

Angel Healthcare Limited

Arden House 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?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected Arden House on the 10 and 14 July 2017. We also visited on the 26 July 2017 to feedback about the inspection and its findings to the provider as she was on leave during the inspection. This was an unannounced inspection.

Arden House is a care home for up to 35 older people that require support and personal care. At the time of the inspection there were 20 people living in the home. The people living at Arden House all lived with a degree of physical frailty. There were also people who were living with a dementia type illness, mental health illness, alcohol dependency, diabetes, Parkinson's disease and heart disease.

There was no registered manager in post. The previous registered manager de-registered in January 2017 and whilst another manager had been in post until March 2017 they had not registered with CQC. The current manager has submitted their application. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider has arranged for the manager of a sister home in the organisation to provide regular support for the acting manager. The provider confirmed that she is visiting or in contact daily to provide support and guidance.

At a comprehensive inspection in July 2015 the overall rating for this service was Inadequate and it was placed into special measures by the Care Quality Commission (CQC). Five breaches of Regulation of the Health and Social Care Act 2008 (Regulated Activities) 2014 were identified. Following the inspection, we received an action plan which set out what actions were to be taken to achieve compliance by April 2016. We undertook an inspection in May 2016, to see if improvements had been made. We found that considerable improvements had been made and the provider had met four of the five previous breaches of Regulation. Further improvements were needed to ensure management oversight of documentation.

This inspection in July 2017 was to see if the improvements made had been sustained and embedded into everyday practice. We found that not all improvements had been sustained.

There were systems and processes to assess and monitor the quality of the service provided. However, we found that audits had not been undertaken for four months. This had impacted on the safety and well-being of people. The premises were not clean and placed people at risk of cross infection. Laundry facilities were not kept clean and procedures for soiled linen were not followed. The washing machine had not worked for up to six days. The premises had areas of poor maintenance that had not been identified and reported for repair. Whilst there were procedures for the safe management of medicines, these had not been consistently followed. The staff deployment had not enabled staff to care for people, clean the premises, undertake laundry chores and provide activities. The maintenance cover for the organisation and for three premises was provided by one maintenance person over three days which was not sufficient to keep the premises well maintained for people.

Whilst the provider had arrangements in place for the management of medicines, we found the administration and recording of medicines were potentially unsafe. There were some people at risk of not receiving their prescribed medicines, as there were a large number of staff signature omissions (identified as gaps) in medication administration records (MAR). Staff had not completed the MAR record to state why the medicine had not been given. Identification photographs of some people were missing from the medicine administration charts (MAR), as were details of allergies.

Whilst people received support in a person centred way and were treated with dignity and respect there was a lack of social activities for people to partake in following the resignation of the dedicated activity co-ordinator. Documentation to guide staff in supporting people who were at Arden House for a short stay were not available for some people. This included people who lived with diabetes and who have had a recent limb operation.

Accidents and incident reporting had been completed but there was no management overview or audit of falls and incidents to prevent a reoccurrence. This meant measures to ensure learning and preventative measures had not been taken.

Staff had training on keeping people safe and understood the process of reporting concerns. People were protected, as far as possible, by a safe recruitment system. Staff had been checked to ensure they were suitable before starting work in the service. People felt comfortable with staff and said, "Great staff, caring with a sense of humour." There was a lot of laughter and banter between people and the staff. We also saw some positive interaction between staff and the people they supported.

The provider was meeting the requirements of the Mental Capacity Act (MCA) 2005. Mental capacity assessments were completed in line with legal requirements. Deprivation of Liberty Safeguards had been requested for those that required them.

People spoke highly of the food. One person told us, "The food is very good; I've got no complaints whatever." Any dietary requirements were catered for and people were given choice on what they wanted to eat and drink. Risk of malnourishment was assessed and where people had lost weight or were at risk of losing weight, guidance was in place for staff to follow. People had access to appropriate healthcare professionals, such as dieticians. Staff told us how they would contact the GP if they had concerns about people's health.

The provider had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Arden House was not consistently safe. The management and administration of medicines was not always safe.

Staff deployment had not ensured that the service was kept clean and adequately maintained.

Staff had received training in how to safeguard people from abuse. Staff recruitment practices were safe.

Requires Improvement ●

Is the service effective?

Arden House was not consistently effective. There were no systems in place to check the competency of the staff following the training.

Not all staff received on-going professional development through regular supervisions, and essential training that was specific to the needs of people. Lack of training in understanding alcohol dependency and acquired brain injury care guidance and training was a particular concern.

Staff had a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were provided with a range of nutritious foods and drinks.

Staff ensured people had access to healthcare professionals when they needed it.

Requires Improvement ●

Is the service caring?

Arden House was caring. Staff knew people well and had good relationships with them.

People were treated with respect and their dignity promoted.

People and relatives were positive about the care provided by staff.

Good ●

People were involved in day to day decisions and given support when needed.

Is the service responsive?

Arden House was not consistently responsive. Care plans did not always identify people's needs, preferences and risks to their care and support.

The delivery of care was not always person focused or responsive to people's individual needs.

People told us that they were able to make everyday choices. However there were not enough meaningful activities for people to participate in as groups or individually to meet their social and welfare needs.

A complaints policy was in place and complaints were handled appropriately. People felt their complaint or concern would be investigated and resolved.

Requires Improvement ●

Is the service well-led?

Arden House was not consistently well led. There was no registered manager in post. There has been a lack of leadership in the management of the service over the past six months which had an impact on people, staff and the service provided.

There was a potential of risk to people because systems for monitoring quality were not effective.

Management had not always ensured that the delivery of care was person focused. There is a lack of activities provided at this time.

The home had a vision and values statement and the staff and management team are committed to improve the service.

Requires Improvement ●

Arden House 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 took place on 10 and 15 July 2017. We also visited on the 26 July 2017 to feedback about the inspection and its findings to the provider as she was on leave during the inspection. This was an unannounced inspection undertaken by one inspector.

Before our inspection we reviewed the information we held about the home, including previous inspection reports, action plans and the provider's information return (PIR). We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We observed care in the communal areas and visited people in their rooms. We spoke with people and staff, and observed how people were supported during their lunch.

We spent time looking at records, including six people's care records, five staff files and other records relating to the management of the home, such as complaints and accident / incident recording and audit documentation.

We spoke with 11 people lived at the service, two relatives, six care staff, the housekeeper, the maintenance person, the registered provider and acting manager.

We 'pathway tracked' six of the people who lived at the home. This is when we looked at people's care documentation in depth, obtained their views on how they found living at the home and made observations of the support they were given. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

During the inspection we reviewed records. These included staff training and supervision records, staff recruitment records, medicines records, risk assessments, accidents and incident records, quality audits and policies and procedures.

Is the service safe?

Our findings

People told us that they felt safe living at Arden house. Comments from people included, "I do feel safe here and I can ask for help when I need it," and "I have no doubts that we are safe, no worries at all." A member of staff commented, "There is not enough staff to meet people's needs safely, especially in the afternoon," and "We can't keep on top of cleaning and laundry because we are needed by our residents." Whilst we received positive feedback from people we found areas of concern.

Whilst the provider had arrangements in place for the management of medicines, we found the administration and recording of medicines were potentially unsafe. This placed people at risk of not receiving their prescribed medicines. Identification photographs of people were missing from the medicine administration charts (MAR), as were details of allergies and of individual swallow problems. This meant that agency and new staff would not be assured that they were administering medicines safely to the correct person if in communal areas. We were assured that this would not happen but we were advised by one new member of staff that they had been given a medicine by a senior member of staff to give to a person. We found a large number of staff signature omissions (identified as gaps) in MAR. These gaps had not been identified by the care staff member administering medicine on the next shift, and had not been followed up to determine whether it was a missed signature or a missed dose. There was no explanation recorded on the MAR as to why the medicines had not been administered.

We observed the midday medicine being given to people by a senior care staff member. Best practice guidance from National Institute for Health and Care Excellence (NICE) and organisational protocols were not being followed. Medicines were being dispensed from the dining room and taken to people throughout the premises without the trolley or MAR sheet. This made identification of pills/liquids dropped or refused difficult to know and was a cause of signature omissions gaps in peoples' MAR records. Staff told us that they followed the home's medicine policy with regard to medicines given 'as required' (PRN), such as paracetamol and glucagon. However, records had not always been completed with details of why they were required, why they had been given and if it was effective in relieving the pain or the low blood sugar level. We also noted that there was a lack of directives as to when PRN medicines should be given to people. For example, pain charts for pain relief and bowel movement charts for laxatives. These had previously been included with the MAR but had not been introduced for new people in the home or renewed when medicines were changed or introduced by the prescribing doctor.

Topical creams were not consistently signed as being applied as prescribed. Staff told us that the care staff member who delivers personal care should sign that the cream had been applied. Medicines used for the people who may need an emergency dose of glucagon for their diabetes were found ready for use but were out of date. These were immediately removed.

The improvements in respect of medicine management seen at the last inspection had not been sustained. Audits for medicines had fallen behind over the past three months and staff had not provided an identified signature, so that it was clear who had been responsible for giving out medicines. A complete and thorough audit was undertaken following the first day of the inspection and appropriate action immediately taken.

This included medicine training and competency assessments for staff administering medicines.

Areas of the home had not been well maintained and were not clean and hygienic. Carpets were badly stained and slippery and some carpets were frayed, which made it potentially unsafe for people. One communal toilet had tiles missing, wall paper peeling off and uncovered hot pipes. This was immediately closed off until action by the provider could be taken. There were areas of maintenance that had been identified and still required action. Some communal and ensuite bathrooms and bedrooms were not clean. We checked certain areas at 11 am and then again with a representative of the management team at 3 pm and the areas were still unclean. These were identified for immediate attention. A housekeeper from another of the provider's homes was sent to assist and clean the premises. The house keeper said that by the time she had finished breakfast duties and kitchen tasks, it was usually about 11 am by the time she could start cleaning and then she finished work at 2 pm. She also told us an extra member of care staff should pick up the rest of the cleaning in the afternoons. However, as the cleaning checklists had not been completed since the beginning of the month, staff would not know where to clean. The laundry room was poorly organised and was not clean. The washing machine had not worked for five days. Staff were bagging dirty laundry and transferring them via car to another home nearby. However, the bags for soiled laundry when seen in the laundry before being transferred were unsealed and therefore a possible risk of cross infection. Staff had not taken specific precautions with one person's laundry despite having a contactable disease. The washing machine has now been repaired. We were told the delay was from sourcing parts for the machine it had taken two weeks. The service had taken this forward as a learning point and a contingency plan produced to mitigate the risk of cross infection in the future. The management team were actively recruiting for ancillary staff and care staff. They informed us that of ten interviews booked last week only one person turned up for an interview. The staff deployment was an area that requires improvement.

All of the above issues demonstrate that people were not fully protected against the risks of receiving care or treatment that was inappropriate or unsafe and were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing levels were sufficient so staff could support people to get up and ready for the day without rushing them. Personal care was completed in the way people wanted. One person told us, "I like to get up and sit in the dining room." Other people had a late breakfast as they liked to sleep in and staff accommodated this. People were seen to be supported to go out to local venues as they wished and staff ensured they were supported to get ready when they wanted. Staff sat and spent time with people in communal areas throughout the inspection, which was enjoyed by people and which told us that that staffing levels were appropriate at such times. One staff member said, "Our residents have changed and are not as dependent as they have been in the past so we can spend time with people." Another staff member said, "People are very different at the moment, some just need support whilst others are here until supported living can be arranged." People who live at Arden House told us, "Spotless and really comfortable," and "I love this place, its homely and just right." People's care needs were met because there were enough staff on duty. People, staff and visitors all said there were enough staff to support people. One person said, "The staffing levels are fine get a staff member when I need one." Another person said, "The staff are quick to help, I don't have any complaints."

Accident and incident records had been completed by staff as they occurred. Staff took appropriate action in dealing with the accident and sought specialist advice when required. Such as paramedic and GP referral.

People had a personal emergency evacuation plan (PEEP). These are important to ensure that people's evacuation needs are identified and they can be helped from the building safely in the event of a fire or other emergency. The main emergency and evacuation plan was in place and staff received regular fire and

evacuation training.

People's health, safety and well-being had been identified, and a management plan put into place. People had a computerised care plan with accompanying health and environmental risk assessments completed. We saw that risk assessments which included the risk of falls, skin damage, nutritional risks and moving and handling had been completed. The care plans also highlighted people's health risks such as diabetes and memory loss.

People at risk from pressure damage were monitored and repositioned regularly to reduce pressure and risk of skin damage. Pressure relieving mattresses were in place to help reduce the risk of developing a pressure ulcer. Mattress settings were checked daily by staff to ensure that they were on the correct setting and adjusted accordingly. Wound records and risk assessments were up to date and demonstrated clear management strategies. One person confirmed that the staff checked them regularly to ensure they were comfortable. Throughout our inspection we saw staff support and prompt people to use the bathroom.

The provider had safe recruitment procedures. The staff recruitment records we reviewed showed all of the relevant checks had been completed before staff began work. These included disclosure and barring service (DBS) checks, evidence of conduct in previous employment and proof of identity. A DBS check is completed before staff begin work to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. Staff were not allowed to start work until these checks had been completed. This helped to ensure that staff employed by the service were safe to work with the people they cared for. Staff confirmed there was a robust interview process in place and that they had been required to provide all the relevant documentation before they started working for the provider.

Staff had received training on safeguarding adults. Staff confirmed this and knew who to contact if they needed to report abuse. Staff were confident any abuse or poor care practice would be quickly spotted and addressed immediately by any of the staff team. Policies and procedures on safeguarding were available in the office for staff to refer to if they needed.

Policies and procedures on all health and safety related topics were held in a file in the staff office and were easily accessible to all staff. Staff told us they knew where to find the policies.

Records showed that all appropriate equipment had been regularly serviced, checked and maintained. Hoists, fire safety equipment, water safety, electricity and electrical equipment were included within a routine schedule of checks.

Is the service effective?

Our findings

People told us that, "Excellent staff, I couldn't walk before but now my legs are stronger and I'm walking." Another person said, "They really look after me, know when to get the doctor and help me with appointments."

Staff had completed training to make sure they had the skills and knowledge to provide the support people needed. Staff and training records confirmed that a programme of training had been established and staff had undertaken essential training throughout the year. The training provided was both face to face and DVD training with booklets to complete. This training included health and safety, infection control, food hygiene, safe moving and handling, and safeguarding. It was discussed that to underpin the training it would be beneficial to introduce competencies either completed as study sessions or into supervisions. This would ensure that the training provided was understood. Medicine training had been undertaken but we saw that not all arrangements for the safe administration and storage of medicines had been put in to practice by staff. Staff supervision was not up to date for all staff. Supervision helps staff identify gaps in their knowledge, which was supported if necessary by additional training. Staff said, "Supervision is a bit hit and miss but I'm told it has been organised." Staff records of supervision confirmed that staff supervision had fallen behind. This was an area that requires improvement.

The training programme identified that staff received training in diabetic care, catheter care and dementia awareness. However, people who had recently come to live at Arden House had various mental health issues such as alcohol dependency and there had been no training for staff to manage and support people effectively. This was an area that requires improvement.

Additional training was also provided to support staff with developing roles, specific interests and meeting the changing needs of people living in the service. For example, introducing a dignity champion and an infection control lead. The training had been effective in supporting staff to provide consistent care delivery. We observed good practice in moving and handling people and assisting people with their food.

Staff had received training about the principles of the Mental Capacity Act 2005 (MCA). Staff told us most people would be able to consent to basic care and treatment, such as washing and dressing. The MCA states that assessment of capacity must be decision specific. It must also be recorded how the decision of capacity was reached. We found that the reference to people's mental capacity recorded the steps taken to reach a decision about a person's capacity.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS forms part of the Mental Capacity Act (MCA) 2005. It aims to make sure that people in care settings are looked after in a way that does not inappropriately restrict their freedom, in terms of where they live and any restrictive practices in place intended to keep people safe. Where restrictions are needed to help keep people safe, the principles of DoLS ensures that the least restrictive methods are used.

The management team kept a list of DoLS authorisations submitted, and updated regularly to ensure that it

reflected the people who lived at Arden House. Staff had reviewed practices that may restrict peoples' movement and this included the front door being locked.

Staff felt supported by their peers. One told us, "It's a good team, has had some bumps and staff changes but good team working." Staff felt that information was shared effectively. This kept staff up to date of any changes to people's health and well-being and ensured they felt involved in the day to day decisions in respect of the people they supported, such as hospital appointments and social commitments. Staff were informed of any essential changes during daily hand over meetings and regular team meetings.

People were supported to have enough to eat and drink to maintain their health and well-being. Most people told us the food was 'good.' The menu offered choices of well-balanced nutritional food at mealtimes. Staff recorded people's food and fluid intake when it was necessary, the records were in the main clear and accurate. However, there was a need to ensure that staff documented how much fluid was reasonable for the person to receive and to be aimed for in 24 hours.

People's dietary needs and preferences were recorded. People told us that their favourite foods were always available. Diabetic, vegan, soft or pureed and other special diets were available when required. We observed the mid-day meal service. The food was nicely presented by the staff and staff ensured that people had assistance as they required it. Fruit was offered at meal and drink times and there was fresh fruit in all the communal areas. We were told that snacks were available during the evening and night if someone felt hungry. One staff member said, "The kitchen is always open we can access bread, cheese and soups." They also told us, "Even though we have the meals brought in prepared we add garnish, cream for extra calories if we need to."

Records showed that people had regular access to healthcare professionals, such as GPs, chiropodists, opticians and dentists and had attended regular appointments about their health needs. For example, we saw that advice had been sought for one person from the dietician and the directives had been followed by the staff. This person was now eating well and had gained weight.

Is the service caring?

Our findings

Care records were stored securely. Information was kept confidentially and there were policies and procedures to protect people's personal information. There was a confidentiality policy which was accessible to all staff. Staff demonstrated they were aware of the importance of protecting people's private information.

People were treated with kindness and compassion in their day-to-day care. We observed staff assisting people with their meals in a way that was respectful and inclusive. They sat beside the person and maintained eye contact whilst talking with them. Staff did not rush people. We also saw staff supporting people with decisions and day to day problems in a kind and respectful way. One person was worried about their meeting with social services about where they would be living and staff sat with the person and offered reassurance and listened to their worries.

People were cared for, supported and listened to and this had a positive effect on people's individual needs and well-being. People who found it difficult to initiate contact were given individual time and one to one attention throughout the day. We were told, "Nice staff, they are kind, and gentle."

Staff ensured that people's dignity was protected when assisting them. We also saw that people's personal care was of a good standard and undertaken in a way that expressed their personality. People were supported to wear make-up and jewellery, and wear clothes of their choosing. When prompting people to eat or drink, staff talked in a quiet manner ensuring that other people did not hear. People's dignity was protected when staff helped them with personal care and bedroom doors remained closed as people were assisted to wash and get up. Relationships between staff and people receiving support consistently demonstrated dignity and respect.

Staff promoted people's independence and encouraged them to make choices. There were people who lived with mobility challenges and needed the assistance of staff to move around the home safely. Staff observed people discretely as they walked around the lounge and to and from their rooms, as they were at risk of falls, and supported them if required. Staff talked to people and asked them if they needed assistance, they explained to people what they were going to do before they provided support and waited patiently while people responded. One staff member said, "Lunch is ready, shall I help you to the table?" They crouched down to talk to the person face to face so they could see their expression, and waited until the person responded. Comments from staff included, "We try to ensure people are as independent as they can be, we might not agree but it is their choice." "We encourage people to do things for themselves, like eating their own meal, it might take a while but that's okay" and, "Giving them a choice in decisions that affect them is important and respectful."

People's equality and diversity needs were respected and staff were aware of what was important to people. Staff told us how they supported people to follow their lifestyle choices such as religion and supported them in maintaining their interests as much as possible.

Is the service responsive?

Our findings

At the last inspection in May 2016 the provider was in breach of Regulation 9 because they not enabled people to understand the care or treatment choices available to them.

An action plan was submitted by the provider which detailed how they would meet the legal requirements by June 2017. We found that improvements had been made and the provider was meeting the requirements of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People commented they were pleased with the care and support they received at Arden House. One person said, "They listen to me." Another person said, "I am well looked after, they ensure that I get my pills and look after my health."

The majority of people received care that was specific to their individual needs. However, the documentation for those people who were at Arden House for a short stay (known as respite care) needed to be developed to ensure that support was provided to meet their individual needs and promote their safety and well-being. For example, one person lived with diabetes and there was no guidance for staff as to how this was managed and what triggers to be aware of, if any, such as high or low blood sugars. There was also no evidence that staff had developed personal goals with people as how to promote and maintain their independence before going home. Such as managing their own medication and improving their mobility. Staff we spoke with were not all aware of peoples This was an area that requires improvement.

There was no activity coordinator. We were told that activities were provided by the care staff. However, staff told us it depended on the people on the day. We did not see any activities offered during the inspection. We talked to people who went out regularly to local coffee shops and shops. Other people were happy to pursue friendships and their own past times such as reading, watching films and looking after plants. External exercise therapy teams visited bi-monthly and this was enjoyed by people. People told us, "I don't get bored, I like to go out, I read and watch television," and "I am content, I like to stay in my room most of the time, but I join in celebrations." People were all very able to express their views on the lifestyle at Arden House and were happy there. One person said, "It's great here, I love the home and the staff are really nice." Another said, "I never feel bored, staff sit and chat, there's people to chat to." We were also told, "More trips out would be my choice but other people might not want it." The provider and manager acknowledged that activities were an area to be developed. The home encouraged people to maintain relationships with their friends and families. One person said, "My friends and relatives visit regularly and are always welcomed." Another said, "I feel the home is welcoming, my family visit regularly, staff always pop in and chat to them and offer them a drink." We saw that visitors were welcomed throughout our inspection and the interactions were warm and friendly. Visitors were complimentary about the home, "Very welcoming, and friendly," and "Lovely home, clean and comfortable."

Records showed comments, compliments and complaints were monitored and acted upon. Complaints had been handled and responded to appropriately and any changes and learning were recorded. The procedure for raising and investigating complaints was available for people. One person told us, "If I was

unhappy I would talk to the manager or any of the staff, they are all wonderful." The acting/appointed manager said, "People are given information about how to complain. It's important that you reassure people, so that they are comfortable about saying things. We have an open door policy as well which means relatives and visitors can just pop in." A visitor said, "If I had a complaint, I would speak to the manager, who is so visible and approachable, always there to talk to if I need to." Call bell responses were seen to be timely during the inspection visits and were monitored regularly by the management team.

Is the service well-led?

Our findings

The feedback from people, staff and visitors about the leadership in the home was varied. People told us, "Excellent here, I'm really happy here," and "The staff are supportive and kind." Comments from visitors included, "Lots of changes to staff" and, "I have noticed changes when I have visited, the atmosphere and communication seems to be better but some things have slipped such as the cleaning." Staff said, "Changes have been good, but we struggle sometimes in the afternoons between care and other duties, but we know they are trying to recruit cleaners."

There was no registered manager in post. The previous registered manager de-registered in January 2017 and whilst another manager had been in post until March 2017 they had not registered with CQC. The current manager has submitted their application. The appointed manager was in day to day charge supported by the manager from a sister home and the provider.

The service was not consistently well led and had lacked continuous strong leadership over the past year. There had been many changes to the management team and care staff. This had meant that improvements made had not been embedded consistently. For example, audits, cleanliness, documentation such as risk assessments and medication practices. Accidents and incidents were recorded, but lacked management oversight to ensure that they formed part of the quality assurance systems to identify trends and mitigate risks. Learning from incidents and accidents was not embedded into practice and did not link to risk assessment and care plan reviews.

Whilst there was an auditing system in place to monitor the quality of the service being delivered, audits had not been undertaken for six months. This included environmental audits, medicine audits and cleaning audits. The issues we found with the environment and the cleanliness had not been identified and actioned despite staff acknowledging it was not up to a good standard.

Accurate and complete records in respect of each person's care had not been maintained. Records of the care and support people received or offered were sometimes limited. There was minimum reflection of people's emotional and mental health status which would enable management to deploy staff effectively and safely. We found some inconsistencies in the documentation of people who were there for a short stay. There was a lack of depth of the reasons for the stay, the support required and any guidance of how to prepare for independent living. There were people who lived with alcohol problems and there was no guidance of how to manage this or what to aim for. The provider therefore did not have systems and processes in operation to maintain accurate and complete records in respect of each person, including decisions taken in relation to their care and future. The impact of this was that they might not be able to manage in the community without further support and therefore be at risk.

The provider did not always have the required oversight and scrutiny to support the service. The provider had not taken action to monitor and challenge staff practice to make sure people received safe care. For example, there were no documented observations of staff performance or competency assessments for medicine administration for over a year. One staff member said, "I have done an initial course but nothing

since." The provider had not ensured that the care delivery and environment provided was consistently safe and that care was person centred.

Staff had concerns about the quality of the service but felt that the care and support they gave was good because they knew the people well. Staff told us they did not feel supported or valued by the management and were not clear about what was expected of them. One staff member said, "I can't do the kitchen duties and the cleaning in the time I have." Other staff said, "We have people that need extra time and this then doesn't allow us to do other chores such as cleaning."

Staff said they understand their roles and responsibilities and were clear about their individual responsibilities on each shift. However, at present there was a crossover of care and ancillary duties due to staff leaving and this had put a strain on all denominations of staff. It was also noted that staff had no change of uniform when changing from care to cleaning.

The provider had a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and staff knew where to access the information they needed. For example, staff were aware of the whistle blowing policy and how to blow the whistle on poor practice to agencies outside the organisation. They were also aware of internal processes for raising concerns confidentially. However, staff said they were not always confident that the management would listen and act on what they said so had not shared their concerns about the cleaning and the environment. Feedback on the service provided from people, visitors and health professionals had not been obtained by the provider so they could use it to continually evaluate and improve the service. The above issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff said communication was improving and that there was a more open and transparent culture. As the new appointed manager settled in they could see that things were improving. One senior staff member said, "Teams either come together or fall apart and I think everyone here is pulling together. We have been making improvements and we will continue to improve." We asked staff for their views on the management and leadership of the service. Some staff said that, "It went through a bad patch, some problems with staff but its great now." "The new manager knows the residents really well because he worked other roles, he's really good with people," and "Our residents are great. We need more cleaners and a full time handyman, that would make it better."

We asked staff about the vision of the service and staff told us, "To provide a safe and caring place for people to live." Another staff member said, "A home from home, good tasty food and safe care." Staff were all very caring in their attitude and their commitment to people.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC uses this information to check that appropriate action had been taken including action to keep people safe. Notifications of incidents that affected people's health, safety and welfare had been submitted to CQC in an appropriate and timely manner in line with CQC guidelines so we were aware of the number and significance of events which had occurred at the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured the safety of service users by assessing the risks to the health and safety of service users of receiving the care or treatment and doing all that was reasonably practicable to mitigate any such risks.</p> <p>The provider had not ensured that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way:</p> <p>The provider had not assessed the risk of, and preventing, detecting and controlling the spread of, infections as the premises was not clean and hygienic.</p> <p>The provider had not ensured the proper and safe management of medicines. Regulation 12 (1) (2) (a) (b) (d) (g) (h) HSCA RA Regulations 2014 Safe care and treatment.</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 not ensured that service users were protected from unsafe care and treatment by the quality assurance systems in place and had not maintained accurate, complete and contemporaneous records in respect of each</p> |

service user.