around the home to review the environment people lived in. We spoke with the registered manager, deputy manager, two senior care staff, nine care staff, an agency staff member, the chef and a household assistant.

We spoke with six people and two relatives during the inspection. We spoke with five relatives by telephone after the inspection.

We looked at a number of records relating to people's care and the running of the home. These included eight care plans and six people's medicine records, staff rotas, five staff recruitment files, four training and supervision records.

We asked the provider to send further documents after the inspection. The provider sent us documents which we have used as additional evidence.

Requires Improvement

Is the service safe?

Our findings

At the previous inspection in March 2017 the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because sufficient staff were not provided. At this inspection the management told us the daily staffing level for the home was 13. They reviewed people's dependency levels frequently and believed they were correct. The service had separate cleaning and cooking staff, an administrator and activity coordinators. There was a high number of staff vacancies that they were actively trying to recruit into. They used relief and regular agency staff where possible to cover the vacancies. The rotas viewed showed 13 staff were maintained on the day shifts.

People living in the residential houses told us staffing levels were low and that staff worked under pressure to meet people's needs. They felt there was no continuity so staff could not get to know people's needs very well. A person commented "I never know from one day to the next which care worker will be supporting me." Relatives felt the staffing levels were appropriate. Some relatives said they could see staff were pressured at peak times and this was impacted by the amount of time staff spent completing records.

Staff and people told us the required staffing levels were not always maintained. This was because agency staff finished a shift earlier and staff on long days had breaks. This meant there were periods of the day where if two agency staff were on shift one staff member was left in a house alone when the agency staff went on break or finished their shift. Staff told us they struggled to complete their paperwork and often finished late and missed their breaks. During the inspection we saw it took a staff member almost an hour to complete the daily reports for the house they were working in and they were running late leaving the shift.

On the second floor one staff member was provided in each house. The assistant manager told us they had recently put an extra staff member on the second floor in the mornings to serve breakfasts to allow the care staff to focus on getting people up. Staff and some people in houses 5 and 6 told us the staffing levels were not sufficient. A person commented "There is not the time to talk to staff about how you are feeling because staff are always in a rush." They shared concerns with us about a date in October 2018 where an agency staff member was in each house 5 and 6. They told us both agency staff finished at 21:00 hours and the houses were left without staff until 21:40. During that time a person had used their call bell which went unanswered. The person told us they provided reassurance to the person seeking assistance until the night staff member came into the houses. They told us this was a usual occurrence but had not happened since the date in October they had given us. This meant vulnerable people had no immediate supervision, help or support which could put their safety at risk. The person told us they had raised this with the registered manager. The registered manager informed us they were not made aware of it. They agreed to investigate the concerns raised with us.

During the inspection we saw house 5 was left without any staff whilst the staff member had gone downstairs to get the food trolley. The staff member in house 6 was administering medicines at that time. The assistant manager felt it was not necessary for people on those residential units to have staff present at all times. There was no risk assessment to support that decision which had the potential to put people at risk.

During the inspection one of the dementia care houses had a person who was distressed and was requiring one to one support and reassurance from staff. This was seen to be provided although not formally agreed. However, the staffing levels on the house had not increased to enable the one to one support to be provided. This resulted in an escalation in the person's distress whilst the staff were trying to give the required care and support to other people.

Staff were not deployed effectively. In one house there was one relief staff member and two permanent staff who told us they did not usually work on that house. Those staff were unable to outline to us people's risks and needs. The assistant manager told us one of those permanent staff worked on that house once a week and therefore should know the people they were supporting. They also advised the relief staff member was familiar with the house. This was not evident in the delivery of care we observed. Staff told us they sometimes had to assist on other houses to administer medicines as sufficient medicine trained staff were not on duty. During the inspection, there was only one care staff member trained to administer medicines for houses 5 and 6. This meant that some people experienced delays in receiving their morning medicines. During the inspection we observed morning medicine being administered at 10am.

The service has some staff in a senior role but a senior staff member was not provided on each shift on every house. There was no designated shift leaders and tasks were not delegated to individual staff. As a result, on house one the shift was chaotic with no staff member taking the lead. Staff were duplicating tasks such as serving meals, with food served across people. For one person there was a 30-minute delay in them getting the required support to eat their meal. The regional director told us the organisation's policy is that people who require support with meals are supported first, which did not happen. The registered manager agreed to instigate a shift leader on each house following our feedback. Due to lack of delegation of tasks and staff vacancies there was a lack of continuity of care for people. Staff were moved across the houses and staff supporting people with their meals were continuously distracted by having to intervene to observe and support people who had left the table without finishing their meal, go to the kitchen to get more food and answer the telephone.

The registered manager carried out a daily walk about of the service. Records were available to support that. The service had a duty manager on each shift. They were responsible for overseeing and supporting all of the houses. They were observed to come onto houses but their input, support and observation of staff was limited. The registered manager told us "The intention was to have senior staff who had more of a hands-on role." Whilst the rota shows 13 staff were maintained on day shifts there was a lack of management oversight of the rotas to ensure staff were suitably deployed and skilled to meet people's needs and staffing levels were not reviewed to meet changes in individuals.

Therefore, there is a repeated breach of Regulation 18 of the Health and Social Care Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported with their medicines. A person was prescribed a "tranquilliser" as required (PRN). The instructions on the MAR was for the medicine to be given "When required." There were no instructions as to what "When required "meant. The organisation's policy indicated that for PRN medicines a protocol should be in place to provide guidance to staff on the use of specific PRN medicines. There was no protocol in place for the use of the PRN tranquilliser. The person's MAR showed the person was having the medicine four times a day, every day. On some occasions it was recorded on the back of the MAR chart as to why it was administered e.g. agitation. Staff told us the medicine was administered when the person was agitated, but they gave conflicting information as to what behaviour would indicate the PRN medicine was required and should be administered.

Systems were in place for medicines to be stored safely and appropriately. During the inspection we saw in one house, the medicine trolley was left open and unattended. This had the potential to put people at risk. The medicine fridge temperature for one house was consistently recorded over the recommended range, in that it was recorded at 10 degrees centigrade. The medicine fridge was not in use at the time but no action was taken to address it, to ensure it was at the required temperature when required.

The service had a person who required to be given their medicines covertly. This is where medicines are given in a disguised form and the person unknowingly take their medicines. The person's medicines records indicated their medicine was to be given covertly but not in what form to suit that person. This had the potential for inconsistent practice in the administration of the person's medicines.

People's care plans included risk assessments in relation to moving and handling, falls and malnutrition. However, care plans lacked person-centred risk assessments. A person that presented with behaviours that challenged had no risk assessment in place to enable staff to manage the risks. Throughout the inspection, there was inconsistency in the way the person was supported which increased their anxiety, distress and frustration. There were daily incidences involving this person, which impacted on other people and staff. Incident reports were completed and reviewed by the registered manager. The review of the incident reports showed that other professionals' input had been sought but failed to consider if the staffing levels were appropriate and if a risk management plan was in place to mitigate the risks to the person, other people and staff.

In another person's file it was recorded they had a history of aggression as a result of dementia. The risk assessment indicated the person had unsettled behaviour leading to conflict with other people. The control measure was for staff to be aware of trigger factors that may occur between the person and other people. The risk assessment did not outline what the "unsettled behaviour" was or what the "trigger factors" were that staff needed to be aware of. Staff on the house were unable to tell us either and staff told us they did not normally work on that house and therefore did not know people. This has the potential to put the person and others at risk of injury.

A person had a risk assessment for mobility. It indicated the risks of falls had increased and the control measure was that staff were to walk alongside the person at all times. This contradicted the falls risk assessment which indicated the person was a low risk of falls. The person was very active and throughout the inspection was seen to be constantly walking throughout the home. Staff were not walking alongside them as was indicated in the person's mobility risk assessment. Another person's falls risk assessment indicated they were a medium risk of falls. There was no falls management plan in place to mitigate the risk.

A person's records showed they had sustained a minor injury following a fall a few months previously. They had a falls risk assessment in place that had been reviewed monthly since the fall. However, the falls management plan was inadequate as staff had not considered the contributing factors that had led to the original fall, and had not recorded specific preventative measures to reduce the risk of a repeated fall.

People had care plans in relation to nutrition. However, the nutrition care plans made no reference to the risk of choking or that a person had diabetes. The risk assessment for choking was filed in a separate section of the file which had the potential to put the person at risk. The staff member supporting the person with their lunch was unable to tell us the person's name or potential risks. The person who had diabetes had no risk assessment in place and their care file made no reference to how staff would recognise or manage symptoms of hyperglycaemia or hypoglycaemia (high and low blood sugars) which could result in serious health issues.

During the inspection we observed staff pull and push dining room chairs with people sat on, to and from the table. This practice was not in line with safe moving and handling techniques and had the potential to put people and staff at risk of injury. The registered manager agreed for this to be covered with staff at a forthcoming moving and handling training session.

People had individual personal emergency evacuation plan (PEEPs) in place. These outlined how individuals should be supported to evacuate the building in the event of a fire. However, a person who had moved into the home seven days previously had no PEEP to ensure that staff could provide appropriate support in an emergency. A fire risk assessment for another person had not been completed with sufficient detail to guide staff in managing their safety in an emergency situation.

The organisation had systems in place to provide feedback to services when things go wrong. This was so that learning had taken place to prevent reoccurrence in another service. This was communicated with all staff. However, findings from this inspection suggested appropriate action was not always taken by the service in response to incidents such as falls and challenging behaviours to promote learning from incidents and mitigate risks to people. Medicines and risks to people were not appropriately managed and safe care and treatment was not always consistently provided.

These are breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were trained in medicine administration. Their competencies were assessed to ensure they could administer medicines safely. We observed a care worker administering medicines. Checks were completed to ensure that the correct medicines were given safely. Records were maintained of medicines ordered, received into the home, administered and disposed of. We viewed a sample of medicine administration records (MAR). We found no gaps in administration of medicines in the records we viewed

Staff were suitably recruited and the required pre- employment checks were completed before they commenced work at the service. In two staff files viewed we saw a gap in employment was noted but no action was recorded as to whether that was explored with the staff member. The registered manager agreed to follow this up and address it.

People told us they felt safe. Relatives felt confident their family members received safe care. Staff were trained in safeguarding and were aware of their responsibilities to report poor practice. Guidance and policies on how to respond to safeguarding concerns were displayed on notice boards throughout the home. However, despite the training and guidance, during the inspection we heard and observed poor practice in the way staff engaged with people. that went unnoticed by other staff on the houses. The registered manager took immediate action in relation to our feedback.

Systems were in place to promote a safe environment. In house health and safety checks and fire drills took place. Equipment such as fire, water, electric and moving and handling equipment and the lift was serviced and fit for purpose. An environmental risk assessment and fire risk assessment were in place which identified risks to people, staff and visitors.

The home had cleaning staff employed. A cleaning schedule was in place to ensure areas of the home were regularly cleaned and to the required standard. The registered manager was the designated infection control champion. Staff were trained in infection control and equipment such as gloves and aprons were provided to prevent the risk of cross infection. An annual infection control audit was carried out and the service responded appropriately to any outbreak of infections to minimise the spread of infection. Relatives

told us a high standard of cleaning was always maintained.

Good

Is the service effective?

Our findings

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Records were maintained of DoLS applications made and approved.

Staff were trained in the Mental Capacity Act 2005 and DoLS. Some care plans viewed identified if people had capacity to make decisions on their care and best interest meetings took place when required. The decision agreed was recorded, for example in relation to a person's covert medicines. In other files viewed we saw mental capacity assessments were not completed or were not an accurate reflection of the person's capacity. A mental capacity assessment had been completed for a person whose capacity to make decisions fluctuated. A Deprivation of Liberty Safeguard application had been made due to their inability to maintain their own personal safety. However, a detailed assessment of their ability to make decisions had not been completed in areas such as making daily choices, recognising and understanding health choices and personal care. When we checked the care plan, it indicated that staff should support the person to make their own choices and decisions and did not refer to the person's level of capacity to do so. Another mental capacity assessment we reviewed showed the person had no capacity to make certain decisions about their daily needs. We checked this with a care worker who confirmed the person did have capacity to make all decisions although it sometimes took a while to communicate this.

It is recommended the provider works to best practice in line with the Mental Capacity Act 2005.

New staff told us they had been inducted and trained into their roles. All new staff completed four days mandatory training prior to starting at the home and commenced the Care Certificate training. The Care Certificate training is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles. The organisation had recently decided that a member of the training and development department would complete the Care Certificate observations and work based competency assessments of staff. This was due to commence from December 2018.

Staff had access to training the provider considered mandatory. This included training in subjects such as fire safety, food hygiene, moving and handling, first aid and dementia level 1. The service supported people with behaviours that challenged. Staff had not been trained on how they should manage episodes of behaviours that challenged. The regional director told us they had sourced Non-Abusive Psychological and Physical Intervention (NAPPI) training for staff. The registered manager confirmed this was due to take place in January 2019.

Senior care staff were responsible for roles such as completing care plans, risk assessments, audits of medicines and care plans. They told us they had not received training to carry out those roles, other than been provided with a sample care plan. A staff member commented "We are given a sample care plan and then left to work it out." The records viewed indicated staff were not suitably trained and skilled to implement care plans, risk assessments and audits. There was no management oversight of the care plans

either to assess staff's skills and competencies in carrying out those tasks. The registered manager informed us that senior staff receive support and supervision from their line managers to do this task and that senior staff receive the mandatory training programme to deliver essential care tasks which includes record keeping.

It is recommended the service ensures that staff competencies are assessed and appropriate training provided to enable them to fulfil the roles required of them.

Staff told us no designated time was provided on shift to complete care plans, risk assessments and audits. Staff we spoke with were not able to tell us the differences in the role of care worker and senior carer worker. They said no additional training was provided for the role of senior carer and did not believe they had received supervision training even though they were supervising carers. The training records viewed suggested the senior carers had completed a performance management training day. The registered manager told us that included training on supervision of staff.

Staff told us they felt supported but some staff spoken with were unable to recall dates when they might have had a one to one supervision. Some staff could recall having had an appraisal, whilst others could not. We attempted to review a sample of supervision and appraisal records for staff. The service was in the process of changing from individual staff paper files to individual electronic staff files. The files were in a state of flux and therefore it was difficult to establish whether staff were having support in line with the organisation's policy. In a sample of files viewed we saw some staff had more frequent recorded meetings than others. The registered manager had no overview of staff supervisions and appraisals. This was fed back to the registered manager and regional director to address. The registered manager confirmed that an electronic work book provides them with an oversight of all essential tasks such as supervision sessions. They confirmed this tool is used by the regional director and leadership team to have oversight of performance which is validated through spot checks, audits and inspections in the service.

Communication systems were in place to promote effective communication. Staff told us a communication book and handover sheet was in use that they were expected to read when they came on shift. A duty manager was on duty on each shift for the whole service. They were responsible for overseeing and supporting the shift. They kept a record of issues pertaining to individuals for that shift and that feed into the handovers.

A person told us they were experiencing pain and discomfort and was expecting to see their GP the following day. When we asked the care staff who had just commenced their shift, this had not been communicated to them. We asked them to make the appropriate checks with management which they agreed to do.

People had access to other professionals such as GPs, district nurses, community psychiatric nurses, speech and language therapists and dietitian. Records were maintained of appointments with health professionals and the outcome. The home was supported by two local GPs and the community nursing service. We spoke with one GP who told us that staff always communicated any needs or concerns about people in a timely way. Relatives confirmed they were informed if their family member was unwell and they felt appropriate action was taken.

People were offered the choice of where they wished to eat their meals. Many used the dining/kitchen areas which were welcoming and homely. A choice of food was offered to people and we saw alternative choices were provided.

People gave us mixed feedback about the food. One person told us they requested certain foods and

received them. Another person told us, "It's good and they'll make us something else if we want. "However, four people gave us negative feedback on the meals provided. Comments included "The meals are not always hot enough. "I don't enjoy the food as there isn't enough seasoning". "It's not good, it's often dry and I can't eat it. My relatives have spoken to staff and told them the things I like but I don't get it." The relatives we spoke with raised no concerns about the meals. During the inspection we noted that a chicken dish was dry and tough to cut through. A curry was too spicy for two of the three people who had requested it. This was fed back to the chef.

We visited the kitchen and spoke with the chef. Systems were in place to source local ingredients to produce varied menus. The chef spoke knowledgably about people's dietary needs and told us that they spoke with them to ensure their needs were being met. However, there was no regular system in place to monitor whether people were satisfied with the meals they received. The kitchen staff told us they relied on carers to provide feedback if people had any concerns. The chef told us they would like to be more visible to people when food was being served but there was no time to do this. The registered manager told us people could give feedback on the meals at residents meeting. The resident meeting minutes showed discussions on menus.

People were provided with equipment to promote their safety and independence such as crash mats, call bells, walking frames and wheelchairs. Each house was nicely decorated with the dementia care houses personalised to the needs of people living with dementia. The corridors had colourful tactile displays and painted murals on the walls. Yellow signs were used on toilets and staff badges were yellow which was appropriate to meet the needs of people with dementia.

A refurbishment and replacement plan was in place to ensure the home remained suitably maintained.

Good

Is the service caring?

Our findings

The Accessible Information Standard (AIS) is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. After the inspection we requested the provider send us their policy on meeting the AIS but this was not provided. People's assessment document included a section on communication. These were brief. In one person's assessment document viewed it indicated they had a lack of capacity to understand complex information and make choices of questions simple. Their care file included a communication care plan. However, the communication care plan did not outline how the person communicated. It indicated the person can sometimes communicate effectively and they have good verbal skills but comprehension was limited. It went onto say staff were to use open-ended questions. When we asked staff for an example of an open-ended question, the example they gave us was not an open-ended question. The care plan outlined staff were to take time to explain what is being asked and use objects and show pictures. Some information relevant to people was provided in an easy read format and displayed on notice boards. Throughout the inspection no pictures or objects were observed to be used in supporting the person to communicate their needs.

It is recommended the provider works to best practice in meeting the Accessible Information Standard.

We observed positive and negative staff interactions during the inspection. Staff used appropriate touch, good eye contact, smiles and provided reassurance. Some staff spoke knowledgeably about the people they were caring for and described their individual care needs. Other staff told us they had been asked to cover a house they did not usually work on and this meant they did not know the people very well. This was evident in their engagement with people. Throughout the inspection we heard staff refer to people as "Baby, love, sweetheart, darling, good girl." An agency staff member was heard initially encouraging a person to eat their meal. They then proceeded to speak to the person in an infantile manner and asked them if they wanted to be fed "like a big baby." We heard another staff member was dismissive of a person's distress and indicated that their intended actions would create more paperwork for them. These observations were fed back to the registered manager who took immediate action.

It is recommended management observe staff practice to ensure they work to promote people's dignity in line with best practice.

People were very complementary about the staff who supported them on a day by day basis. They said, "Everyone that works here are lovely and that includes the agency staff too, they are caring and respectful" Another person said, "The staff are very nice here".

Relatives told us staff were kind, caring, friendly and helpful. All the relatives we spoke with were very happy with the care provided. Relatives commented "All of the staff are kind, caring, encourage appropriately and go above and beyond what is expected of them. I really appreciate all that they do. My mum is very happy here and sees it as her home." "The care staff are excellent, they show such understanding to my wife and the whole family." "The carers are wonderful, they treat [family member's name] as a good friend and that is

comforting to see."

We spoke with a healthcare professional who visited the service regularly. They told us "Staff were very caring and they go the extra mile for people."

We observed three people using the lounge area where they seemed relaxed and at ease. Two people were chatting together and another sat alone near the window occasionally bursting into song. The other people applauded and encouraged this person to sing again. They looked very happy to receive praise.

People had their own bedrooms and en suite shower. The bedrooms we viewed were large, personalised and reflective of individuals interests. Staff were observed to be respectful of people's privacy and dignity. They knocked on people's bedroom doors prior to entering.

Requires Improvement

Is the service responsive?

Our findings

People had care plans in place. The care plans viewed provided very general information about individuals and did not provide specific guidance to enable staff to care for people to meet their needs in a person-centred way. For example, one person's care plan indicated the person was very independent with their personal care and carers were to check if any support was required. However, the daily records completed by the carers showed that the person had assistance to wash and dress each morning. A person's initial assessment document indicated they had advanced kidney failure. Their care plan made no reference to this. This had the potential for the person's condition not to be accurately monitored. Another person had diabetes. Staff on the house were aware the person had diabetes and their diabetic medicine was administered by the district nurses. Their care plan made no reference to the person's diabetes or to staff's role in monitoring and supporting the person with the day to day management of their condition.

The service had sourced a range of professionals to support them with the management of a person who was displaying behaviours that challenged. Meetings had taken place which showed the level of involvement. Recommendations were made to enable staff to support the person to help de- escalate their anxiety on a day to day basis. The person did not have a care plan in place to provide guidance to staff on how they should support the person. Instead staff were reactive rather than proactive and were not consistent in their approach, which increased the person's distress and agitation. During the inspection some staff attempted to distract and reassure the person, whilst other staff stood back as the person became increasingly restless and distressed. When we arrived on one of the dementia care houses in the morning, the curtains in the lounge were closed. Staff told us this was to prevent the person becoming agitated and wanting to leave. This had the potential to confuse all of the people sat in the lounge and was not an appropriate management strategy for the person.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A person told us they had requested to change their GP as they wanted a female GP but this had not happened. The registered manager confirmed that a request to change the GP had been actioned. They confirmed the service had undertaken many consultations with both GP surgeries who had agreed to have further discussions within their practices before being able to make a decision regarding the person's choice to change GP. It had been agreed that when a decision had been reached the GP's would communicate their decision to the person directly.

The same person told us they wanted to be able to self-administer their inhaler when it was needed but staff would not allow this. A self-medicating risk assessment had not been completed to indicate any potential risks of the person self-medicating. Therefore, their choices and independence were not promoted. People's care plans contained a care plan on promoting independence, however people's independence was not routinely promoted in all aspects of their daily care. The registered manager told us the person's request to self medicate had not previously been made known to the service. They confirmed this request has now been facilitated as requested.

People were offered choices in relation to drinks, meals, snacks and activities. A carer offered one person a hot drink and they also wanted a biscuit. The carer reminded them about the importance of following a special diet and offered to find them an alternative snack. The person refused this stating their preferred choice and this was respected.

People told us they could get involved in activities if they wanted to. A person commented "Have you seen all the choices of activities available to us, it is fantastic." Relatives were happy with the variety of activities provided. Some relatives told us their family members did not engage with activities but they were encouraged to.

The service had an activities team who facilitated activities throughout the day. Examples of the activities people had been involved in were on display. These included arts and crafts, pat dog sessions, reminiscing groups, days out and cooking groups such as making a Christmas cake. The activity programme viewed showed that the activity programme was person centred, varied, innovative and inclusive. Throughout the inspection activities took place at the entrance to the home, with other activities brought onto the individual houses for people who were unable to engage in a big group activity. The service had recently fund raised and purchased a mobile interactive projection system. It projected images onto a table and the images responded to touch. This provided a sensory activity for people and had the ability to be personalised with people's own photos.

During the inspection we saw 14 people attended a Tai Chi class. The activities co-ordinator led the session at a pace that suited the participants which they all appeared to enjoy. On day two of the inspection they had an external singer which people attended and joined in with. The service was actively involved in the community in which it was located. They had established links with the local primary and secondary schools and had been involved in a memory walk which raised funds for charity. They celebrated people's birthdays and special occasions such as wedding anniversaries and at the time of the inspection they were busy preparing for the Christmas celebrations, which included a Christmas bazaar and their own Christmas panto. People were encouraged to let the activity team know what activities they wanted. This was referred to as "Wishes and dreams" which was discussed weekly and incorporated into the activity programme and future trips out.

At the time of the inspection no one was receiving end of life care. Some people had "Do not attempt cardiopulmonary resuscitation' (DNACPR) forms in place and a care plan regarding their end of life care and wishes. A professional involved with the home told us staff were very good at supporting people and their families with end of life needs.

The organisation had a complaints policy in place. Records were maintained of concerns/ complaints raised and action taken. People and their relatives told us if they had any issues they would raise them with staff and felt confident they would be addressed. A relative commented "I have not made a complaint but feel if I did it would be acted on, nothing is too much trouble for any of the staff." The registered manager told us they used complaints as an opportunity for learning and improvement.

Requires Improvement

Is the service well-led?

Our findings

Records were not suitably maintained, up to date and accessible. People's care plans were disorganised with key information and risks on people not easily accessible. The care plans and risk assessments were contradictory and not updated to reflect changes in individuals.

People were assessed prior to being admitted to the home. Relatives confirmed an assessment had been completed prior to their family member moving into the home. Sections of the initial assessment document were incomplete and lacked detail as to people's needs and risks. For example, an initial assessment record indicated the person had lost weight but not how much, over what period and did not include their current weight. It was ticked to indicate the person was disorientated but no description was provided as to the person's level of disorientation. It was recorded that the person could be verbally and physically aggressive but no detail was provided as to how this was presented. In another initial assessment it stated the person "had pain on occasions" but gave no information where this was or what helped to relieve it. Another person's assessment document made no reference to a medical condition they had which had the potential to put them at risk of not having the right support to manage the condition.

Some people's daily records were informative as to the care and support provided, whilst others were brief and not all aspects of the daily record were completed. All of the care plans contained a section to indicate whether the person had capacity to consent to decisions and choices relating to each need. These were not always completed to ensure that records of support needs were accurate. A person's medicine administration record (MARs) of a controlled drug was recorded accurately in the controlled drugs register. However, the MARs were not always signed by two members of staff in line with the providers policy on administration of controlled drugs.

The rota outlined the staff on duty however, the rotas in place were not always accurately completed to show the houses, relief and agency staff were allocated to. This was recorded on a white board in the office and was wiped off daily, which meant a permanent record was not maintained.

Staff files were in transition from paper to electronic. Therefore, neither were up to date and able to provide a summary of staff supervisions and appraisals. Paper records were in box files waiting to be added to the electronic record. However, the information in the box files was not in order and not filed appropriately to enable easy access to the requested staff records. Health and safety records were maintained but some information within them was five years old. Therefore, records were not suitably maintained, accurate, up to date and accessible.

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

The provider had a policy in place in relation to the auditing of various aspects of the service. The registered manager audited areas such as the number of pressure sores, falls, accidents, incidents, complaints. The provider carried out monthly audits of the service in line with CQC's key lines of enquires and domains. An

infection control audit was scheduled for December 2018 and a health and safety audit was completed in October 2018. An audit carried in June 2018 showed the provider had identified areas for improvement. An improvement plan was in place which showed actions taken and progress made to date. However, the progress made was not sufficient to bring about an overall good rating for the service at this inspection.

Senior care staff were responsible for auditing care plans, risk assessments and medicines. The completed audits were a tick box process and did not actually audit the quality of the care plan records. The medicine audit was ticked to indicate a PRN protocol was in place for the person for whom there was no such protocol in place. This was fed back to the registered manager and senior management team to address to ensure the auditing process becomes effective in future.

A professional involved with the home commented "The home have engaged well with our service. I have had no major concerns during my visits to the home. There are some areas of medication administration that the home need to improve on but they have taken my recommendations on board well and I will be following up with a post-audit."

Staff told us the management of the service were supportive and accessible. They felt the service was well managed. Most people we spoke with felt the service was well managed, whilst others felt there was a lack of management presence on the houses. A person commented "I do not see the management team very often but they always seem to respond to any concerns when they are raised."

Relatives were happy with the way the service was run and the care provided. They told us the registered manager was accessible, approachable and always friendly. A relative commented "The management team have a good rapport with the care staff and I know for a fact everything is managed tightly." Another relative commented "The registered manager is accessible, I see [registered manager's name] there on a Saturday morning and always happy to talk to you."

The manager was experienced in their role. They were proactive in promoting community involvement and was familiar with best practice in dementia care. They were aware of their responsibilities under duty of candour to be open and transparent when things go wrong. The registered manager carried out daily visual checks of the houses within the service and there were systems in place to monitor the rotas, training, staff supervisions, care planning and risk assessments. However, this monitoring was not effective in ensuing compliance with all of the required Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which impacted on the care people received.

Systems were in place to provide feedback on the service. Monthly resident meetings took place. The minutes were not provided in an easy read format to enable people with limited verbal communication and comprehension to access them. Relatives were welcome at social events. Staff meetings took place monthly to capture feedback across the houses. People and their relatives were invited to complete a survey on the care received. The last survey had taken place in Spring 2016.The results from the survey were positive. It suggested that a further survey would be completed in 2017, however, the survey was not carried out. The registered manager told us a survey was under way at the time of the inspection. Relatives confirmed they had just completed a questionnaire. Relatives confirmed they were involved in reviews of their family member's care which was another opportunity to provide feedback.

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 9 HSCA RA Regulations 2014 Person-centred care Care planning did not promote person centred care.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines and risks to people were not appropriately managed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Records were not suitably maintained, accurate, up to date and accessible.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff were not suitably deployed and staffing levels were not adjusted to take account of people's needs.