Mr & Mrs S Kejiou

Parsonage Lodge EMI

Inspection report

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Date of inspection visit: 8 and 11 December 2014
Date of publication: 14/05/2015

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

Overall summary

This was an unannounced inspection that took place on 8 and 11 December 2014.

Parsonage Lodge EMI provides care for up to 14 older people who have dementia. The accommodation is arranged over two floors and people's bedrooms and communal bathroom facilities were available on each floor. People could access the garden. There was a stair lift available to the first floor, the second floor can only be accessed by using the stairs. At the time of our inspection there were 11 people using the service.

We carried out this inspection at short notice because we were told about concerns about the way people were supported and how the service was managed.

There were two managers registered with CQC (Care Quality Commission), however neither were in day to day charge of the service. 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

Summary of findings

responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There was a manager appointed who was in day to day charge of the service.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Records relating to how people were affected with regard to their liberty were confusing and contradictory so it was not possible to establish if anyone needed an application to be made on their behalf with regard to restrictions to their liberty. The Mental Capacity Act (2005) protects people to make sure, where possible, they can make their own decisions and if they are not able to, then appropriate advice, guidance and support is sought. Records for people's ability to make decisions were not specific and if the records stated there had been a decision made in someone's best interest, there was no explanation as to why or how this decision had been reached.

The registered managers took no responsibility for the day to day running of the service. They had appointed a manager to oversee the service. The manager told us she felt supported and that there was, "Someone available if needed". There was no evidence of how this support was provided to the manager and staff team. There were no audits and checks in place to make sure the service was safe for people. The manager had recognised that some areas needed to be improved but had not started to address these issues.

Each person's care plan contained information about the level of risk relating to people's different care needs. There was no guidance for staff about how to reduce individual risks to make sure people were cared for safely. Accidents and incidents were not monitored to reduce the risks of reoccurrence.

Staff training was not up to date. Staff had either not completed the training, or not received refresher courses to update their skills. The manager had recognised this and had purchased a training programme. There was no plan in place for implement this training. Recruitment procedures had not always been followed.

People were not always treated with respect as staff sometimes spoke to people in an inappropriate manner, telling people what to do rather than explaining things to people.

Care plans were not all personalised so that staff had guidance about how to give care safely and in an individual way. Staff knew people and were able to tell us what their individual needs were. Staff knew what support people needed on a daily basis, but did not always seek the right advice when people's needs changed.

There were enough staff to meet people's needs. However if staff, including the cook or cleaner, were not available their duties became the responsibility of care staff and this reduced the amount of time care staff had to support people. People said there were enough staff to meet their needs. We observed that when people needed support, there was a member of staff available to help them.

People and their relatives all told us they felt safe. One relative said, "People here are so cared for and staff are very, very, very good. I am happy with all the support that is given". Staff knew when people were upset or worried about different things and explained to us how they would support people to feel calm and safe.

Medicines were safely stored and administered safely. People got their medicines when they needed them.

The manager had an understanding about people's needs and knew that staff needed to be supported. She was clear about the ethos of the home, which was to make sure people had a home they could be happy and comfortable living in. Staff supported this view and told us on many occasions during our visit that, "It's all about the people here. We want them to be happy". Staff told us that, "People are important here". One member of staff said, "It is about making sure people are happy and cared for. They are like my family". Throughout all our conversations with staff this ethos was emphasised and repeated. Relatives spoke highly of the support provided by staff and the appointed manager.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which correspond with 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 this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not safe.

Risks were identified but there was no guidance for staff on how to reduce risks. Staff understood what abuse was and knew how to report abuse.

There were enough staff on duty to meet people's needs. There was a lack of suitable arrangements for covering staff absence.

Recruitment procedures were not thorough.

Medicines were stored safely and administered correctly.

Requires Improvement

Is the service effective?
The service was not effective.

Staff had not received the training they needed to give safe and effective care.

People's capacity to make decisions was recorded in their care plans, but how they were supported to make decisions was not evident. Information about the Deprivation of Liberty Safeguards (DoLS) was contradictory and confusing.

People were not always referred to healthcare professionals when they needed support with their health needs.

People enjoyed their meals and were supported by staff to eat and drink enough.

Requires Improvement

Is the service caring?
The service was not caring.

The way some staff spoke with people varied. Staff were kind and caring in their approach, but there were occasions when staff did not speak to people with consideration and respect.

People did not have support to be fully involved in planning their care. People did not have the opportunity to have a say about their care.

Staff understood people's preferences. Relatives were made welcome and could visit when they wanted.

Requires Improvement

Is the service responsive?
The service was not responsive.

Care plans were not individual to each person's needs.

People had support to make a complaint; people told us they did not have any complaints.

Requires Improvement

Summary of findings

People's social needs, including favourite activities and hobbies were not fully supported.

Is the service well-led?

Requires Improvement

The service was not well-led.

The registered managers were not in day to day control and were not available to give advice and direction. There were no formal systems in place to provide support to the manager.

Quality assurance systems were not effective in recognising shortfalls in the service. There were no action and improvement plans in place to work towards improvement.

The manager and staff were clear about the aims of the home.

Parsonage Lodge EMI

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 8 and 11 December 2014 and was unannounced. The inspection was carried out by one inspector and a specialist advisor. The specialist advisor was someone who had clinical experience and knowledge of working with people who are living with dementia.

This inspection was carried out at short notice in response to concerns we had and so we did not ask the provider to complete 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.

Before the visit we looked at previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law. We looked at information received from social care professionals from the local authority. We also spoke with a GP.

During our inspection we spoke with three relatives, four people using the service, four members of staff and the manager. Some people were not able to tell us their experiences so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us.

We observed how staff spoke with people and how they supported people during the day. We looked around the service including shared facilities, in people's bedrooms, with their permission, and the kitchen. We looked at a variety of records including the care plans and monitoring records for six people, medicine administration records, four staff records for recruitment, the training plan and records for monitoring the quality of the service.

The last inspection took place on 17 June 2014. This was a responsive inspection which looked at one area so we only inspected one regulation. There were no concerns identified. The last full inspection took place 23 April 2014. There were no concerns identified.

Requires Improvement

Is the service safe?

Our findings

People and their relatives said they felt safe. One person said, "They help me with what I need". A relative said, "I am perfectly happy to leave (my relative) here. I know they are safe and that staff will look after them". Staff made sure people were safe when they wanted to move to a different area. If people did not like anyone to sit near them the staff made sure people had the space they needed to make them feel safe.

Levels of risk for different activities, such as the amount of support needed with personal care, being at risk of falling, losing weight or developing pressure sores had been identified and recorded. Some risk had been rated as, 'high' or 'extreme.' Care plans contained general statements relating to these risks, such as, 'needs some assistance from a carer, also requires one or more transfer aids' and, 'needs support from staff'. There was limited detail about how to reduce specific risks to people. One person had been assessed as having difficulty in swallowing tablets and this was assessed as an, 'extreme risk'. The care plan stated that, 'medication will be looked into by the new GP'. There was no guidance about how to reduce the risk in the meantime and what to do if the person had problems with swallowing their tablets. Some people used bed rails to reduce the risk of falling from bed. There were no risk assessments for people who used bed rails, to make sure the bed rails posed no further risks. Parts of the care plans were contradictory and said people needed assistance with specific areas of their care, then said that people were, 'completely independent'.

Accidents and incidents were not analysed to look for any patterns. The manager told us that she knew if people had fallen and suffered from any injuries and staff were, "good at reporting any accidents". We asked how many accidents there had been in the month before our visit, and she told us she thought there had been, "three". Staff recorded accidents in different places so it was difficult to get an accurate figure of the number of falls. Not all of the information was there to make a judgement about any increased risks to individual people.

Environmental risk assessments had been carried out, but had not been reviewed. At the time of our visit parts of the service were being decorated. The risk assessment had not been updated about how the work would be carried out safely and it had resulted in some disruption to the environment, as furniture needed to be moved and pictures were on the floor in the dining area which posed a risk to people of tripping.

People were not protected against the risk of harm because risks were not assessed and managed. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 (1) (2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Safe recruitment procedures were not always followed. Appropriate checks were carried out through the Disclosure and Barring Service (DBS). These checks identified if prospective staff had a criminal record or were barred from working with people at the service. References had been requested, although not all staff had two written references as required. When a reference showed a person was unsuitable for employment, this was not followed up. Gaps in employment were not explored to check what prospective members of staff had been doing during these times.

People told us that they felt staff were always available. One person said, "Staff are always here if you need them". Staff said they did not feel rushed or under pressure. There were two staff on duty between 8.00am and 10.00am. This increased to three members of staff at 10.00 am, so there was an extra member of staff to help out with activities and the lunchtime meal. There were two members of staff on duty during the night. Although staffing levels met people's needs, we noted that when the cook or cleaner were not available, their duties became the responsibility of care staff. On both of the days of our visit, the cook was not available and a member of care staff had to cook the lunch time meal. This impacted on the amount of time care staff could spend with people. The manager said that if anyone was off duty for a long time, arrangements were made for replacement cover but not for short term absence.

Before the inspection there were some concerns about the infection control procedures at the service. We looked around the environment and the service was clean. There were no odours in the communal areas. One bedroom did not smell clean and fresh. Arrangements were in place to try to reduce and eliminate the odour.

Requires Improvement

Is the service safe?

Staff had not completed or been updated with training in safeguarding people from harm and abuse. However, staff knew what to do if they were concerned about people's safety. All the staff we spoke with said they would report any concerns to the manager and knew which outside agencies to contact if they needed to. Staff understood when people were worried about something. They told us that sometimes people became worried or upset. When this happened they sat with people and talked to them to find out what had upset them. Staff told us, "We try to make sure people feel secure and by talking to people, it helps them tell us if there is anything wrong". One member of staff said, "I will always report something and I don't need to nag to make sure something is done".

People had their medicines at the times they needed them. Staff made sure people had the time to take their medicines and sat with people when they gave then their medicines. Medicine administration record (MAR) charts had a photo of the person and identified if they had any allergies. The MAR charts we looked at were all completed with no gaps and they were signed by the member of staff who had given out the medicines. Medicines were stored securely and according to the manufacturer's guidance. Medicines were checked when they were delivered by the pharmacy to ensure that people had the medicines they needed. Regular audits were carried out to ensure medicines were safely managed.

Requires Improvement

Is the service effective?

Our findings

We observed how staff supported people during the day. When someone said they wanted to move to another part of lounge area, staff supported them to do this. Another person wanted to go to their bedroom and staff supported them. People were offered choices about where they wanted to eat their meals. People said they liked the staff. One person told us they thought staff were, 'Helpful' and said, "They (staff) will help if I need them to". Relatives told us they felt staff were 'Good'.

Staff did not have the training they needed to provide care and support for people. Thirteen members of staff were employed at the service. None of the staff had been trained or received refresher training in safeguarding people, health and safety and fire safety. The service provided care for people with dementia but the majority of staff did not have training in dementia care or in how to manage behaviours that may cause harm to people or others. The manager had purchased a programme of training but no staff had completed these courses. The learning and development needs of staff had not been identified. There was no training plan to make sure staff had basic training as well as training to meet people's specific needs.

Staff knowledge and understanding of people living with dementia varied. Although staff knew individual people and could tell us about specific needs and things that might cause people distress, some staff did not know how to respond to people. One person shouted at other people and two people appeared very anxious, but staff did not reassure them or ask them if they needed support. One person was helped to move safely so they could use the dining room for lunch, but two other people were not assisted to move at all during our visits.

Staff did not have appropriate training to carry out their role. This is a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds with Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had supervision meetings on a one to one basis and told us they felt supported by the manager. One member of staff said, "It is much better now there is a manager here every day. I think we get more support". Another member of staff said, "I get supervision and feel supported".

The Mental Capacity Act 2005 provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make particular decisions for themselves. Care plans had sections that recorded whether people could consent to their care. These were not specific to the individual person. There were no assessments about how any decisions had been reached and statements contained in the care plans were generalised. There was a mental capacity assessment for people's medicines but no other decision specific capacity assessments had been recorded. When it was recorded that a best interest meeting had taken place, there was no record of what the best interest decision was.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Information in one of the care plans we looked at was confusing and contradictory about whether or not a DoLS needed to be applied for. A DoLs application had not been made.

There were no suitable arrangements for obtaining and acting in accordance with people's consent. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds with Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager had taken advice about one person and was monitoring their capacity on a daily basis and a meeting had been arranged which included appropriate health care professionals. Staff described how they asked people about giving their consent when helping them with their care. One member of staff said, "I adapt the way of caring for each person to make it individual to their needs". Staff asked people if they wanted help with different things and told us how they offered people choices.

People were not always supported with their health care needs. Follow up action was not always taken to make sure that people had ongoing appropriate treatment and support. On the first day of our visit one person told us that they were getting a, "pain in my left leg". They had a wound on this leg, which was weeping. Staff said they had noticed this wound two weeks before our visit and that the GP had been called. There was no record of the outcome of the

Requires Improvement

Is the service effective?

GP's visit, although staff told us that antibiotics had been prescribed. The wound had not healed and there had been no follow up request to the GP or advice sought from other health care professionals about the best way to support this person. We brought this to the manager's attention and she spoke with a GP who was visiting someone else on that day.

A 'hospital passport' had been introduced. This had information about people's different needs so if they were admitted to hospital; information was available to hospital staff. People were supported to access a chiropodist and dentist and to attend hospital appointments.

Staff told us that people were asked each morning what they would like for lunch. One person said, "They usually ask me, but they know what I like and I am happy with what I have". At lunchtime people were supported to the dining room, if they wanted to sit at a dining table. No one was rushed and could spend as much time as they wanted eating their meal. If anyone needed support staff helped them and continually checked to make sure everyone was happy with their meal. People told us they enjoyed the meals. One person said, "You always get a good breakfast". Another person said, "I am happy with the food here". Relatives told us that they felt their family members always had enough to eat.

Some people had special dietary requirements and needed additional food supplements. Staff made sure that people received these when they needed them. When people needed their food at a different consistency due to any difficulties they had with swallowing, staff made sure their food was prepared in a way that met their needs. People were weighed on a regular basis to make sure they were not losing weight. There were food and fluid charts in place for people who needed to be monitored to make sure they had enough to eat and drink. Drinks were offered during the day and when anyone asked for a drink, staff made sure they got one.

Requires Improvement

Is the service caring?

Our findings

People said, "I get on alright with the staff" and, "They (staff) are very kind". Relatives spoke positively about staff and told us they thought staff treated people with dignity and were kind and caring. One relative said, "(My relative) has a sense of humour again and that is down to the caring attitude of staff in the home".

The way staff spoke with people varied. There were times when staff treated people with a lack of respect, especially when people became distressed. One person had become agitated and was swearing loudly. A member of staff sat in front of this person and repeatedly said, "Stop swearing". They did not offer this person any reassurance or distractions as specified in the person's care plan. Another person made an attempt to stand up and was told by a member of staff to, "Sit down". Both of these interactions were given in the form of an order with no explanation as to why staff had told people to do this. Staff did not always ask people discreetly if they wanted to go to the bathroom. On two occasions staff said to people loudly, "It's time to use the toilet".

Staff did not always treat people with respect. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We did observe some more respectful interactions. We spent time in the lounge area and observed how staff supported people during the day and at lunchtime. When staff interacted with people they crouched down so they were at the same level and could look people in the eye. Staff had conversations with people and talked about different things such as the weather or an item of interest on the news. Staff laughed and joked with people and spoke in a reassuring manner using a gentle approach when asking if there was anything they could help people with.

People did not have many opportunities to be actively involved in making decisions about their life. There had not been a residents meeting for five months. The manager told us that people 'weren't interested' in taking part in meetings but no steps had been taken to find constructive ways for people to be involved in having a say about their care. People had been asked about the colours they would like when the walls were being repainted but support to make decisions about the care was limited.

Care plans had a section to record if people were involved in their care plans. Although staff had recorded that people were involved it was not evident what people's involvement was. Care plans were kept on a computer and stored confidentially. The computer was only accessed by staff and care plans were not printed off so people could read them and be involved. Some people had advocates, but the advocate's details were not recorded, so staff would not to who could speak on behalf of the person.

Staff told us that everyone, 'is different', and, "We make sure people are treated as individuals". One member of staff said, "Pillows are important because one person might only want one pillow but then someone else would prefer three, so we make sure people have those sort of things sorted out for them". Another member of staff said "It's important to be happy for people, this is their home and I like to bring a smile to people's faces". Staff made sure people's doors were closed when giving personal care in their rooms and if someone was in their room staff knocked on the door before going in.

People's bedrooms were individualised and had their own possessions and personal items on display. Relatives told us that they felt staff made the service, "A home". One relative said, "It's not flashy here but that's not important. It's about the staff and they really care about people".

People's religious and cultural needs were respected. Care plans showed what people's different religious preferences were and how to support them. A religious service was held on a regular basis and people could attend if they wanted to.

Staff told us and relatives confirmed that there were no restrictions on visiting times. One relative said, "We can visit whenever we want" and another said, "We are always made welcome". Relatives said that they could sit with their family member in a more private area if they wished.

Requires Improvement

Is the service responsive?

Our findings

People did not talk about their care plans, people did tell us that they thought staff helped them when they needed it. People had not been fully involved in planning their care and care plans were not personalised. People's care plans were generated from a computer programme. There were generalised 'set statements' in use about how to deliver people's care. Care plans had these 'set statements' that were not individual to the person's specific needs. Some of the information about how to support people was brief with no guidance for staff to follow. There were statements such as, 'help with personal care' with no other detail about the person's choices. Other parts of the care plans had complicated long sentences such as, "Help to gain an understanding of distorted and depressive thought patterns and challenge own destructive thinking patterns thereby reducing the power to influence behaviour". We asked the appointed manager what this meant and she told us that she did not know.

Information about people's life histories was limited and there were only brief references to people's likes and dislikes. This information was important because it helped staff to understand people's background and their lives. All the staff we spoke with told us about different people's needs, how they supported people and what people did and didn't like. They could tell us what people could manage for themselves and what they needed help with.

The manager said she was aware that the care plans were not personalised. She told us she was working on developing them to make sure they met people's needs and gave staff more information about how to support each person as an individual. We looked at the section of one care plan that the manager had completed and saw that this was more personalised and specific to the person.

Staff told us that people did not like to take part in a lot of different activities. They said people preferred to listen to music and join in a sing-song. Staff initiated a 'mini karaoke' session and encouraged people to join in. One member of staff spent time playing a card game with people and there was plenty of laughing and joking during the game. Staff spent time talking to people. At other times staff were either not available or busy elsewhere and people spent some time with little interaction from staff.

People said they were happy to sit and watch television or listen to music. One person said, "I like reading and I always have something to read". Relatives told us that they thought their family members were supported with activities that suited them. One relative said, "(My relative) doesn't want to be doing loads of different things, but they do like listening to classical music in the evening and they always get to do that". Another relative said, "People don't have to join in things if they don't want to, but I don't feel anyone is ever left out of anything. I know they did something for Poppy Day, because (my relative) talks about it".

People had been supported to take part in events that were important to them. Arrangements had been made for people to attend services on Remembrance Sunday. A Christmas party had been arranged for the Saturday following our visit. Family and friends were invited and people and staff said they were looking forward to this. The manager had made arrangements for people to go on outings to different shows and these were booked to take place at regular intervals during 2015.

The complaints procedure was on display and each person had a section in their care plan that stated they should be supported to access the complaints procedure. People told us that they felt they were listened to and had, "No problems" raising any concerns with staff. One person said, "I am quite happy and I am able to say what I want to staff and if there is anything I want to let them know about they listen to me". Relatives told us that they felt staff responded to any requests and listened to any concerns. One relative said, "The floor in the (family members) bedroom wasn't very good and I mentioned it and it has been replaced". All the relatives we spoke with said they had, 'no complaints'. The manager told us that they had not received any complaints.

Relatives told us that they were asked their opinions about different things that happened in the service. One relative said, "I know there has been some problems here, but the manager has been up front and told us what is happening and asked us our opinions". They also said, "I feel we can contribute".

Requires Improvement

Is the service well-led?

Our findings

Parsonage Lodge had two managers registered with CQC (the Care Quality Commission). Neither of the registered managers took day to day control of the service. A manager had been appointed with a view to applying for the registered manager status, but this had not yet happened. The appointed manager was the person who was in day to day control of the service, who provided leadership on a daily basis and was present during our inspection.

Concerns had been raised by the Local Authority about the environment, documentation, activities, people's care and understanding about how people were supported with requirements relating to the Mental Capacity Act (2005). Some actions had been taken with regard to the environment. The manager was working towards making improvements in other areas, but progress had been slow, as activities were still limited, care plans had not been personalised and the requirements of the Mental Capacity Act were not being adhered to. The manager told us that she felt, "Well supported" by the provider. This support was carried out on an informal basis and there was no formal one to one supervision meetings to support the manager.

The provider had made improvements to the environment. There was a maintenance and redecoration schedule in place and this included areas of the home that were in need of repair. Relatives told us that they could see a difference in the environment and felt improvements were being made.

The service was registered as Parsonage Lodge EMI. EMI was a term used to for people who are 'elderly, mentally ill or infirm' now referred to as 'dementia care'. The care plans were not specific towards dementia care support. Care plans did not contain detailed information about people's life histories and although care plans said that people needed to be supported to access information in the home, there was no evidence that this happened. Staff did not know how to meet the requirements of the Mental Capacity Act in supporting people to give valid consent and there were no proper processes in place that showed how people were supported to make decisions in their best interests. People did not have the opportunity to give their views about their care and treatment.

There were no up to date quality assurance audits or safety checks carried out by the provider to ensure the service was safe and effective for people who lived there. The manager had introduced some audits and checks on the care provided. These were not always effective or accurate, and did not always set actions when a risk was identified.

Staff recorded the care they provided and any other information about people. Information was recorded in different places so when the manager carried out checks of the records, details about incidents or untoward events were missed. Risks were not properly assessed and re-evaluated to make sure people were kept safe and received an effective and responsive service. Outcomes of referrals to GP's were not always recorded so not everyone was aware of any changes to treatment and not all care plans contained current information about people's needs. The checks by the manager had not picked up these shortfalls.

The provider took responsibility for doing all of the household provisions shopping. Staff told us that provisions were brought in on a daily basis. Although staff told us they were never short of food we saw that some items offered on the menu were not available at mealtimes. On one day, the second choice was not in stock and staff did not know. There was no forward planning when purchasing food items to make sure people had the choices that were on offer.

People had been asked for their opinions about some of the redecoration programme. People had not been asked for their opinion about the quality of the service. There had been no residents meeting for over five months. Relatives told us that they could have a say and were asked their opinions, but these were not recorded.

The provider did not assess and monitor the quality of the service which is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager understood people's needs and that staff needed to be supported. She was clear about the ethos of the home, which was to make sure people had a home they could be happy and comfortable living in. Staff supported this view and told us on many occasions during our visit

Requires Improvement

Is the service well-led?

that, “It’s all about the people here. We want them to be happy”. Staff told us that they ‘worked as a team’ and they felt this helped to support people and make sure they received the care they needed.

Staff understood their roles and responsibilities. Staff said they felt well supported by the manager. They told us, “It makes a nice change to have a manager who is here all day” and, “We now have someone who can give us advice”.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. 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 registered provider had not ensured that people were protected against the risk of harm by ensuring that people's welfare and safety was protected. Risks were not assessed and managed. Regulation 12 (1)(2)(a)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing The registered provider had not made suitable arrangements for staff to receive training appropriate for the work they performed. Regulation 18 (2)(a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent The registered provider did not have suitable arrangements in place for obtaining and acting in accordance with the consent of people in relation to the care and treatment provided to them. Regulation 11 (1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect The registered provider had not ensured that people were always treated with respect.

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity	Regulation
	Regulation 10 (1)
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance People were not protected against risks of inappropriate or unsafe care and treatment, because systems designed to regularly assess and monitor the quality of the services provided to identify, assess and manage risks relating to people's health, welfare and safety were not effective. Regulation 17 (1) (2) (a)