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Quinta Nursing 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?

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 16 and 17 May 2016 and was unannounced. Quinta Nursing Home is registered to provide accommodation and support to 41 people. At the time of the inspection there were 27 people accommodated.

We carried out an unannounced comprehensive inspection of this service on 7, 8 and 9 December 2015. Breaches of legal requirements were found in relation to safe care and treatment, staffing, consent, people's dignity and governance. Following the last comprehensive inspection this service was placed into special measures by the Care Quality Commission (CQC). We imposed a condition on the provider's registration that they must not admit any new service users to Quinta Nursing Home for the purposes of this regulated activity without the prior written consent of the CQC. At this inspection we found that overall the service was improving and action was being taken to address the areas that still required action. Therefore the service has now been removed from special measures.

The service does not have a registered manager, although since the last inspection a new manager has been appointed and they are in the process of registering with the CQC. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Following the last inspection the provider submitted their action plan informing us about how they would address the areas which required improvement. At this inspection we found the provider had made the required improvements to address two of the five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 found at the last inspection. At this inspection we found them to be in breach of a further two regulations in addition to the three continuing breaches of regulations.

Risks to people had been assessed and managed, safety checks had been completed. The provider had undertaken work to improve infection control processes and the cleanliness of the service. However, we found not all staff consistently followed the guidance provided and not all aspects of the service were clean, so there was a still a risk to people of acquiring an infection.

Some people said Quinta Nursing Home was a safe place to live, whilst others told us that they were not safe and alleged they had experienced physical abuse. Although the manager had taken the correct actions to safeguard people when safeguarding concerns came to their attention, there were not robust recording and reporting processes to protect people from the risk of abuse. Staff had not always documented unexplained bruising to people or completed an incident form to ensure any required action was taken in order to protect people from the potential risk of abuse.

The provider had completed staff recruitment checks; however, these were not always robust. The provider had not ensured that they had thoroughly assessed the English language skills of staff. It could not be

established whether all staff possessed the required level of competency to be able to communicate effectively with people.

Staff had ensured that Deprivation of Liberty safeguards applications had been submitted for people as required. However, there was a lack of evidence to demonstrate that people's written consent had always been obtained, or that where they lacked the capacity to make a decision, legal processes had always been followed to ensure their human rights were upheld.

The manager had taken action to implement audits of the quality of the service provided; however, they were not all fully effective in identifying issues. Incidents were not reviewed as part of a monthly audit to identify any potential trends which could indicate people were not safe. Improvements had been made to the standard of record keeping; however, this was not consistent and some people's records left them at risk of not receiving the care they required.

The staffing requirement for the service had been assessed. There had been a decrease in the use of agency staff and people received continuity of care from known staff. Overall people received their care in a timely manner.

All staff administering people's medicines had completed relevant training. Staff were observed to administer people's medicines safely. Processes were in place to ensure medicines were managed safely within the service.

The provider had ensured staff were required to complete the industry standard induction to their role, although some staff still needed to complete this. Most staff had completed the provider's mandatory training or arrangements had been made for them to do so. Staff supervision had taken place, however, a schedule of supervisions needed to be implemented to ensure staff received regular on going support in their role.

People told us they enjoyed good food and that they had enough to eat and drink. Staff were weighing people regularly and reporting any concerns about people's weight to the GP.

Staff arranged for people to be seen by a variety of health care professionals as required to maintain their health.

Most people told us staff treated them with respect. The majority of staff were observed to treat people with dignity and respect. People were generally observed to experience positive relationships with staff during the inspection. Improvements were required to ensure people consistently experienced good care from all staff. Staff were observed to seek people's views and to listen to them.

People told us that they were involved with planning their care and felt that they were listened to and were kept informed. The manager had completed work on the standard of people's care plans and recognised that further work was required to ensure they were personalised and responsive to people's needs.

Staff were not always familiar with people's histories to enable them to initiate conversations with people and in the day they were focused on people's care delivery and spent limited time interacting with people to prevent them from experiencing social isolation. Not everyone felt satisfied with the activities programme. The manager was aware of this and had made plans to improve the activities schedule for people.

People said that since the new manager had been in post they were more confident that they would be

listened to. They felt there was now a more open and honest culture. The manager had commenced the process of seeking feedback on the service. They had responded to any issues raised which demonstrated they had listened to and responded to concerns to improve the service people received.

The provider's values were actively promoted but further work was required to ensure they were fully embedded and consistent within the practice of all staff.

There was a lack of sufficient permanent clinical leadership to support and supplement the work of the manager. A clinical lead would assist the manager in providing specialist clinical advice regarding peoples nursing care needs and ensure people received good quality clinical care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

Risks to people had been assessed and managed. However, people remained at risk of acquiring an infection, due to the poor standard of cleaning and staff not always following infection control guidance.

The manager had taken the correct actions in response to safeguarding concerns. However, the provider had not ensured that robust processes were in place to protect people from the potential risk of abuse.

The provider had completed recruitment checks in relation to staff. However, they had not ensured these were completed robustly to ensure people's safety.

There were sufficient staff to meet people's care needs.

People's medicines were managed safely.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

The provider had not ensured that people's consent had always been sought; or where they lacked the capacity to consent, that legal requirements had been met.

Staff were receiving a sufficient level of training, supervision and support to enable them to deliver people's care effectively. However, some staff still needed to complete their care certificate and a supervision schedule was required to ensure staff were adequately supported.

People's nutritional needs had been met.

Staff supported people to access health care services as required.

Requires Improvement ●

Is the service caring?

Requires Improvement ●

The service was not consistently caring.

Overall staff respected and promoted people's privacy and dignity. However, improvements were required to ensure this was people's consistent experience of all staff.

Most people reported and were observed to experience positive relationships with staff. However, further improvement was required to ensure this was people's consistent experience.

People were supported to express their views and to be actively involved in making decisions about their care.

Is the service responsive?

The service was not consistently responsive.

The manager had completed work on peoples' care plans and further work was planned to ensure they were individualised and responsive to people's needs.

Staff spent limited time with people during the day interacting with them. Although in the early evening staff were observed to spend more time with people.

Not everyone felt satisfied with the activities programme. The manager was aware of this and had plans to improve the activities schedule for people.

People felt more confident in raising concerns. The manager had sought feedback on the service and was actively addressing any issues identified during this process.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

Improvements had been made in relation to auditing the service and people's records. However, the changes made were not sufficiently robust to protect people from the risk of harm or to consistently drive service improvements.

The manager was working hard to change the culture of the service. The service was more open but further work was required to ensure a positive culture for people.

The provider has been reactive rather than proactive in ensuring

Requires Improvement ●

that there were sufficient managers to lead the service. They had not ensured that the new manager was supported by a permanent, full-time clinical lead to ensure people received good quality clinical care.

Quinta Nursing 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. We carried out an unannounced comprehensive inspection of this service on 7, 8 and 9 December 2015. Breaches of legal requirements were found in relation to safe care and treatment, staffing, consent, people's dignity and governance. This inspection checked whether the provider was now 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 16 and 17 May 2016 and was unannounced. The inspection team included two inspectors, two specialist advisors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience of caring for older people.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

Prior to the inspection we spoke with two commissioners of the service and two nurses. The professionals we spoke with told us improvements had been made since the last inspection and that the provider had recently taken measures to provide clinical leadership. During the inspection we spoke with 11 people and six people's relatives. Not everyone was able to share with us their experience of life at the service. Therefore we spent time observing staff interactions with them, and the care that staff provided. We spoke with seven care staff, three nurses, the laundry assistant, the chef, the activities co-coordinator, the interim clinical lead and the manager.

We reviewed records which included eight people's care plans, six staff recruitment and supervision records, staff rosters for the period 4 April 2016 to 22 May 2016 and records relating to the management of the service. We observed a medicines round and a staff shift handover.

Is the service safe?

Our findings

At our inspection of 7, 8 and 9 December 2015 we found the provider had failed to mitigate risks to people, ensure the premises were safe and properly apply safe infection control measures; these were breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found risks to people had been assessed and managed, for example in relation to falls, mobility, skin integrity and malnutrition. Staff ensured people had their call bells within reach and that the brakes were engaged on people's wheelchairs when they were stationary. Although people received the care they required to manage risks to them, some people's records did not contain all of the required written guidance for staff unfamiliar with people's risk management requirements to ensure their safety.

Records demonstrated that risks to people in key areas had been managed safely. These included completing checks on Legionella water testing, fire equipment, safety checks on equipment and the environment. The manager had also ensured that personal emergency evacuation plans were in place for each person providing advice to staff and emergency personnel on the action required to evacuate people safely from the home in the event of an emergency

Since the last inspection the provider and the manager had taken extensive action to improve infection control processes and the level of cleanliness of the service. Staff had received infection control training and had access to relevant guidance to enable them to support people safely. However, not all staff consistently followed the guidance provided and not all aspects of the service were sufficiently clean to manage the risk of people acquiring an infection. Two staff were observed to not always wear the personal protective equipment provided. One staff member was seen to carry bags of clinical waste through the dining room. Another staff member took full clinical waste bags down the stairs and out through the front door touching the keypad with the gloves they were using to carry the clinical waste. This placed people and visitors at potential risk of acquiring an infection. Not all areas of the service were clean; we found high and low level dust, dirty commodes, walls and floors. There were also damaged mattresses, pillows, beds, pressure cushions, walls, furniture and flooring which meant they could not be cleaned properly as a result. These damaged areas could harbour bacteria and increase the risk of people acquiring an infection.

The provider's failure to properly apply infection control measures; was a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some people said Quinta Nursing Home was a safe place to live, whilst others told us they were not safe because they had not been treated well and alleged they had experienced physical abuse. These allegations were in the process of being investigated. Some people told us, they would be prepared to tell staff if they were unhappy about anything whilst others said that they would not feel confident to do so. Two people alleged to us that they had experienced physical abuse; the manager was already aware of these allegations and had taken immediate actions to safeguard these people. During the inspection further safeguarding concerns were brought to our attention. We reported them to the manager who again took the correct actions to ensure people's safety whilst the allegations were investigated.

The manager had previously reported the unexplained bruising on the first person who alleged they had experienced abuse to the local authority safeguarding team as required. However, there was no body map to evidence the date the bruising had first been identified or to indicate where the bruising had occurred. The manager told us they had asked a nurse to complete this at the time the alert was sent to the safeguarding team but they had not checked to ensure this was done. Staff had not completed a body map as required to ensure this person's bruises were documented. The second person who alleged they had experienced abuse also had unexplained bruises; which had been reported to the safeguarding team. There were not always the required incident forms and body maps completed at the time the bruises had occurred. These were required in order to ensure the bruises were documented and each incident reviewed; to identify any actions required or trends, to protect the person from the risk of re-occurrence. Staff had written instructions to observe this person's skin but had failed to follow the provider's reporting process to identify and report new bruises when they occurred. Another person had two accident forms completed for unexplained bruises, but incident forms had not been completed or reviewed for either of these incidents. Accident forms only provide details of the person's injury and do not identify potential causes or required actions to prevent the risk of repetition. The provider had failed to operate robust processes to identify the potential risk of abuse to these people and to properly document and investigate incidents to ensure people were protected from the potential risk of abuse.

Staff told us they had completed safeguarding training and records confirmed that 36 out of 39 staff had completed this training. However, although most staff could explain their safeguarding responsibilities one member of staff who had completed the training did not understand what safeguarding meant. Although staff had undertaken safeguarding training, a member of staff did not fully understand their role.

The provider's failure to adequately protect people from the risk of abuse and to use incident reports to identify potential abuse was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us and records confirmed that they had undergone recruitment checks, which included the provision of references, proof of identity and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff employment records did not always contain a full employment history starting with when the applicant finished full-time education, with a satisfactory written explanation for any gaps. Staff references were not always provided on headed paper or a company stamp to demonstrate they were genuine. The provider had not ensured that when references raised questions about applicants' suitability for their role, that these were followed up. The manager took appropriate action when we brought this to their attention. There was the potential that people might have been placed at risk from the recruitment of unsuitable staff as the provider had not fully assured themselves of their suitability for their role.

A member of staff was not able to demonstrate that their English language skills were sufficient to enable them to communicate effectively. They told us and records confirmed that their English skills had been assessed as 'good' during their interview. However, they were unable to understand our questions which created a potential risk that they may not have been able to understand people when providing their care or if a person wanted to report abuse to them.

The provider's failure to ensure that all of the required information was available in relation to staff and to ensure that all staff were sufficiently competent in English to enable them to communicate effectively was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our inspection of 7, 8 and 9 December 2015 we found the provider had continued to fail to deploy sufficient numbers of competent and experienced staff; this was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Overall people did not tell us that there were insufficient numbers of staff, although two people told us they had needed to wait for staff to attend to them on occasions.

The provider had last assessed the staffing requirements for the service in January 2016 when there were 35 people accommodated. There remained the same level of staffing, although the number of people accommodated had actually reduced. The assessment would need to be repeated if the number of people accommodated increased or people's level of dependency increased to ensure staffing levels remain sufficient for people's needs.

The manager told us staff completed 12 hour shifts, 08:00-20:00 and 20:00-08:00. Staffing for the day comprised of seven care staff and two nurses and at night there was one nurse and four care staff. Records demonstrated that most of the time there was this level of staffing although on 13 of the nights during the period reviewed there were three care staff rostered rather than four. There was no evidence to demonstrate this had impacted negatively upon people. The manager told us and records confirmed there had been no use of agency care staff in the period preceding the inspection. Records confirmed the service had been staffed with the level of nursing described; there had only been occasional use of agency nurses. People had experienced continuity of care from regular staff. Overall there were sufficient levels of staff although we noted on a couple of occasions that call bells rang for 10 to 15 minutes before staff responded to them. At this inspection we found the provider had made the required improvements and the requirements of Regulation 18 were now met.

Records demonstrated all staff administering medicines had completed relevant training. A nurse was observed to administer people's medicines safely. They wore a red tabard stating 'Do not disturb medication round' and washed their hands prior to commencing the medicine round. The nurse ensured they completed people's medicine administration records after they had observed people swallowing their medicines. The nurse checked with people if they required pain relief. People's records checked except for one person, contained guidance about pain relief; to ensure staff knew when to offer the person pain relief. People had a medication body chart, which demonstrated where staff were to apply people's topical medicines. Some prescription medicines are controlled under the Misuse of Drugs Act 1971. These medicines are called controlled drugs. Processes were in place to ensure the safe storage and administration of all medicines including those which were controlled. Processes were in place to audit the use of medicines within the service. People's medicines were managed safely.

Is the service effective?

Our findings

At our inspection of 7, 8 and 9 December 2015 we found the provider had failed to ensure legal requirements were followed where people lacked the capacity to give their consent to aspects of their care; this was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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. 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 procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Records demonstrated staff had undertaken training on the MCA and DoLS and whilst it was seen that staff member's understanding of legal requirements had improved they were not always ensuring legal requirements were met when people lacked the capacity to consent to their care.

Where people had a DoLS in place this had been underpinned by a MCA assessment as required. In order to demonstrate how the decision had been reached that the person lacked the capacity to consent to their care and that they were subject to restrictions to a level that amounted to them being deprived of their liberty. Staff understood how to assess if an application for a DoLS should be submitted and had correctly submitted them for people where required.

Some people used bed rails at night to manage the risk of them falling out of bed. These can be used to restrict people's movement and therefore require consent for their use. There was no evidence to demonstrate two people had given written consent to their use. Records did not demonstrate if they lacked capacity to give their consent and that a MCA assessment had been completed as required to demonstrate that the correct legal processes had been followed. Two people had advanced care plans which outlined their wishes at the end of their life which had been signed by family members. However there was no evidence to demonstrate whether these relatives had the legal authority to be signing the form; or that a MCA assessment had been completed. This was required to demonstrate the person lacked the capacity to be consulted and that their relative had signed the form on their behalf as a best interest decision. It is good practice to obtain a copy of an enduring power of attorney where one is in place as this provides written evidence of whether the attorney is authorised to make decisions about the person's finances, health and welfare or both. We did not see copies of enduring power of attorney documents on people's records. Staff did not fully understand that people's written consent had to be obtained for the use of bedrails and to be recorded in their care plans accordingly. Staff did not understand that if a person lacked capacity in relation to the decision to be made, legal processes must be followed to uphold the person's rights.

The failure to ensure consent was always sought and where people could not give their consent that the requirements of the MCA 2005 were met was a continuing breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our inspection of 7, 8 and 9 December 2015 we found the provider had continued to fail to provide staff with appropriate training; this was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection records demonstrated 19 of the 28 care staff had completed the Care Certificate which is the industry recognised standard induction to their role to ensure they could provide people's care effectively. Records demonstrated other care staff had commenced but not yet completed this requirement. The provider had taken steps to ensure staff undertook the required induction to their role.

Staff were required to complete mandatory training to ensure they had the required skills to support people effectively. Training records demonstrated the provider's mandatory training included: fire training, safeguarding adults, moving and handling practical, infection control, food safety and hygiene, mental capacity, DoLS, health and safety, equality and inclusion, dementia care and nutrition and hydration. Records showed most staff had completed the provider's required training, five staff had not completed fire training and the manager was making arrangements for them to do this. Fifteen staff needed to complete food safety training, 24 staff needed to complete equality & inclusion training and 15 staff nutrition and hydration training. Following the inspection the manager provided written evidence that this training had been arranged.

Records showed nurses had undertaken record keeping and person centred care planning training. There was a lack of evidence to demonstrate they had updated their knowledge in relation to wound care or diabetes. The interim clinical lead told us arrangements were being made for nurses to be involved in a local diabetes project to ensure they had the opportunity to update their training.

Records demonstrated all staff had received one supervision since the new manager had commenced their role. The supervision was completed via a practical assessment; care staff had been observed providing care to people and the nurses had been observed administering medicines. The practical supervision had not involved a comprehensive assessment of nurses' competency to administer medicines. We discussed this with the manager to ensure they were aware of the need to complete competency assessments for staff who administer medicines to ensure people's safety. The manager told us they were aware that the template for staff supervisions required review to ensure it was effective in supporting staff to complete their role. The manager had commenced staff supervisions although a schedule needed to be implemented to ensure supervisions took place in accordance with the provider's requirement of six supervisions per year. The provider also needed to ensure there was a process in place to enable the manager to receive regular supervision of their practice. Staff told us they felt supported in their role.

Nurses are required by their regulatory body to have their practice re-validated every three years. The manager told us all nurses had been assessed and their NMC revalidation dates identified. However records showed re-validation dates for only two of the eight nurses. The provider needs to ensure nurses are supported to complete their re-validation process to ensure their practice remains safe and current.

At this inspection we found the provider had made the required improvements and the requirements of Regulation 18 were now met.

People told us that they enjoyed good food and that they had enough to eat and drink. One person told us

"Food really good. I enjoy it" and another commented "The chef is wonderful."

People were served with morning coffee and afternoon tea and a choice of snacks were available. People had drinks in their rooms and staff were seen to encourage people to drink. The chef informed us they had a list of each person's preferences for their breakfast that day. A member of staff was observed visiting each person and telling them what the meal options were for the next day so they could decide. People had a choice of the main meal at lunchtime or an alternative such as a jacket potato or omelette, there was also an alternative pudding. People appeared to enjoy their meal. During mealtimes we observed that people with special dietary requirements, including those who had medical conditions or who required soft, textured and fortified meals were catered for. People, who ate in their rooms, were well supported by staff at lunchtime. Mealtime was a social occasion and a group of ladies who had become firm friends told us how much they enjoyed eating together.

People had been weighed regularly and their Malnutrition Universal Screening Tool (MUST) score calculated monthly. MUST is a screening tool to identify adults, who are at risk from either malnourishment or from being overweight. There was evidence that where staff had concerns about a person's weight they had correctly referred them to the GP. If people required a fluid chart to document their fluid intake these were in place.

People's records demonstrated they had seen a variety of healthcare professionals as needed. These included the GP who held a weekly surgery at the service, a chiropodist, tissue viability nurse, optician, dentist, dietician and a physiotherapist. People were supported by staff to access healthcare services as required.

Is the service caring?

Our findings

At our inspection of 7, 8 and 9 December 2015 we found the provider had failed to treat people with dignity and respect; this was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Most people told us staff treated them with respect. One person said "Really some very kind people who treat me with respect." Overall relatives told us that they felt that staff treated them and people with respect.

People provided mixed feedback regarding how caring staff were. One person told us "People looking after me very well," another commented "People listen, change my clothes etc. and knock on doors. Treat me with dignity and respect." A relative told us "No issues with the new staff, all seem very caring." However one person told us "The problem is that some of the carers couldn't care less" and a relative commented "The attitude of some of the staff leaves a lot to be desired- if you don't like it you know what you can do attitude."

Staff were able to describe to us the measures they took to uphold people's dignity in the provision of their personal care. This included keeping the door shut, closing the curtains, giving people choices and informing them of what they were doing. Staff supervision records demonstrated staff had been assessed during their practical supervision with regards to whether they treated people with dignity and respect. We observed that most staff were generally careful to ensure that peoples' dignity was not compromised, they listened to what people wanted. Staff made sure that whenever hoists or chair to stand devices were used, that peoples' dignity was maintained with a privacy screen. The majority of staff were careful to support peoples' privacy; when most staff went in to a person's bedroom to provide their care they knocked and were careful to close the door behind them. However we found that this was not always the case, a minority of care staff walked in to people's rooms without requesting permission and left the doors open whilst delivering people's care. The majority of people's care and support was delivered in a respectful way; however some staff were direct in their tone of voice with people and their sentences were rather short, instead of explaining to people why something was happening. Overall people were treated with dignity and respect by the majority of staff but further improvement was required to ensure this was the consistent experience for people from all staff.

At lunch we observed the tables were laid with a patterned tablecloth, cutlery, napkins and condiments ready for people to sit down and eat their lunch. People were provided with adapted cutlery and plate guards were required to ensure they could eat their meal in a dignified manner. Staff provided people who required a protective apron with one as they served their meal; this was more dignified for people than sitting waiting for their meal wearing one. Tables were served at about the same time so people received their meal together. This ensured people were not seated at the table having to watch other people eat whilst they waited for their meal. People received their meals in a dignified manner.

At this inspection we found the requirements of Regulation 10 were now met.

We observed that staff supported people, who were physically frail some of whom also experienced dementia, appropriately. In one case a person was trying to make their wishes known to a member of staff. The staff member was patient and took time to listen to what they wanted. The person was then taken back to their room and was asked if they would like a cup of tea. On many occasions we saw care staff talking appropriately to people, using their names and making sure that they had established eye contact, particularly when they knew that a person had a hearing impairment. Staff's communications with people had been assessed during their recent practical supervision. One staff member's supervision record demonstrated they had used flash cards with a person to ensure they understood their communications. At lunchtime the chef was heard being jovial with people and interacting with them. They asked people the size of portion they required so they could be involved in making that choice for themselves. People were generally observed to experience positive relationships with staff during the inspection. However, further improvements were required to ensure this was consistently people's experience of all staff.

People told us staff listened to their wishes. One person told us "I can go to my room when I want" and another commented "When I came in I had bed rails and I didn't like that. They listened and put them down when I asked."

At lunchtime a person wanted to eat in the lounge area but there were no tables left. Care staff tried to persuade the person to come to the dining room but they refused. The staff member respected the person's decision and a table was fetched so they could eat their meal in the lounge. Staff had listened to and responded to this person's wishes.

The manager told us they had arranged a be-friender for a person to support them and ensure they had someone external to the service who could speak up on their behalf, which records confirmed. The manager had taken action to support the person to express their views.

At lunchtime we observed of the 17 people eating only two were sat on chairs and the rest remained in their wheelchairs. Records demonstrated staff had consulted people about whether they wished to remain in their wheelchair. In the lounge a person was asked if they would like to sit in a comfortable chair. 'No,' was the reply. Care staff asked them again a while later but they said they would rather remain in their wheelchair. People had been consulted about their preference to remain in their wheelchairs, their preferences were respected and this was documented.

A person told us "I am very independent and I can do most things for myself. They do support me when I am having a shower or a bath otherwise I can do most things and nobody says you can't." Staff were observed encouraging people to do as much for themselves as possible. For example, a person wanted to get up from their chair. Two care staff supported them verbally, standing back and encouraging them to stand independently by asking the person to lean forward, back and stand. Staff encouraged people to be independent.

Is the service responsive?

Our findings

People told us that they were involved with planning their care and felt that they were listened to and were kept informed. A person told us "Meeting on Wednesday to talk about care planning. My daughter is coming in to the meeting as well." A person's relative said "Meetings over care plans, twice in three months. They are redoing the care plan."

The manager told us they had been re-writing people's care plans to make them more focused on the individual. Although people's care plans were being written in the first person, they did not always demonstrate how the person themselves wanted to be supported to meet their needs. For example, one person's care plan said "I have to be hoisted for all transfer again using oxford major hoist with full body sling." This documented the person's hoisting needs in the first person, rather than recording the person's actual wishes and preferences about how they wanted to be hoisted. People's written care plans did not consistently reflect their personal wishes about how they wanted their care to be provided. The manager recognised that further work was required in relation to people's care plans and they were planning to undertake this with the new interim clinical lead.

A person's care plan stated that their bath day was a Thursday. Records showed people were allocated one or two days a week for their bath. Although people could decline, or choose to take a bath on another day. The allocation of a 'bath day' did not demonstrate individualised care whereby people were supported to express and follow their personalised bathing routine.

The manager told us that since commencing their role they had introduced support plans which were located in each person's bedroom. These provided staff with succinct readily available information about people's care needs and history and ensured staff had access to relevant information. The support plans identified people's key worker and named nurse to ensure they were aware of who was responsible for their care.

People's care plans provided staff with guidance about how to respond to behaviours which could challenge staff. A person's care plan said staff should calm them if they became distressed. The manager told us this person had been provided with a memories box with photos so staff could use these to distract them if they became agitated. Staff confirmed how they provided re-assurance to this person. A member of staff used de-escalation techniques to calm a person who was becoming agitated. Staff had written guidance about people's behaviours and how to support them which they followed.

Staff told us they received information about people in the staff handover. However, we observed that the care staff were not actively involved in the meeting. Although nurses and care staff sat around the table, one nurse told the second nurse what had happened to people whilst making limited eye contact with care staff. There was a focus on what appointments people had and limited information was provided about people's general state of well-being and welfare. The staff handover was not a dynamic process within which care staff participated.

People's records contained a 'person centred activity profile,' this provided written details of the person's history, family and activities they liked. Staff were generally knowledgeable about people's likes and dislikes, however, they lacked knowledge of people's past history, therefore may not have been aware of their interests or been able to use this information to promote conversations with people. Most people and relatives told us that key staff knew them and knew how they like to be treated but some expressed concern that some newer staff did not understand people's needs. A relative said, "I feel that sometimes she is very lonely. There is no one here who seems to have time to sit with her." We observed that during the day care staff were task orientated and spent little time interacting with people in a meaningful way. Although in the early evening staff were seen spending time with people. The manager had introduced a number of changes to the natural environment to provide people with points of interest throughout the day such as a hedgehog box, a bird feeder and providing binoculars for people. This had proved popular and had impacted positively on the quality of a person's life who had taken a real interest in the hedgehogs. Although staff had access to information about people's personal histories and the manager led by example, in trying to find out about people's interests. Staff did not always use the available information to initiate conversations with people and activities.

A number of people expressed a lack of confidence in the activities provided, The home had an activities co-ordinator who worked four days of the week. They ran activities for people such as skittles, games, dominoes, knitting, craft, and basket work. On a Monday there was a physiotherapy group and flower arranging and at the weekends there were films and music. In addition the activity co-ordinator spent time with people on a one to one basis especially if they could not come out of their bedroom. The hairdresser visited weekly and there was a church service. The activities co-ordinator showed us the log they maintained for each person demonstrating the activities people had participated in. They were able to tell us about people's individual interests and how they supported those who did not enjoy the groups. They did this either by visiting people in their bedrooms to provide one to one support or by trying to include people in discussions. The manager was aware that the current activities programme was not fully responsive to people's needs. They had proposals in their action plan to continue to work with the activities co-ordinator to improve the activities programme and to make it more focused on people and their interests and abilities.

Most people told us they had not needed to complain but went on to say they felt that now the new manager was in place they would be listened to if they needed to raise an issue. A person told us, "Everything's fine-no worries at all. I know if something was wrong it would be sorted." A relative told us "I feel that the manager will listen. Since she has arrived she has held meetings to explain the changes. She has addressed issues in an open and honest way." Another relative commented "18 months ago when I complained it fell on deaf ears but things have improved and now I feel listened to." However, some people told us they felt that complaining would be pointless.

The complaints process was displayed for people in reception. Staff understood their role in supporting people to make a complaint if they wished. People were provided with relevant information about how to make a complaint and could access staff support if required.

The manager told us they had sent out quality assurance surveys to people's relatives in April 2016 and they were still receiving their responses and therefore had not yet been able to complete any analysis of the feedback. People were due to be sent a questionnaire shortly. Records demonstrated that where relatives had identified issues with the service they had been responded to appropriately. The manager had taken action and either written to them personally or met with them, in order to respond to the issues raised and to share the actions that were being taken in response. For example, one relative had raised an issue about the quality of staffing. The manager had written to inform them that they would now be interviewing staff

themselves to ensure they were of the required standard. Although the manager told us they had not received any formal written complaints they had used the quality assurance process to actively identify and address any issues raised to improve the service for people.

Is the service well-led?

Our findings

At our inspection of 7, 8 and 9 December 2015 we found the provider had continued to fail to maintain accurate and complete records for each person or to operate effective systems to monitor the quality of the service; this was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had taken action to introduce audits and to improve the standard of record keeping, however, the action taken was not yet sufficiently robust to meet the requirements of the regulation.

Audits had been completed of people's mealtime experience, medications, care plans, hand washing, infection control and cleaning. However, the audits were not sufficiently comprehensive or robust to identify and fully address the issues identified during our inspection.

An infection control audit had been completed on 13 April 2016; however, this had not been effective at identifying the on-going issues in relation to staff infection control practices. The cleaning audit of 29 April 2016 had not identified that cleaning was not being completed to the required standard. It stated that commodes were clean and indicated that 'All areas are visibly clean and dust free' which was contrary to our findings. A monthly audit of people's care plans had commenced in April 2016, however, the audit just checked if the required care plans were in place. There was no assessment of the quality or clinical effectiveness of the care plans. The audit did not identify any dates for when required work was to be completed or by whom. Audits were not yet fully effective in driving improvement for people.

The manager told us there was not a process to ensure a monthly audit took place of all incidents, safeguarding, accidents, falls or complaints, in order to identify the numbers and causes of each and any trends that could be used to identify potential abuse or risks to people. This had left people at risk of experiencing abuse or harm as opportunities to identify trends had been missed.

The manager told us that the provider supplied two maintenance staff to rectify any issues with the building. However there was a lack of a proactive, planned written programme to ensure that regular maintenance of the building took place as required to ensure it was well maintained for people and to fully address infection control issues such as damage to, furniture, floors and walls.

A person living with diabetes was dependent on insulin medication. They had a diabetic care plan but it did not state what was a normal blood glucose range to enable staff to identify if their blood glucose range was too high or too low. There was a lack of specific guidance about how to manage a hypoglycaemic episode which is when the person's blood glucose levels fall under 4 mmol/L or a hyperglycaemic episode when the person's blood glucose levels are too high. This placed the person at risk of receiving incorrect care for their health condition. Although there was no evidence to indicate people with diabetes had not received the care they required. The lack of written guidance placed this person at risk of not receiving the correct care. A person's oral fluid intake records in their bedroom, did not demonstrate what their target fluid intake should

be. Records of their daily intake monitoring show variation in their fluid intake. However, without written guidance about what level of fluid intake they required, staff might not recognise when this person was not drinking sufficient for their needs, which could place them at risk of dehydration. People's records did not always contain dated photographs as required of injuries, wounds or unexplained bruises. Therefore there was not a full and complete record of these for people. Although the clinical lead was undertaking work to improve the daily recording forms staff were required to complete and to make them simpler, people's records were not always complete.

The provider has continued to fail to operate effective systems to monitor the quality of the service or to consistently maintain accurate and complete records for each person; this was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that since the new manager had been in post there was a more open and honest culture. A relative said "The atmosphere is good. I still get a warm welcome when I come in." A commissioner of the service told us that the new manager appeared to be committed to providing a high standard of care and to creating the 'right' culture at the home.

The manager had worked hard to ensure that staff understood that dignity and respect were the core values of the home. Notices reminding staff of the provider's values were clearly displayed throughout the building. However not all staff were observed to consistently display all of the provider's values in their work with people to ensure they received high quality care.

When we visited the service at 06:00 we found four people were up and dressed. However, we did not find conclusive evidence that people were being washed and dressed early against their will. Two staff told us there was an expectation that the night care staff should try and encourage some people to get up before the night shift ended at 08:00 so there would not be as many people for the day shift staff to get up. The staff on the night and day shifts had different expectations of each other, in relation to whether people should be 'encouraged' to get up before 08:00. This was not conducive to supporting people to exercise choice about when to get up. The staff shift handover also took place at 08:00; just when people might want to start getting up. At 08:00 all of the day staff were engaged in the staff handover which lasted until 08:25, then they needed to support people to have their breakfast. This may have contributed to the expectation that the night staff should be trying to encourage some people to get up. The working culture between the day and the night staff was not conducive to people being supported to exercise choice.

People and their relatives told us they were pleased with the new manager. A person said "The manager always asks me if everything is alright and I am sure that she listens to what we tell her." A relative told us "The manager is brilliant. She works hard and does her best for people. What she has achieved in 8 weeks is phenomenal."

Following the last inspection the provider had recruited a permanent non-clinical manager for the service who commenced their role in February 2016. They were in the process of applying to become the registered manager. An external professional who was a nurse told us that large amounts of work had been undertaken by the new manager. They also told us that what had been lacking in the service was good clinical leadership.

The provider did not have a written management structure which identified who was responsible for the management of the service and the clinical leadership. In order to ensure there was strong, clear clinical leadership for the service in addition to managerial leadership. A permanent, full-time, qualified, competent clinical lead experienced in working with complex services was required, to support the manager in their

role and ensure a sufficient level of management for a nursing home of its size. Following a meeting with Social Services on 10 May 2016 the provider had appointed a temporary, part-time, clinical lead. The new interim clinical lead told us they had agreed to provide two to three days a week clinical leadership to empower and educate the nurses. They anticipated their role lasting for up to six months initially, with a view that the provider would then be able to recruit a permanent clinical lead. They demonstrated a sound knowledge of the areas that required further improvement for example, records and care planning and provided details of their initial six week plan for the service. However they could not provide sufficient hours to the role to support the manager in driving clinical improvement to the service for people.

On 20 May 2016 the manager provided written evidence that following our inspection the provider had placed an advertisement for a permanent, full-time clinical lead for the service. They informed us that they and the interim clinical lead would be completing the interviews. Until a substantive clinical lead was recruited the service was at risk of not being able to sustain the improvements made by the manager due to there not being sufficient permanent clinical leadership required for a nursing home. The provider had been reactive rather than proactive in ensuring that there was a sufficient level of management and clinical leadership for 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider had continued to fail to ensure consent was always sought and where people could not give their consent that the requirements of the MCA 2005 were met. Regulation 11(1)(2)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
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 continued to fail to properly apply infection control measures, in order to assess the risk of, and prevent, detect and control the spread of infections. Regulation 12(2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had failed to ensure that all of the required information was available in relation to staff and to ensure that all staff were sufficiently competent in English to enable them to communicate effectively. Regulation 19(1)(2)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider had failed to adequately protect people from the risk of abuse and to use incident reports to identify potential abuse. Regulation 13(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

The enforcement action we took:

We served the provider with a warning notice which required them to meet regulation 13 by 4 July 2016.

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 continued to fail to operate effective systems to monitor the quality of the service or to consistently maintain accurate and complete records for each person. Regulation 17 (1)(2)(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

The enforcement action we took:

We served the provider with a warning notice which required them to meet regulation 17 by 12 September 2016