

Sanctuary Care Limited

Briarscroft Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection was unannounced and took place on 18 and 19 June 2018.

Briarscroft is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. A maximum of 66 people can live at Briarscroft and at the time of our visit 62 people were living there. The home is purpose built and is divided into four separate 'units'. Two units on the ground floor 'Fisher' which is residential care and 'Spitfire' Which is dementia care and two on the first floor 'Dunlop' which is residential and 'Digbeth' which is dementia care.

We previously inspected this service on 27 February 2017. We found that the provider was not always meeting the legal requirements set out by the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014 and were rated as Requires Improvement. The provider was failing to meet regulation 12 of the HSCA which related to the safe management of medicines. After our inspection in February 2017 the provider provided us with an action plan outlining what they would do to meet legal requirements in relation to the breach. We revisited the home and conducted a focussed inspection on 10 May 2017 and found that the provider had adhered to their action plan and improvements had been made in order to meet the legal requirements. Further work was taking place to improve staff skills and monitor the competencies of staff administration of medicines, to prevent reoccurrence of errors.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Prior to this inspection we received whistleblowing concerns about some aspects of the service, including staffing levels and the provision of food. Whistle-blowing is the term used when someone who works in or for an organisation raises a concern about malpractice or wrongdoing; staff should be supported to raise their concerns within the organisation without fear of reprisal. As a result of this information we brought forward our planned comprehensive inspection of this service.

The provider's quality monitoring systems had not always been robust at identifying where improvements were needed and we found a breach of the regulations. You can see what action we told the provider to take at the back of the full version of the report.

Staffing levels were not always adequate to meet people's needs. Not all staff were aware of people's health needs and associated risks.

People were asked for their consent before care was provided. Where people's rights were restricted this had been done lawfully, however not all staff were aware of who was subject to a Deprivation of Liberty

Safeguards DoLS authorisation or the reasons for this. People received sufficient amounts of food to maintain their health.

Most staff were caring however, we saw that at times staff were task focused and there were missed opportunities to engage with people in a meaningful way.

People felt safe living at the home and were protected from the risk of abuse. The provider had systems in place to minimise the risk of abuse and staff had a good knowledge and understanding of the signs of abuse and who to report concerns to.

Arrangements were in place to ensure all staff had received the training they required to meet people's needs. Staff told us they had completed an induction programme and had supervision and some meetings had taken place and plans in place to improve the frequency of these.

The home environment was maintained and appropriate for the needs of people living at the home. Plans were in place to further improve the environment for people living with dementia.

People and their relatives knew how to raise a concern if they were dissatisfied with the care they or their family member received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

There were not always sufficient numbers of staff to meet people's care and support needs.

People were supported by staff who understood their responsibilities in protecting people from harm.

People received their medicine as required.

People were protected from the risk of infection by a clean home environment and systems were in place to maintain hygiene standards.

Is the service effective?

Good 

The service was effective

Staff had the skills and knowledge to effectively meet people's needs.

People's consent was gained before providing care.

People received adequate food and drink and staff knew how to support people with eating and drinking safely.

People had access to health professionals when required.

Is the service caring?

Requires Improvement 

The service was not consistently caring

People were supported by staff who knew their individual preferences. However, at times staff were task focused in how they approached their role and care practice was not always consistent across the home. .

People were supported to maintain their independence where possible and staff delivered care in a way that was mindful of people's dignity and privacy.

Is the service responsive?

Good ●

The service was responsive

People received care and support that met their individual needs and preferences.

People were supported to engage in activities and maintain social contacts.

Relatives told us they felt able to raise concerns with the registered manager and there was a system in place to monitor complaints.

Is the service well-led?

Requires Improvement ●

The service was not consistently well- led

Quality assurance checks and audits had not always identified the areas that needed improvement.

Most people, relatives and staff expressed positive views about the on-going improvements made at the home.

Most staff felt supported by the management team and were able to share their views

Briarscroft Residential Care Home

Detailed findings

Background to this inspection

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

The inspection visit took place on 18 and 19 June 2018 and was unannounced. The first day of the inspection was conducted by an inspection team which consisted of one inspector, a specialist nurse advisor, whose areas of expertise was mental health and dementia care and two experts by experiences. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The second day of the inspection was conducted by one inspector.

When planning our inspection, we looked at the information we held about the service. This included the notifications received from the provider about accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted the local authority for information they held about the service. Prior to this inspection we received whistleblowing concerns about some aspects of the service, including staffing levels and the provision of food. This information helped us to plan the inspection. As a result of this information we brought forward our planned comprehensive inspection of this service.

During the inspection, we spoke with 14 people who lived at the service. Some of the other people we approached were unable to speak with us or provided limited responses; so we used the Short Observational Framework for Inspection (SOFI) to observe how care was provided for people who were unable to speak with us. We also spoke with seven relatives, ten members of care staff, the deputy manager, registered manager and provider's representative.

We looked at the care plans for five people to see how their care and support was planned and delivered. We also looked at Medication Administration Records (MAR) and the medicine management processes and

audits for the service. We looked at staff training records and three staff recruitment files. We also looked at records relating to quality assurance and the management and oversight of the service.

Is the service safe?

Our findings

At our last focused inspection in May 2017 we rated the provider as 'Requires Improvement' in this key question 'Is the service safe'? This was because further improvements were required to medicine management. At this inspection we found that the required improvements had been made and sustained to medicine management. However, further improvements were needed to ensure people received safe support. As a result the rating for this key question remains as 'requires improvement'.

Some staff we spoke with were not fully aware of risks to people's health and safety. On one unit all three staff including a senior staff member were not aware that one of the people they were supporting had a particular health condition. This meant that they would not have been able to recognise early warning signs and respond appropriately to any signs and symptoms that the person may have. A staff member told us that they knew the person could become unsettled and agitated but they thought this was related to their mental health and not related to a physical health need. The person's care records did detail the person's needs and contained information for staff that explained how to support the person. When we brought this to the attention of the registered manager she explained that all three staff had recently been appointed and a more experienced staff member who should have been working on this unit had changed the staffing around without authorisation. They took immediate steps to ensure that all staff were aware of people's health needs and told us that they would address the staff allocation change under their staff conduct procedures.

The majority of people we spoke with expressed some concern about staffing levels and in the main these concerns were about one particular unit 'Spitfire'. We saw that staffing on 'Spitfire' (unit) was not always adequate to respond to people's needs in a timely way. We saw that staff on this unit were not always available to respond to people's care needs. We also saw that some people with complex needs sat for considerable amount of time without any staff interaction, support or reassurance. A relative told us that although they were very happy with the care their family member received they felt there was not enough staff on (Spitfire unit), especially in the evening. Another relative told us, "There needs to be more staff, this would prevent things happening, staff are rushing trying to deal with things, residents sometimes get upset, more so in the evening". Most staff that we spoke with confirmed this. They told us that three staff were needed on this unit to care for people. A staff member told us, "Two staff is just not enough, it's okay on the other units we can manage with back up from a senior staff member, to cover the floor". Another staff member told us, "We need three staff. Two staff on the other floors is fine most of the time. We have a senior to help us out".

We discussed staffing arrangements with the registered manager. They talked through with us the system in place for assessing staffing levels in line with people's needs and told us staffing levels could be increased to respond to people's needs. We also saw that there was a system for ensuring that the right staff mix was in place in each of the four units with staff allocated according to their skills and experience. The registered manager told us that they had identified a change in care needs for some people living at the service who required more specialised care. They told us that assessments with healthcare professionals were taking place at the time of our inspection. However, no adjustments had been made to staffing on 'Spitfire' unit to

manage these needs whilst these assessments were taking place.

We saw that cupboards under the sinks in the kitchenette area on the different units contained substances that could be hazardous to people who could come to harm from drinking or touching these liquids, these should be kept secured. When we brought this to the registered manager's attention the items were removed and arrangements were put in place to repair the locks.

We saw staff respond promptly to a person who had a fall. The person was reassured and supported by staff. We saw and staff confirmed to us that a senior staff member of staff would attend any incident and make any decisions about if any treatment of medical assistance was required. Staff told us and the manager confirmed that all senior staff were trained in first aid and fire safety so that at all times a staff member with these skills would be available within the home. We saw that processes were in place to ensure that equipment used in the home was maintained and safe to use.

Most people told us that they felt safe living at Briarscroft. One person told us, "The staff are lovely, great and friendly. I feel safe living here. I did have an issue with someone wandering around at night but staff have given us all keys so we can lock our doors when we are not here and at night". Another person told us, "Well so far I do" and a third person told us, "This is home from home for me, I love living here, I have people to talk to and I feel safe".

All the staff that we spoke with were able to tell us about their understanding of safeguarding people from the risk of abuse. Staff spoken with were aware of their roles and responsibilities in these areas, including what the reporting procedures were, in order to keep people safe. Staff told us that safeguarding was part of their induction and they were confident that they could raise any concerns they had with the management team. We reviewed records of incidents and events and found referrals were being made to the local authority and CQC as required by law. Records kept by the management team showed the process followed by the manager to oversee any follow up actions required after each event and discussions with other relevant people including people's relatives. Some safeguarding investigations had recently been taken place regarding poor care by staff members and we saw that the appropriate steps had been taken, including disciplinary action where appropriate. We also saw that there had also been person to person incidents and these had been reported as required and measures were in place to minimise risks.

We looked at three staff files and found that the provider's recruitment practices ensured only staff that were suitable were employed. We found some date discrepancies with one staff member's records and the registered manager took action to address this on the first day of our inspection. Staff we spoke with confirmed that recruitment checks were carried out before they started work. One member of staff said, "All the checks were done before I started working here and I know they had my references from where I last worked". The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care. The registered manager talked through their disciplinary process and confirmed that procedures had been followed when required. Records we saw confirmed this.

People told us that they get help to take their medication. One person told us, "Yes I get my medicines on time, they (staff) are very good. They see to all of that". Another person told us that staff wait and make sure they have taken their medicine safely. We observed staff supporting people to take their medication in a safe way and they explained to people what they were doing. Staff who administered medicines told us that they received training in how to administer medicines safely and had regular checks to ensure they remained competent to do so.

People had a medication administration record (MAR) that documented when they had received their medicines. We found medicines were stored securely and at the correct temperature so that they remained effective. Some people required medicines to be administered on an "as required" basis and protocols (plans) were in place for the administration of these medicines to make sure they were administered safely. We looked at how Controlled Drugs were managed. Controlled Drugs are medicines that require extra checks and special storage arrangements because of their potential for misuse. We found that the Controlled Drugs were being stored securely. This demonstrated the provider's systems used for storage and management of medicines were safe.

Some areas of the home had an odour and the registered manager explained that steps were in place to manage this. We saw that infection control audits and checks were completed regularly and we saw that when issues for attention had been identified plans were in place to address these. We saw and staff confirmed that personal protective equipment (PPE) was available and used by staff when supporting people to prevent the risk of infection.

Is the service effective?

Our findings

At the last focused inspection in May 2017 we did not review this key question. However, following our comprehensive inspection in February 2017 we rated the provider as 'good' in the key question of 'Is the service effective?

New staff told us they were required to complete an induction to ensure they had the basic knowledge required to support people. We saw that this was carried out over a 12 week period. New staff members told us that they worked alongside experienced staff members. A newly appointed senior staff member told us that she was waiting to complete all her training and to be assessed as competent before they would start to assist with medicine administration. Staff we spoke with told us they had completed training in areas such as safeguarding and first aid awareness. Staff told us they received supervision and most staff told us that they felt supported in their role. One staff member told us, "The manager is very approachable and the deputy and I feel confident to discuss anything with them they are really helpful".

We observed at times that staff interactions were limited with people and some staff were task focused. The manager told us that they were starting to do 'sit and see' observations. We saw that these were taking place when we inspected. The registered manager told us that the purpose of these is to identify and feedback to staff on areas of care practice where improvements are needed.

We observed interactions between people and staff and saw people were offered choices and asked to consent to their care and support. Where people used non-verbal communication we observed staff offered some choices to support the person to make their own decision. For example, by showing the person two drinks options or by supporting them to decide where they would like to sit, or if they would like to take part in an activity. We also saw that on occasions there were missed opportunities where staff could have engaged with people more and considered ways of promoting people's communication and involvement. We found that where people had legally appointed someone to make decisions on their behalf, the provider had included this in the person's care plan and had obtained evidence of this.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Some people told us they were able to make decisions about how they spent their time. One person told us, "I prefer to stay in my bedroom and that's what I do". Staff we spoke with understood their responsibilities in assessing people's capacity and told us this was reflected in people's every day choices and lifestyles. One staff member said, "I always ask the person what they want to do, I always explain what I am doing".

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interest and legally authorised under the MCA. The authorisation process for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was

working within the principles of MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that the registered manager had a system in place to monitor applications and authorisations of DoLS and there was a system in place to share this with staff members including displaying some information on the staff handover board. Staff we spoke with demonstrated some understanding of the mental capacity act and DoLS.

We observed lunchtime and saw that staff supported people with their meals and people were asked what they wanted to eat. On one unit we saw that food choices were placed on a tray and shown to people so they could make a choice. Staff assisted people who needed it with cutting their food. On one unit we saw that a staff member offered a person smaller manageable amounts of food and this worked well for this person. Although tables had sauce containers on, we didn't see staff offer any, and there were not any salt and pepper condiments. There was mixed views about the food. Some people were very pleased with the food and others were not always happy with the food. Comments included, "The food is okay, I have put weight on since I have been here". Another person told us, "It's not too bad, I like the breakfast. I have a cooked breakfast". Where people required specific diets, for example a soft diet to reduce the risk of choking, we found staff were aware and ensured appropriate meal options were available. Nutritional assessments and care plans were in place for people who were at risk associated with their diet or fluids.

People and relatives told us the staff and management team worked with other agencies and professionals to meet people's needs. One person told us, "I can ask to see a doctor when I need to". A relative told us, "They keep me and my family informed straight away if there are any health issues, which is reassuring". A chiropodist was visiting on the day of our inspection. A health care professional told us they had no concerns about the home and people seemed well cared for.

There was some signage in place which would benefit people living with dementia to navigate themselves around the building. The manager told us that on-going improvements were taking place to make improvements to the environment to provide different therapeutic areas in the building for people to enjoy. The provider told us that they had employed the services of an expert in dementia care to carry out an audit of the environment and would be acting on any recommendations made.

Is the service caring?

Our findings

At the last focused inspection in May 2017 we did not review this key question. However, following our comprehensive inspection in February 2017 we rated the provider as 'good' in the key question of 'Is the service caring?'. At this inspection we found some improvements were needed.

Observations carried out during the inspection varied on the different units and on the different days of our inspection. We found on the first day of our inspection that staff were task focused. They were busy carrying out tasks on the unit and writing up care records and spent very little time engaging with people. We saw that when a person became anxious and upset and removed themselves from the dining area to another room. Staff did not come to check on the person's wellbeing until we alerted them to this. We did speak with staff about this and they were able to provide us with more insight into the incident and why this had occurred. We saw that people's care records did not always include triggers and ways to respond in relation to behaviours that may challenge. This may mean that all staff do not have the information needed to ensure people are supported in a consistent way and in a way that may reduce their anxiety and minimise reoccurrence of an incident.

Most of the people we spoke with told us they felt staff treated them with kindness and respect. We did see staff that were caring and compassionate towards people. We observed staff supporting people around the home and gently prompting and guiding and reassuring people when they became disorientated. We saw staff approached people and offered words of comfort and ensured people were comfortable where they were sitting and offered and assisted with a cushion and footstool. Staff we spoke with shared with us ways in which they offered people reassurance. For example, staff were able to tell us the things that people liked to talk about and also what caused them to become upset. For example, a staff member explained to us that a person would become upset because they were missing family members and although they had regular family contact they could not recall this. Some staff showed a real in depth understanding of how a person with dementia may feel and what they may be experiencing. A relative told us, "I think the staff are very patient. Sometimes (family members name) is not nice to the staff. They (staff) remain calm, they are lovely".

People told us and we saw, they were able to make decisions about their daily lives and where possible, were actively involved in their own care and support. One person told us, "My relatives can come and see me whenever they want to. I used to live just up the road so everyone knows where I am. I can make myself a cup of tea whenever I want to. I can go out for a smoke whenever I want. My family do take me out for a meal occasionally. I would recommend this home to other people. I feel safe here and it is okay living here, staff are nice to me". We saw some people had developed close friendships with other people living at the service and enjoyed spending time enjoying each other's company. Another person told us, "The cares are very good. Excellent. They treat me well".

People or their relatives that we spoke with told us that they had been involved in planning their care when they came to the home. Some people told us that they had not been involved in any reviews of their care recently and some people told us that reviews with their relatives had taken place and they were able to

discuss issues in relation to their care. The registered manager confirmed to us that reviews had taken place and showed us an online diary schedule that was used for the planning of these. We could see that some reviews had taken place in recent weeks.

People told us they were supported by staff to maintain their independence. One person told us, "I like to try and do what I can for myself and the staff let me get on with it". Staff were able to share examples with us of how they maintained people's privacy and dignity. One staff member told us, "I always explain what I am going to do when supporting people with their personal care". We saw staff knocking on doors before entering people's bedrooms. "One person told us, The carers are very good, they treat me with respect and knock the door before they come in". A relative told us how important it was for their family member to have the help and support of male carers.

People's care plans contained some information about people's diverse needs. We spoke with staff about how they would support people's individual needs including their faith, religion, culture or sexuality and they showed some insight. A staff member told us, "Yes we do treat people as an individual and consider these needs but I think we could be better at this and look into things a bit more".

We saw that relatives and friends were welcome to visit the home and we observed staff and the management team greeted people and knew them by name. We saw a relative make themselves a cup of tea and sit and did some knitting whilst spending time with their family member. They told us that staff always made them feel welcome. We saw that people's care records contained some information about people's life histories and their interests.

Is the service responsive?

Our findings

At the last focused inspection in May 2017 we did not review this key question. However, following our comprehensive inspection in February 2017 we rated the provider as 'good' in the key question of 'Is the service responsive'?

We reviewed people's care records and saw that for most people a full assessment of their needs had taken place prior to them moving in to the home. One person had moved in to the home recently and we saw a comprehensive assessment of their needs had been undertaken and recorded. Their pre-admission assessment included information about their health, medicines, risks and communication needs.

Staff we spoke with confirmed that information about people needs and changing needs were shared at the start of the shift. Most staff told us that communication within the home was good. We shared with the manager during our inspection some concerns that we had about some staff not being aware of people's care needs. Some of this was because the staff were new to the staff team and also staff were expected to work across all four units within the home. The manager told us that work was in progress to improve how information is shared effectively across the staff team. They were in the process of implementing a quick reference handover for staff to refer to with key areas of care for each person.

We saw that there was some planned and spontaneous activities for people to take part in. On the day of the inspection visit we saw that a few people were taking part in a craft activity. One person told us, "I enjoy making things but I get the glitter everywhere". In the afternoon there was entertainment by a visiting singer and we saw that people, who sat and listened, enjoyed the songs. We observed limited activities on a one to one basis with people and at times missed opportunities and a lack of engagement from staff. There was music playing in some communal areas of the home and some people chose to spend time in their own room, or relaxing or sleeping in a chair and we saw visitors spending time in the garden or lounge chatting with their family members. Some people told us that they preferred to spend time in their own bedroom and this was respected. One person told us, "I am happy enough staying in my own room growing my plants and talking to them. The carers pop down every now and again to check on me". One relative told us they were involved in gardening with their family member and showed us what they had planted. A few relatives told us that they didn't think there was much for their family member to do in the home to keep them occupied.

The activity board on display showed planned group activities across the week including a Church service, bingo session, home baking and music and movement. A few relatives told us that because the group activities took place on one of the units they had some concerns about their family member being able to access these. However, we saw during our inspection and staff we spoke with confirmed to us that staff would support people from the different units to access these sessions and support people to return to the unit they lived on when needed.

We saw that there was a hair dressing facility, cinema room and the manager told us that plans were in place to create further areas of interest for people to explore including a sweet shop and post office. The registered manager told us that they had just started a process of implementing an activity framework for

providing activities for people with cognitive impairments including dementia. The focus is looking at the individual and providing activities in a practical everyday way to improve people's wellbeing. Staff will be provided with training and a staff member was on secondment from another service to work on implementing this. We will monitor progress on this at future inspections.

The provider had carried out a survey with people and their relatives, the findings were on display within the home. It showed that most people were happy with the care they received. People and relatives we spoke with confirmed this.

There was information on how to make a complaint displayed within the reception area of the home and an easy read complaints procedure was available for people. People and their relatives told us they knew how to raise concerns and felt able to do so if needed. We saw during our inspection that relatives approached staff and the registered manager with everyday queries and these were responded to. We saw a staff member direct a relative to a quiet area away from other people so they could speak confidentially. The relative confirmed this to us afterwards, they told us, "I just wanted a quick update about something and the staff were very good at explaining everything to me". Another relative told us that they had raised concern about their relative's care and things had improved and they told us that the home was, "more in tune" with their relative's care.

Care plans we reviewed reflected conversations staff had held with people and relatives discussing their wishes and preferences in relation to end of life care. Where people had expressed a wish not to be resuscitated the records relating to this were available to staff.

Is the service well-led?

Our findings

At the last focused inspection in May 2017 we rated the provider as 'Requires Improvement' in this key question 'Is the service well-led'. This was because the provider had taken action to improve the management of medicines however, further sustained improvements were required. At this inspection we found that the deputy manager had taken a lead role in overseeing the management of medicines and robust systems were now established in the home in relation to the safe management of people's medicines. However, we identified that the homes quality assurance system had not identified some of the areas for improvement that we found during our inspection. In addition to this the home has a history of non-compliance in the three previous inspections to this service. Which shows that the provider is unable to make or sustain the improvements required.

We saw that there were systems in place to improve the quality of the service. These included, observation of staff practice, spot checks completed by the registered manager and deputy manager, monitoring visits by the providers representative. There were also monthly audits for things such as, complaints, falls, care records, safeguarding incidents and medicine management and this information was shared with the providers head office and was used to identify trends and concerns. However, we found that these systems had not always been robust and effective. For example, we found that some staff were not aware of the risk's to people, people's care records were not always reflective of their current needs and had not been updated when needs changed. We saw a pre- assessment for a person that was incomplete and lacking in information. The audits had failed to identify these shortfalls. We saw some documentation had been completed inaccurately and documentation had not been completed. For example, they did not always include triggers and ways to respond in relation to behaviours that may challenge. Systems to monitor and audit were not effective as some of the staff we spoke with were not able to identify which people living at the home were subject to an authorised DoLS or the reasons for this. This meant their legal rights, may not be upheld. Although we did not see any concerning restrictive practices during the inspection visit; staff lacking in knowledge about DoLS may place people at risk of being restricted unlawfully. Systems to monitor the care experiences for people had failed to identify that this was not always consistent, some people experienced care that was task focused and not person centered. This showed that the provider was in breach of Regulation 17 of Health and Social Care Act (regulated Activities) Regulations 2014.

We found that the management team had been open and transparent in their approach to the inspection and co-operated throughout. We provided feedback during and at the end of our visit on what we had found and where improvements could be made. The feedback we gave was received positively and we saw that the manager acted immediately to make improvements. For example, the registered manager shared with us a new summary handover profile that they were in the process of implementing and this would help ensure staff had an overview of people's care needs and would be particularly helpful to new staff. Also during the inspection amendments and updates were made where needed to documentation so they were reflective of people's needs.

We raised some concerns around staffing levels, in particular on the one unit. The manager told us that

some people's needs were being reassessed and staffing arrangements in relation to the people concerned was also being looked at. We saw that assessments by healthcare professionals were taking place at the time of our inspection. However, no increase to staffing levels on spitfire unit had been made in response to people's changing needs. The manager told us that it had been a difficult time for the service and a number of staff had left and new staff were settling into the service. We saw that where needed the manager had followed the disciplinary process with staff members where poor practice had been identified.

The provider had strong links with the local community; they had work experience from local colleges and universities. These volunteers were providing one to one interaction for people and support during activities. They also had links with a local children's nursery and school and arranged visits took place by the children. Visit also took place from local churches to meet people's religious needs.

Staff we spoke with told us they were aware of their roles and responsibilities with regards to whistle-blowing and there was a whistle-blowing policy in place. Whistle-blowing is the term used when someone who works in or for an organisation raises a concern about malpractice, risk (for example, a person's safety), wrongdoing or illegality. The whistle-blowing policy supports people to raise their concern(s) within the organisation without fear of reprisal or to external agencies, such as CQC if they do not feel confident that the management structure within their organisation will deal with their concern properly. We had had some concerns shared with us prior to our inspection visit including concerns about staffing levels and concerns about food supplies and stock and we looked at these issues during our inspection. Most staff we spoke with expressed confidence in the registered manager and told us they found them to be helpful and approachable. One staff member said, "I feel confident that I can speak with the manager and deputy and would have no hesitation in approaching either of them if I had any concerns". Most staff we spoke with shared similar views, However, a small number of staff told us that they did not feel supported by the management team and they were not listening to concerns about staffing levels in particular.

We saw that different meetings took place including general staff meetings, senior meetings and relative and residents meetings. The minutes of these showed us that these were infrequent. The registered manager told us that staff had asked for more meetings and this request was being responded to. They told us that staff and residents meetings were scheduled for June 2018 and would take place on a planned basis going forward.

Most people and relatives we spoke with said told us they felt the home was well-led. Most people told us that they were satisfied with their care. However, many residents, staff and some relatives did comment on staffing levels not always being adequate. Some people told us that the food was not always of their liking or well presented, and the very warm temperature in the main communal area on one unit was also a concern to people and this was confirmed by temperature records. A few people that we spoke with told us about personal items and money that had been misplaced or gone missing. We spoke with the registered manager about these and saw that one incident had been appropriately reported, recorded and investigated. The registered manager agreed to look into the other matters that we had brought to their attention. We had some assurance during our inspection that these issues were being looked at by the management team.

There was an experienced registered manager at the home during our inspection. The management team consisted of a registered manager, a deputy manager and senior care staff. The provider had complied with the conditions imposed on their registration and had notified us of Incidents and events as required by law. The registered manager had submitted notifications of events required be submitted to CQC. A notification is information about important events that have happened in the service and which the service is required by law to tell us about. This meant we were able to monitor

how the service managed these events and would be able to take any action where necessary. The registered manager demonstrated a clear understanding of the responsibilities of their role and registration with us. All organisations registered with the Care Quality Commission (CQC) are required to display their rating awarded to the service. The registered manager had ensured this was on display within the home and on their website.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The manager was able to tell us their understanding of this regulation and we saw evidence of how they reflected this within their practice. Where issues had been found, the management team addressed them to prevent reoccurrences. We saw evidence to support the service had worked in partnership with other organisations, stakeholders and healthcare professionals.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>We identified that the homes quality assurance system had not identified some of the areas for improvement that we found during our inspection. In addition to this the home has a history of non-compliance in previous inspections to this service which showed that the provider is unable to sustain the improvements required.</p>