

Minster Care Management Limited

Ashgrove Care Home - Humberstone

Inspection report

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Date of inspection visit:

14 July 2017

17 July 2017

19 July 2017

Date of publication:

30 August 2017

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 14, 17 and 19 July 2017, and was unannounced.

At the last inspection of this service we found there were no breaches of regulation. The service gained a rating of 'requires improvement'.

Ashgrove Care Home is situated in a residential area of Cleethorpes and is close to local amenities. It is registered to provide personal care for 56 people, some of whom are living with dementia. Communal areas and bedrooms are located on the ground floor. There are secure garden areas for people to use. During the inspection there were 31 people using the service. There is a car park for visitors to use.

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

The service has a manager in place who has applied to the Care Quality Commission (CQC) to become registered. Although their application had been received this had not been validated at the time of the inspection. Therefore the manager is not registered with CQC. This meant that the domain well-led could not be rated higher than 'requires improvement'.

During this inspection we found two breaches of regulation; regulation 12 of the Health and Social Care Act (HSCA) safe care and treatment and regulation (HSCA) 17 good governance. There was a variety of shortfalls within people's care records, which meant staff, did not always understand or deliver the care and support people required in a timely way. Audits were undertaken, however, they had not always found the shortfalls in the service relating to people's care records. Monitoring of the mealtime service at tea time still required improvement along with a further review of pressure area care for people living at the service. On one occasion people's care records were not held securely, this was rectified straight away. You can see what action we told the provider to take at the back of the full version of the report.

We found the service had been placed under pressure because 16 staff had left, some without working their notice over a two week period. This had impacted upon the care and support people received. The management team had worked to address this situation and new staff had been employed, however staff were still getting to know people's needs.

Staff were developing their skills and knowledge about people's needs and risks to their wellbeing. A summary of people's needs had been produced to highlight specific areas of help and support people needed to receive and risks to their wellbeing.

Staffing levels had been increased by employing three agency staff and undertaking a robust recruitment

programme. The local authority was supporting the service with two staff at lunch and tea time to help to meet people's needs.

There were some issues found with medicine administration at the service. We found information about topical cream prescribed by people's GP's needed to be clarified to ensure staff had the relevant information about how and where to apply the creams. Thickening agents prescribed to be used in some people's drinks were not signed for on their medicine administration charts when used by staff. We found staff did not always sanitise their hands if they touched people's medicines. We recommend that the provider follows current guidance for all aspects of medicine administration.

We found minor issues with infection control that were addressed during the inspection.

Staff knew how to recognise the signs of abuse and knew how to report issues. This helped to protect people from abuse.

Induction training was provided for staff. Supervision's were occurring to help develop the staff's knowledge and skills. Appraisals were to be conducted later in the year to allow the manager and staff time to get to know each other.

People's nutritional needs required monitoring along with further monitoring of the mealtime service to ensure people's dietary needs were met.

People's mental capacity was assessed to ensure they were not being deprived of their liberty unlawfully. Staff gave people choices for their care and support and acted upon what they said.

During our inspection people told us the new staff were caring and kind and confirmed they were all still getting to know each other.

Advocacy information was provided to people and their relatives. People were supported by advocates or family members to help raise their views.

A range of activities were provided and people were invited to take part if they wished.

A complaint policy and procedure was in place, this was made available to people and their relatives. We found issues raised were investigated and feedback was provided to the complainant.

The management team have kept us informed about the issues at the service. The provider suspended new admissions to help stabilise the service. The local authority placed a formal suspension on admissions from 17 July 2017, they continue to monitor the service and provide support as required.

Although the management team and staff have worked to maintain the service for people the issues we found demonstrate that the service still requires improvements to be made.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Staffing levels had fluctuated due to staff leaving to work for another local provider. Newly recruited staffing were developing their skills and knowledge about people's needs and risks to their wellbeing. The local authority was supporting the service with two staff at lunch and tea time to help to meet people's needs. Staff recruitment procedures were robust.

Improvements were required to clarify the directions for staff regarding people's prescribed topical creams. Staff needed to record the use of prescribed thickening agents used in some people's drinks. Minor issues with infection control were addressed during the inspection.

Staff knew how to recognise the signs of abuse and knew how to report issues, which helped to protect people.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff were provided with training and supervision to help to develop their skills. Appraisals were going to take place at a later date.

People's mental capacity was assessed to ensure they were not deprived of their liberty unlawfully, which helped to protect people's rights.

People nutritional needs and mealtimes required further monitoring to make sure people's dietary needs were met.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Although people we spoke with told us staff were caring and kind, the staff team were new and were developing their caring skills and continuity of care was still being developed for people.

Requires Improvement ●

People's care records were not always held securely. This was acted upon swiftly by staff.

Advocacy information was provided to people and their relatives.

End of life care was provided at the service.

Is the service responsive?

The service was not always responsive.

There was a variety of shortfalls within people's care records, which meant staff did not always understand or deliver the care and support people required in a timely way.

Activities were provided and people were invited to take part.

Information about how to make a complaint was available to people and their relatives. Issues raised were investigated and feedback was provided to the complainant.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

The service had a manager in place that was not registered with the Care Quality Commission, although their application had been received this had not been validated at the time of the inspection. This means that the domain well-led cannot be given a higher rating than 'requires improvement'.

Audits were undertaken, however, they had not always found the shortfalls in the service relating to people's care records.

Monitoring of the mealtime service at tea time still required improvement along with a further review of pressure area care for people living at the service.

People's views were sought about the service provided.

Requires Improvement ●

Ashgrove Care Home - Humberstone

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was 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 14, 17 and 19 July 2017 and was unannounced. It was undertaken by one adult social care inspector who was accompanied by a contract officer from the North East Lincolnshire Clinical Commissioning Group.

Prior to our inspection we looked at the notifications on file and reviewed all the intelligence the Care Quality Commission (CQC) had received to help inform us about the risk level for this service. This information was reviewed to help us make a judgement. We spoke with the local authority and their safeguarding team prior to our visit regarding information they had received about this service.

We used a number of different methods to help us understand the experiences of the people who used the service. A Short Observational Framework for Inspection (SOFI) was used to help us understand the experiences of people who used the service who were unable to tell us their views.

During our inspection we undertook a tour of the building. We used observation to see how people were treated in the communal areas of the service. We inspected the medicine systems in operation. We watched lunch being served on three days. We looked at a variety of records; this included five people's care and medicine records, as well as records relating to the management of the service, policies and procedures, maintenance, quality assurance documentation and complaint information. We also looked at staff rotas and three staff files. We looked at information relating to staff including training records and information about staff recruitment.

We spoke with the regional manager, manager, deputy manager, with six care staff and two ancillary staff, the handyman and cook.

We spoke with six people living at the service and with their relatives. We also spoke with five visiting health care professionals to gain their views.

Is the service safe?

Our findings

The management team at the service had informed us, along with a representative at the local authority that the service had been placed under pressure because 16 staff had left over a two week period to work for another local provider. Some staff had not worked their notice and this had impacted upon the service provision.

The manager and regional manager continued to monitor the staffing levels provided at the service on a daily basis. Immediate action had been taken when this occurred to recruit staff and the provider had who ceased admissions to the service and agreed a four week suspension on admissions with the local authority. The local authority also provided two staff over the lunch and tea time period to help support people.

We found recruitment of staff was on-going. New staff had to wait for their pre-employment checks to be returned before they could start work at the service. During this time the regional manager was spending three to four days at the service each week covering weekdays and weekends to provide support. The manager and staff worked longer hours and extra shifts to help provide care and support to people. Three staff had also been acquired through an agency to work at the service on a permanent basis. Despite this there had been occasions when staffing levels were lower that the provider would have liked. Staffing levels during our inspection had increased to seven staff throughout the day. However, staff had only worked at the service for up to eight weeks and they were still getting to know people's needs. This meant people had not always had their needs met fully or in a timely way. However, we were informed by people we spoke with living at the service and with relatives that we spoke with that the situation was improving.

During the inspection we undertook a tour of the building. We inspected the communal bathrooms and looked at how infection control was being maintained. We found there was one bedroom which required the carpet to be replaced due to an unpleasant aroma being present. This was discussed with the manager who assured us this had been noted and was being replaced. We found the environment was monitored; water temperatures and legionella testing, gas and electrical safety and fire safety checks were undertaken to help maintain people's health and safety. We looked at the sluice and found that a commode pan which had come out of the sterilizer still required re-cleaning and this was acted upon straight away. We saw staff carrying linen to the sluice in their hands, emptying a commode and carrying an incontinence pad without using gloves or wearing an apron. The manager reminded staff to use gloves and aprons to maintain infection control. There were no issues with the safe storage of gloves at the service. Hand sanitiser and hand was facilities were available throughout the service, to help maintain infection control.

We looked at the medicine systems in operation at the service. This included how medicines were ordered, stored, administered, recorded and disposed of. We saw that directions for the application of people's prescribed creams were being clarified with their GP's because some said 'apply as directed'. New staff working at the service required clearer instruction which should have been present when the creams were prescribed. Staff were not signing people's medicine administration records for people who had been prescribed thickening agents for their fluids. This was discussed during our inspection. We also observed staff were using two medicine pots to give people their medicine; this was because the medicine pots

ordered had not arrived. We noted staff washed their hands before starting the medicine round. Hand sanitising did not always occur if people's medicines were touched by staff. These issues were immediately discussed with the manager and were rectified. We recommend that the provider follows current guidance for all aspects of medicine administration.

We checked people's medication administration records at random. We found there were no gaps on people's Medicine administration records (MAR). We saw that people's MAR's had a photograph of the named person to help staff identify each individual. Allergies were recorded to inform staff and health care professionals of any potential hazards. We observed how the administration of medicines were undertaken during our inspection. The member of staff undertaking the medicine administration confirmed they had undertaken a safe medicine management training course. However, the member of staff was going to give a person who a sip of un thickened fluids when the person should have thickened fluids to drink. The member of staff was stopped from doing this and this was discussed with the manager who addressed this straight away to help maintain the person's safety. The member of staff was provided with supervision to help prevent this occurring again.

The care files we inspected contained information about risks present that may affect people's health or safety. Individual risk assessments were in place which covered a variety of areas, for example, the risk of falls or prevention of skin damage. However, this information was not always updated regularly or as people's needs changed and was not always known by staff attending to people. This may have placed some people at risk of harm. To help to inform the staff the manager had created brief summary's of everyone's specific needs which staff had to read and become familiar with.

People we spoke with told us they felt the service had improved and they felt safe living at the service. We received the following comments; "I am still getting all the care I need even with the changes. It was difficult with everyone [staff] leaving. I am now building relationships with the new staff", "It is better now, staff see to me on a regular basis" and "There have been issues but they are coming out the other side now."

Relatives told us, "The home is really clean today", "Help with mealtimes would help" and "I have just been away for four days and had no concerns for mum. The manager is trying very hard to turn things around."

Staff we spoke with told us they were getting to know people. One said, "It is easy to get to know people. I look in the care files and ask people and ask staff about their needs. I spend time with people it may take more time, but I learn that way. It is about the residents at the end of the day." Another member of staff said, "There is a lot of new staff. It may have impacted but everyone is trying their very best to accommodate everyone and work to their needs and likes." "We are getting to grips with it and are moving forward to gel as a team" and, "I do realise who is on hourly pressure area care and understand people's moving and handling. I do check residents to make sure the care is right, we get to know this at handovers."

We found there were effective procedures in place for protecting people from abuse. Safeguarding training had been provided for all the staff, who were knowledgeable about the types of abuse that may occur and knew what action they must take to help protect people. Staff we spoke with said they would report issues straight away. Safeguarding and whistleblowing policies and procedure were in place to guide staff about action they must take if they suspected abuse may be occurring. Safeguarding issues were reported to the local authority for investigations to be carried out and for outcomes to be determined.

People had personal evacuation plans in place, which informed the staff and emergency services about the required in the event of a fire. This information was reviewed by the manager to make sure it remained current. We saw fire safety checks were undertaken on the emergency lighting, fire extinguishers and fire

alarms. Staff completed fire training to prepare for this type of emergency. The provider had been visited by the Fire and rescue service and a schedule of work had been requested to be undertaken. The provider was gaining quotes for this work. The regional manager confirmed this work would be undertaken. We recommend this work should be undertaken as soon as possible.

Audits of accidents and incidents that occurred were undertaken and the manager looked for any patterns or trends. This information was shared with the provider. The manager confirmed corrective action was taken and help and advice was sought from relevant health care professionals to help maintain people's wellbeing. We spoke with two health care professional visiting the service who confirmed staff sought their advice and acted on it to help to maintain people's safety.

We saw a maintenance programme was in place. Maintenance staff were available to address any issues. General maintenance was undertaken and service contracts were in place. We found communal areas were free from obstacles or trip hazards. There was level access provided to the garden and patio areas so people who were unsteady on their feet could access these areas safely.

Is the service effective?

Our findings

People we spoke with told us the staff were developing their skills. One person said, "There have been issues we are coming out the other side now." Another said, "Seeing staff we had never seen before was upsetting. I had concerns they did not know my likes and dislikes."

We received mixed comments about the food provided at the service. One person said, "I am not keen on the food." Others said, "Staff bring in the menu so I can choose what I like to eat" and "Breakfast is good, bacon and eggs. They [staff] offer me drinks and I would ask."

We received mixed feedback from relatives, some were satisfied their relation's needs were being met by the new staff at the service; other stated they felt their needs were not always met. We received the following comments, "I have concerns around mealtimes, there is not enough staff at mealtimes and not enough drinks" and "I had two foreign staff at the same time, this did not happen again."

We found due to the staff turnover communication between staff was still being developed and therefore there were some challenges to make sure communication was in place to ensure staff were aware of people's needs. The registered manager had produced a key document detailing at a glance the care and support people required. This was being shared with the staff.

We looked at the staff training records during our inspection. However, they were not up to date due to the high turnover of staff. The training record was updated and sent to us following the inspection. It confirmed training was being undertaken in a variety of subjects; for example; moving and handling, safeguarding, first aid, infection control, Mental Capacity Act 2005 and Deprivation of Liberty, food hygiene, pressure area care and dementia awareness. Staff we spoke with during our inspection confirmed they had received induction training and had to complete their training before 01 of August 2017. Staff we spoke with told us the training being provided was helping them to develop their skills. The provider informed us all the mandatory training for staff was to be completed by the 01 August 2017. This was to ensure people received care and support from staff who had undertaken all relevant training.

Prior to our inspection we received information that people's glasses or hearing aids may have gone missing. We found individual issues had occurred and staff were working to correct these on an individual basis.

We saw new staff were provided with a period of induction. This included undertaking on-line training in mandatory subjects, shadowing more senior care staff, reading the companies policies and procedures and reading information about people's care needs. A new member of staff said, "I have had a lot of training including moving and handling, safeguarding, fire safety and mental capacity. I know a fair bit about dementia. This was all covered in my induction."

The manager had started to undertake staff supervisions. The manager told us the yearly appraisals were to be scheduled later in the year because they were new and so were the staff, they needed time to get to know

each other. The supervision and appraisal programme allows staff and the registered manager to discuss any performance issues and identify and act upon any training needs.

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.

The Care Quality Commission is required by law to monitor the use of DoLS. DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards. The registered manager was aware of their responsibilities in relation to DoLS and understood the criteria. We were informed that four DoLS had been granted, and 18 applications for DoLS for people who met the criteria were awaiting authorisation by the local authority.

We saw where people had been assessed as lacking capacity to make their own decisions, best interests meetings occurred.

Staff were undertaking training about the Mental Capacity Act 2005 (MCA). best interest meetings had occurred for some people and the management team were reviewing everyone's records to make sure this information was up to date for people using the service. We observed staff asking people what they wanted to do, where they wanted to go and what they wanted to eat and drink. Staff we spoke with told us how they offered choices to people and acted upon what people said. A member of staff said, "We ask people and do give people different options and encourage them to choose. We turn to people's family for their preferences."

Prior to our inspection issues had been raised via safeguarding concerns that people may not be receiving the right amount of suitable food and fluids to meet their needs. These issues were looked at throughout the inspection and continue to be monitored by the management team.

We saw menus provided people with a range of nutritious meals; these were on the dining room tables to help inform people what was available. We observed three meal times during our inspection. All but one meal served at tea time looked appetising and nutritious. This was discussed with the registered manager. However, we found meal times were busy, especially at tea time. At lunch and tea the local authority were sending in two staff to help to support people due to concerns that had been raised that people may not be getting the diet and fluid they required and to support the new staff who were still getting to know people's needs.

We saw people at lunch time had the assistance they required to eat and drink. Some relatives came in at meal times and helped their loved one with their meal. We saw the extra support provided by the local authority improved the meal time service. The management team told us they stayed on duty to assist with the tea time service. During our inspection the manager arranged for an activities co-ordinator to change their shift pattern to provide more assistance for people at tea time. We were informed by the management team the staffing levels were also increasing by one member of staff in an afternoon to help to improve the tea time meal experience for people living at the service.

We saw people were offered drinks and snacks during the day. This included high calorie snacks, full fat yoghurts and ice-cream for people who required a soft diet or encouragement with eating. Information was provided for staff to inform them about people's special dietary and fluid needs.

During our inspection, we spoke with the cook about people's dietary needs. Information was available in the kitchen to inform them about people's needs, such as those who required a diabetic diet or food made at a certain consistency to help people with swallowing issues. We saw thickened fluids were prescribed for some people along with special consistencies of food. We observed if people were getting the correct food and fluids. We found people were receiving the correct food and drinks, apart from one person whose relative had not permitted staff to thicken a drink to the correct consistency; This was addressed at the time of the inspection to help to maintain the person's wellbeing.

We found hoists and special equipment, for example hospital beds with pressure relieving mattresses were provided for people who had been assessed as requiring this to help maintain their wellbeing.

Accommodation for people was provided on the ground floor of the service. There were two dining areas in use with a variety of lounge's that were used by people. There was a separate activity room where people could go and read, undertake board games and undertake arts and crafts. Signage was provided to help people who may be living with dementia to find their way around. Room numbers were in place and people had their name or a picture on their bedroom door to help them locate their bedroom. There were secure gardens for people to enjoy. There was a car park provided for visitors to use.

Is the service caring?

Our findings

People at the service told us they felt cared for but that the staff were still developing their caring skills and because of this and the lack of continuity of care that occurred in a short period of time we have rated this domain as requires improvement to give the staff team time to develop their caring skills.

People said even though there had been a lot of staff changes the new staff were getting to know them and were caring and kind. We received the following comments; "Sixteen staff left in one fell swoop in two weeks, it was not the manager's fault. Things are settling down now, staff are getting to know my ways and getting to know me. We have to give the staff a chance to get their bearings." The person's relative said, "Staff see to [name] like she is their Nana." Another person using the service said, "Staff are new. The only thing that is difficult is the language, with some staff more than others. But they are an absolute delight and willing to learn. I still get the care I need."

Relatives we spoke with said the staff were caring. We received the following comments; "All the carers are lovely. Lots of staff all left at the same time. The staff now are very good, all doing their very best and doing a grand job", "On a positive note there are three staff that are very good, the deputy manager is brilliant also. I could not sing their praises more. Full credit must be given to the manager who is trying really hard. They are putting in long hours and getting out on to the floor and helping. They [staff] are genuinely caring people and efficient", "I cannot fault the staff team, and they are very welcoming always and look after mum. All the staff are very caring, all are new, some are young, some are still learning. We have no worries when leaving mum and mum thinks everything is okay."

We saw some people's care records were left unattended in the dining room for a few minutes whilst staff attended to people during the inspection. This was discussed with staff who addressed this immediately to ensure people's confidentiality was maintained.

We observed during our inspection staff treated people with kindness and consideration. We saw newly appointed staff worked with more experienced staff to help them develop their caring skills. Staff were seen to respect people's wishes for their care and support.

We saw staff promoted people's independence and offered support to people. For example, we saw people living with dementia who required gentle encouragement and support when they became anxious. We observed staff attended to people swiftly if people were seen to be getting anxious or upset. This helped them to feel supported. We observed staff generally asked people if they were alright or if they needed anything and staff listened and acted upon what was said.

Staff listened to and acted upon what people said. Staff took their time to communicate with people, especially those living with dementia; they knelt down to gain eye contact or rephrased questions to help people understand what was being said.

We saw staff knocked on people's bedroom doors prior to entering and announcing themselves. Personal

care was delivered to people in their room or in bathrooms with the doors closed to maintain people's privacy.

Staff we spoke with told us people's needs were paramount to them and they were working hard to get to know them and ensure they felt well cared for. A member of staff, who had worked at the service for seven weeks said, "It was a bit shaky at first. It has been hard, sixteen staff had left and I have spent more time here than at home, but it is really worth it. People need continuity of care. The people we look after have given us praise and they are our 'family'. It is all about good care, and people are getting the care they need." Another said, "I am finding my feet and getting used to the residents."

The regional manager and manager of the service told us they had kept people living at the service informed of the changes in staffing and the challenges this had posed. They had provided explanations about the recruitment of new staff and how they were trying to make sure people were cared for by new staff, some of whom were developing their care skills.

Information about local advocacy services were made available to people and were used as required. This helped people to raise their views about the service.

End of life care was provided at the service. Staff we spoke with told us they would always support the person and their family the best they could at this time.

Is the service responsive?

Our findings

During our inspection we looked at people's care records. We found there were a variety of shortfalls. For example; one person admitted in June 2017 had a pre admission assessment undertaken. However, this was not signed or dated by staff. Information about the person's needs was provided by the previous care service and this information was being used by staff. The person had a number of care plans that needed to be completed for example; oral care, foot care, routine on waking, pressure care, communication needs, continence needs, activities, eating and drinking, sleep and rest. We discussed this with the management team who said they would have normally completed all relevant documentation for new admissions within days of the person being admitted. However, staff were still getting to know this person and the information received from the previous care service was present and relevant. We found the person also had an injury that needed care to be taken when staff helped them to move. Staff we spoke with were not aware of this. We spoke with the management team, they told us a system had just been put in place where a summary of people's needs, highlighting their specific care had been given to staff to them to deliver appropriate care to people. We found more time was needed for staff to learn this information to allow staff to be constantly responsive to people's needs.

We looked at charts for people who required regular changes to their position to prevent damage to their skin. We saw some people had received timely care. However, this was not always the case. One person's required two hourly changes to their position; we saw gaps exceeding two hours which meant this intervention was not always provided within the correct time frame. Failure to provide timely care may place people at risk of developing pressure sores.

We saw some people's care records and risk assessments about pressure area care had not been reviewed for a month or two. This was discussed with the management team who told us they were working hard to get everyone's care records up to date. Staff we spoke with confirmed they had received basic information about pressure area care during their induction but further, more specialised information about this was needed. We found changes to people's position charts called 'movement regimes' were audited and countersigned at the end of each shift by senior care staff. However, it was noted a date on the charts had been incorrectly recorded and this was not picked up by the senior staff auditing the documentation. On the third day of our inspection the Community Matron's visited the service. They provided two senior staff with guidance and knowledge to cascade to all the staff to help them provide better pressure area care to people.

We found there was a shortfall in a person's care records regarding a food allergy. The kitchen staff were aware of this but the care staff we spoke with was not. The person's care plan for eating and drinking had not been completed. This was discussed with the management team who told us the person's allergy had only just been confirmed. Action was taken to inform staff about this during our inspection to help reduced the risk to the person's wellbeing.

We saw people's care records were not always completed correctly or timely. For example one person had a temporary care plan in place for a health issue but this was not dated. Another person's diet and fluid chart

for 19 July 2017 had nothing recorded on it for mid- morning and lunch. We spoke with the staff and found they had this information recorded elsewhere and were about to complete this chart. We discussed this with the management team. People's dietary and fluid intake should be recorded at the time that staff assist people to eat and drink so that the information is recorded timely and in the right place to help inform staff and ensure charts are kept up to date.

We found people's weights were monitored and appeared static, However, during the inspection we saw one person's weight had not been monitored effectively. The person had lost five kilogrammes over a period of time; this was not picked up by staff. Once this was found immediate action was taken to gain advice and help from a health care professional. This was discussed with the management team who reminded staff to be more vigilant.

All of these issues meant that there was a breach of regulation 12 safe care and treatment 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.

Prior to our inspection concerns had been raised that people's continence needs may not be dealt with in a timely way. We looked at this during our inspection. We noticed on one occasion a person in a lounge required the toilet, however, they were not asking to be taken to the toilet. We observed staff speaking with the person, but they did not notice the person's obvious need. It took minutes for a member of staff to notice they actually required the bathroom. Once this was noticed staff acted immediately. We discussed this with the management team who reminded staff to carry out a visual check when talking to people to ensure people's continence needs were swiftly addressed.

People we spoke with told us the staff were responsive to their needs. They said they were satisfied with the care they were receiving. A person said, "I am quite satisfied." And "Staff pop in to make sure everything is alright. Staff have worked to get to know us and our relatives. "

Relatives we spoke with said, "Mum is well looked after. Things are fine"; "There is no delay in staff telling us about issues. Mum has been seen by the dietician. We feel mum is fine and well cared for. We are quite satisfied"; "We have no complaints. Mum gets showered regularly"; "We have no concerns at all we would say if we had any issues. We think it is excellent here, all the family think this" and "It is wonderful today."

During our inspection we spoke with visiting health care professionals who gave positive feedback about the service, one said, "At this present moment in time things have improved over the last few weeks. Staff contact me if they are worried I was called over the weekend regarding concerns for someone they followed my instructions. I am less worried. It is a hard job, it was a shame all the staff went at the same time. The manager has spoken with me and we are developing our relationship. There are more staff now and the seniors are directing the new staff fairly well. Things have turned the corner." We observed during our inspection staff were working hard to understand people's needs and prioritised their care. People's care records confirmed general practitioner's, district nurses, chiropodists, speech and language therapists and dieticians were providing support to people living at the service. We saw people were assessed for equipment to help maintain their wellbeing, for example, walking aids and pressure relieving mattresses or cushions.

We found information about people's needs was gained before they were admitted to the service. Hospital discharge letters, care plans from the local authority and care records from discharging services were present to help inform staff about people's needs.

Staff we spoke with told us how they were trying to learn about people's needs. One said, "We are using the one page profiles and we do read people's care files. We are trying to get on top of food and fluid charts. Pressure area care is now assigned to staff to help, we have an allocation sheet." Another member of staff said, "We are all in the same boat. The manager is brilliant in handovers; they create new schemes and looks at how to make it easier for the staff. We do manage to get things done. Everyone gets the care they need, all the residents come first, rightly so."

Staff attended handovers between shifts where information about people's physical and psychological needs, health and wellbeing were discussed and changes in people's health or wellbeing were reported. This helped to inform staff about the care people required.

There were two activities co-ordinators at the service. Activities were spontaneously and planned and occurred at different times of the day; they included; quizzes, bingo, arts and crafts, film shows and outings, for example to a local garden centre. There was a clothes party organised to take place. We saw staff singing with people whilst delivering care and support. A hairdresser visited the home regularly to provide a service to people. A new activities room had been created for people to use and there were games, arts and crafts provided. People's religious needs were known and were provided for.

There was a complaints procedure in place. We looked at the issues raised, we saw they were investigated and the outcomes were recorded. Everyone we spoke with said they would complain if they needed to. We also observed some compliments had been received about the service provided.

Is the service well-led?

Our findings

The regional manager, manager and senior staff assessed and monitored the quality of service provided by undertaking a full range of audits. This included a medicine audit; a medicine stock count, audit of people's weight, skin care and fire safety. However we found that even though audits were in place they had not always found the shortfalls in the service relating to people's care records. Monitoring of the mealtime service at tea time still required improvement along with a further review of pressure area care for people within the service was required. We found there was a breach of regulation 17 good governance 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 service had a manager in place that was not registered with the Care Quality Commission, although their application had been received this had not been validated at the time of the inspection. This meant that the domain well-led could not be rated higher rating than 'requires improvement'.

The management of the service was currently being developed due to a change of manager and the majority of staff being newly recruited at the service. This meant that although the management team were working hard to make sure the service was well-led, there had been challenges to address and the management of the service still required improving. The provider had a suspension on new admissions and the local authority had also ceased placing people at the service to allow the provider time to make sure the service was running effectively to meet people's needs.

The management team were working with the local authority to improve the quality of service provided. Support had been accepted by the provider at lunch and tea time, this support was decreasing as the staffing levels increased and the new staff developed their care skills and knowledge of how to support the people living at the service.

The regional manager had informed us of the staff changes and confirmed this had caused challenges to the delivery of the service. This had meant people may not have received the care and support they required, in a timely way.

The management team held a meeting with people and their relatives to keep them informed about what had occurred and about how they were trying to maintain and deliver the service to people. We received the following comments from people and their relatives; "I was kept informed about it all, the last relatives meeting was very informative. Questions were asked about the staffing. (We had lost sixteen staff, we were told 'We cannot stop staff leaving and it takes time to recruit good staff'. The manager sent a letter to everyone before the meeting, saying if you do not want to raise your views at the meeting, my door is always open", "Lots of people have been unsettled, and things were not right. We have to give the staff a chance to get their bearings" and "There was a staff turnover, but they are getting it together now, We have no issues at all." We found people we spoke with and their relatives understood that the management team had tried their best to maintain the service provision, under challenging circumstances.

We found there was an open door policy in place so that people or their relatives could speak with the manager or regional manager at any time.

People and their relatives told us they were aware they could speak to the management team at any time to raise their views and said they had done so.

People told us the service was improving following the loss of so many staff at the same time. One person said, "The manager is getting it together now." Relatives said; "We have no issues at all", "The last manager was good, but this one comes around and asks if we have any concerns. They are doing a good job" and, "If you mention anything to the manager she will act on it."

Staff we spoke with told us that they were asked for their views by the manager about ways the service could be improved. Staff meetings were held so staff could air their views. A member of staff said, "The manager has high standards, we are going in the right direction. It has been a lot of work but we will get there."

Quality assurance surveys were sent out to people using the service and their relatives. We saw some of these surveys had been returned and the feedback received was positive. Staff were in the process of responding to a dignity survey at the time of the inspection.

We found there was a business contingency plan in place. This detailed the action staff must take if an emergency occurred to disrupt the normal flow of business. For example, if a fire occurred or if there was a gas or electricity supply failure. This helped staff understand what action they must take to protect people's wellbeing.

The records we looked confirmed general maintenance, servicing and repairs were undertaken to ensure the home remained a pleasant place for people to live in. We saw that equipment was serviced and maintained to ensure it remained in working order and was safe for staff to use.

We saw 'thank you' cards from people and their family which reported they had been happy with the service they had received. A suggestions box was present to enable people, their relatives or visitors to give further feedback to the management team.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider was not always assessing the risk to the health and safety of people using the service and doing all that was reasonably practicable to mitigate such risk. The provider had not ensured that person's providing care and treatment to people had the qualifications, competence, skills and experience to do so safely.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to assess, monitor and improve the quality and safety of the service, to assess monitor and mitigate the risks relating to the health, safety and welfare of service users.</p>