

Great Marsden Residential Limited

Nelson Manor 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?

Inadequate 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out an inspection of Nelson Manor Care Home on 4 and 5 January 2017. The first day was unannounced.

Nelson Manor Care Home is registered to provide personal and nursing care for up to 70 people. There were 60 people accommodated at the time of the inspection. Accommodation is provided in 70 single bedrooms on three floors. The ground floor provides personal care for older people, the middle floor known as the Jubilee unit provides personal and nursing care for people with mental health needs and the top floor provides people with nursing care. All the bedrooms have an ensuite with a shower facility. The home is located in a residential area approximately one mile from Nelson town centre.

The service was managed by a registered manager. 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.

At our last comprehensive inspection on 3, 4 and 5 November and 9 and 10 December 2015, we found the provider was not meeting a number of regulations. We therefore asked the provider to take action in relation to the management of medicines, staff training and support, the need for consent, the unlawful deprivation of people's liberty, person centred care and good governance. We also made recommendations in respect to improving people's experiences at mealtimes, making appropriate adaptations to the environment to support people living with dementia and developing suitable and meaningful activities. We issued a warning notice in respect to the management of medicines and checked compliance with this notice on 9 March 2016. We found the provider was compliant with the notice; however, we identified minor shortfalls and made a recommendation about future practice.

Following the inspection, the provider sent us an action plan which set out the action they were taking to meet the regulations. The manager in post at the time of the inspection, left employment at the home shortly afterwards and a new manager was appointed in June 2016.

During this inspection, we found there were continuing shortfalls in respect to the need for consent, person centred care and good governance. We also noted limited progress had been made to improve people's experiences of meal times on the Jubilee unit and the development of activities. We found further shortfalls in the management of medicines, the assessment and mitigation of risks, the recruitment of new staff, the maintenance of records and the management of complaints. You can see what action we told the provider to take at the back of the full version of the report.

People told us they felt safe and staff were kind and caring. Safeguarding adults' procedures were in place and staff understood how to safeguard people from abuse. We were aware safeguarding investigations were ongoing at the time of our visit. A representative from the safeguarding team told us the registered manager

was fully cooperating with the investigation of the issues.

Whilst some risks had been assessed and documented, we found the assessments had not always been updated in line with changing needs. Similarly, we found people's care plans and other associated records had not been kept up to date. This is important to ensure staff have accurate information about people's current needs. Although all people had a care plan, including people new to the home we noted that people were not routinely involved in the development and review of their plans.

There were shortfalls in the management of medicines and we noted medicines were not always given as prescribed by the doctor and one person had not received a medicine for nine days. Further to this, a relative raised concerns about the way staff were handling their family member's medicines. We checked the person's records and found inconsistencies; we therefore raised a safeguarding alert with the local authority.

Whilst there was a system in place to record accidents and incidents, we noted one incident had not been recorded and there was no central database. This meant no analysis had been undertaken in order to identify any patterns and trends. We also found health and safety checks had not been carried out on metal bed rails and wheelchairs.

At the time of the inspection, there were sufficient staff on duty to meet people's needs, however, we found shortfalls in the recruitment of new staff and noted essential checks had not always been carried out. Since the last inspection, staff had received appropriate training and were registered with a training company to further develop their skills and knowledge. The registered manager was in the process of ensuring all staff received a regular one to one supervision. All staff had the opportunity to attend meetings and provide feedback on the service. Staff spoken with told us they were well supported and had full confidence in the registered manager.

Since our last visit, the registered manager had ensured appropriate Deprivation of Liberty Safeguard (DOLS) applications had been made to the local authority. However, we noted there was no evidence to indicate people's mental capacity to make their own decisions had been assessed and recorded in line the requirements of the Mental Capacity Act 2005.

People were happy with the food provided and told us it met their preferences. However, we observed staff working on the Jubilee unit were disorganised at lunchtime which meant some people were not provided with timely support. We also noted there had been little progress to implement a programme of meaningful activities.

The registered manager and staff were observed to have positive relationships with people living in the home. People were relaxed in the company of staff and the home had a warm, friendly atmosphere. There were no restrictions placed on visiting times for friends and relatives.

Complaints were not well managed. The complaints procedure contained insufficient information to guide people on the process and not all complaints had been recorded and investigated.

The registered manager used a number of ways to assess and monitor the quality of the service, which included feedback from people, their relatives and staff, however we found a number of shortfalls across the operation of the service. The registered manager told us they were committed to making the necessary improvements and was working to an action plan. We also received a detailed action plan following our visit along with examples of record templates and updated procedures she intended to implement. This showed

us there was an upward trend towards improvement of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

Whilst people told us they felt safe in the home, we found risks to people's health and well-being were not always identified and assessed. There were no records of routine checks on bed rails and wheelchairs. This meant the risks associated with faulty equipment had not been picked up and addressed.

People were not adequately protected against the risks associated with the unsafe management of medicines.

Staff had completed appropriate safeguarding training and knew what to do in the event of an alert.

People told us there were sufficient staff on duty, however, we noted appropriate checks were not always carried out before staff started working in the home.

Is the service effective?

Requires Improvement 

The service was not consistently effective.

Assessments of people's capacity to make decisions about their care and treatment were not undertaken in line with the Mental Capacity Act 2005.

People were supported to have a balanced and healthy diet. However, we observed people living on the Jubilee unit were not always provided with appropriate support to eat and drink.

Staff had received appropriate training and there were plans in place for further training.

People were supported to access a range of health care professionals to help ensure their general health was being maintained.

Improvements had been made to the environment on the Jubilee unit.

Is the service caring?

Good 

The service was caring.

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

Staff knew people well and displayed kindness and compassion when providing care.

Staff respected people's rights to privacy, dignity and independence.

Is the service responsive?

Inadequate ●

The service was not responsive.

People were not involved in the care planning process. The care plans were not updated on a regular basis and did not reflect people's current needs. Important information had not always been added to people's plans which put people at risk from unsafe and inappropriate care.

The provider had not operated an effective complaints procedure. People did not know how to raise a complaint and some relatives lacked confidence issues raised would be thoroughly investigated and resolved.

There was no organised programme of activities which meant people had limited opportunities to participate in meaningful pastimes.

Is the service well-led?

Requires Improvement ●

The home was not consistently well led.

We found there were shortfalls in many aspects of the operation of the home. However, there was a registered manager in place, who was aware that more work was needed to improve the service. The registered manager had detailed action plans which we saw before, during and after the inspection.

There were systems in place to assess and monitor the quality of the service, which included seeking feedback from people living in the home, their relatives and the staff.

Nelson Manor 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 4 and 5 January 2017 and the first day was unannounced. The inspection was carried out by two adult social care inspectors, a specialist pharmacy inspector, a specialist advisor in the care of people living with dementia and expert-by-experience on the first day and two adult care inspectors on the second day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed the information we held about the service, which included statutory notifications sent to us by the provider. A notification is information about important events which the service is required to send us by law. We also sought information from the local authority's safeguarding and contracts monitoring teams, East Lancashire Clinical Commissioning Group, Lancashire Fire and Rescue, Midlands and Lancashire Commissioning Support Unit, East Lancashire Hospitals Trust Bowel and Bladder Service and Acute Falls Prevention Team. In addition, we considered the findings of Healthwatch who visited the service on 4 February 2016.

The provider sent us 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 used this information to inform the planning of the inspection and as evidence for the report.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with the registered manager, ten members of staff, two healthcare professionals, the cook and assistant cook, the maintenance officer, eight relatives and twelve people living in the home.

We observed how care and support was provided to some people who were not able to communicate their views to us. To do this, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of

observing care to help us understand the experience of people who could not talk with us.

We looked at a sample of records including 13 people's care plans and other associated documentation, three staff recruitment and induction records, staff rotas, training and supervision records, minutes from meetings, complaints records, 24 medicines administration records (MARs), audits, action plans, policies and procedures, service certificates and quality assurance records.

Following the inspection, we spoke with a representative from the local authority's safeguarding team. The registered manager also provided us with a detailed action plan, samples of record templates and procedures she intended to introduce and updates on the immediate action taken following the inspection.

Is the service safe?

Our findings

All people spoken with told us they felt happy and safe in the home. One person said, "It's lovely here. The staff are very pleasant" and another person commented, "The staff are really good and help me a lot." These comments were mostly supported by relatives visiting the home. One relative told us, "I'm very happy with the care provided and I feel [family member] is safe and well looked after." However, another relative told us they were concerned about the management of their family member's medicines. We had also received information prior to the inspection about the way the staff had handled a person's medicines. This issue was being investigated by the local authority's safeguarding team.

We identified concerns about the safe handling of medicines at our last inspection in March 2016 and made a recommendation about future practice. The registered manager identified further deficiencies in the management of medicines following her appointment in June 2016 and had worked closely with the Medicines Management Team from the local CCG (Clinical Commissioning Group) to improve the medicines arrangements in the home. During this inspection, we checked to see what improvements had been made.

Medicines Administration Records (MARs) contained photographs of people living in the home to reduce the risk of medicines being given to the wrong person, and all the records we checked clearly stated if the person had any allergies. This reduced the chance of someone receiving a medicine they were allergic to. Thorough documentation was available to support staff to give people their medicines according to their preferences. However, six of the 24 records we checked contained gaps where medicines had been given but not signed for. This meant records did not reflect the treatment that people had received.

We also found medicines were not always given as prescribed by the doctor. One person was prescribed a medicine used for depression which should be administered daily at bedtime. However, the medicine had not been given for nine days from 25 December 2016 until the day of the inspection. Staff had not identified that the supply of this medicine had run out. This meant staff had not ensured there were adequate supplies of medicines to meet the needs of people. We also saw another person was prescribed a medicine twice a day, but only ten entries had been made on the MAR out of twenty opportunities. Further to this, a relative told us about their concerns about the way staff were handling their family member's medicines. We checked the person's records and found inconsistencies with the person's care plan and the medicines records. We therefore raised a safeguarding alert with the local authority.

We saw the use of patch charts on the first and second floor units for people who needed a pain relief patch. This meant it was clear to staff where and when patches had been applied, and reduced the risk of harm from duplicate application. Body maps and topical MARs were also in use, and these detailed where creams should be applied. However, we noted there were gaps in the topical MARs. This meant it was not possible to tell whether all creams were being used correctly.

Room temperatures where medicines were stored were recorded daily, and these were within recommended limits. We checked medicines which required cold storage and found records were not always completed in accordance with national guidance because only the current temperature had been

recorded on the Jubilee unit and the nursing floor. The minimum and maximum temperature range in areas where medicines are stored must be recorded to provide assurance that medicines are not stored above 25 degrees Centigrade. The staff we spoke with on these units did not know how to operate the thermometer to obtain the maximum and minimum temperature.

On the evening of the second day, we noted a pot of tablets had been left unattended on top of the medicines trolley on the Jubilee unit. This meant there was a risk of people accessing the medicines without the knowledge of staff.

Our findings demonstrated the provider had failed to protect people against the risks associated with the unsafe use and management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were stored securely in a locked treatment room on each floor and access was restricted to authorised staff. There were appropriate arrangements in place for the management of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse); they were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. Staff regularly carried out balance checks of controlled drugs in accordance with the home's policy.

The registered manager showed us medicines audits (checks) which had been developed since our last visit. These now included daily, weekly and monthly checks by staff and managers. Issues identified had been acted upon and improvements made.

Staff had received medicines management training and their competencies were assessed regularly to make sure they had the necessary skills.

The registered manager was aware improvements were needed to the management of medicines; she described detailed plans for improvement in the provider information return and had incorporated her plans into her overall action plan to improve the service.

We looked at how the provider managed risk. We found some individual risks had been assessed and recorded in people's care plans. However, we found there was no risk assessment in place for one person who required their medicines administered in a covert way. This was contrary to the home's policy which stated a risk assessment must be carried out in these circumstances. We also found a risk assessment had not been updated to reflect a person's need to use bed rails. This was especially important as we found the person's bed rail was loose and was being used without a protective cover known as a bumper. The use of the bed rail therefore presented a high risk of entrapment. This situation was pointed out to the registered manager who made immediate arrangements for the bed rail to be attended to. However, whilst work was carried out to tighten the rail we found it was still loose when the person retired to bed. We also noted this information had not been passed on to the nurse on duty and there was no risk assessment or risk management strategy to mitigate the risks of entrapment. We alerted the night staff and the next day raised a safeguarding alert with the local authority.

Our findings demonstrated the provider had failed to fully assess and mitigate the risks to people's health and safety. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how the provider recruited and deployed staff. We checked the files for three members of staff

and spoke with two members of staff about their experience of the recruitment process. We noted all new recruits had completed an application form and attended the home for a face to face interview. Whilst enhanced criminal record checks were obtained before staff started work in the home, we noted there were shortfalls in the recruitment records. For instance, there were gaps in the staff members' employment histories, references had not been sought from previous care settings and information provided on one staff member's application form had not been sufficiently explored. We checked the recruitment and selection policy and procedure and noted this did not reflect the requirements of the current regulations. This is important to ensure thorough checks are carried out before new staff start work in the home.

This meant the provider had failed to operate an effective recruitment procedure and had not ensured appropriate checks had been carried out. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People spoken with told us there were sufficient staff on duty and confirmed they did not have to wait a long time for assistance. We observed staff responded promptly to people's needs during the inspection. We received information prior to the inspection about the level of staffing on night duty. The registered manager informed us the usual night time staffing level was one nurse and five care staff. The staff were deployed over across the three floors of the home. One relative expressed concern about the length of time taken by staff to respond to their family member during the night. We asked to see a record of the response times from the call system, but the registered manager advised this facility had not been activated. The registered manager informed us she would arrange for an engineer to address this issue so response times could be monitored.

The home had a duty rota which was updated in line with staff absence. Gaps in the staffing levels were covered by agency staff; however, the registered manager explained that she had successfully recruited new staff and from the 9 January 2017 the home would have a full complement of staff, including nursing staff. This would mean people living in the home would receive care from a regular staff team who were familiar with their needs.

We checked the arrangements in place for the maintenance of the premises. Whilst some routine checks were being carried out such as water temperatures. The checks had only been instigated recently. We found there were no routine checks on wheelchairs or metal bed rails. We carried out an audit of all bed rails in the home and found four were in need of attention. One person experienced a fall from their bed during the inspection. As a result of damage to the bed rails, the rails had been turned round and the bed pushed against the wall. We were concerned about the safety of the person and raised a safeguarding alert with the local authority. We also found one bed rail had no securing bracket on one end which meant it was leaning on the floor. The maintenance officer immediately attended to this fault. The following day we were given an assurance by the nurse in charge that all bed rails had been carefully checked and all were in full working order. The nurse also confirmed that the bed rails would be checked on a daily basis. The implementation of the checks was also confirmed in the registered manager's action plan following the inspection. The registered manager also confirmed she was working closely with the maintenance officer to ensure all required health and safety checks were carried out in a timely way.

We noted the electrical safety certificate and legionella testing certificate were out of date. However, the registered manager confirmed following the inspection that the legionella test was not due until November 2017. We were assured arrangements were in place to test the electrical installations the week following the inspection. The fire risk assessment had recently been fully updated and all people had a personal emergency evacuation plan. This detailed the assistance they would need in the event of an urgent evacuation of the building. We spoke with a representative of Lancashire Fire and Rescue Service prior to the

inspection, who confirmed the provider and registered manager had acted promptly following their recent visit to the home to ensure appropriate fire precautions and equipment were in place.

We found the home was generally clean and tidy. There were cleaning schedules and records in place for people's bedrooms, communal areas and the kitchen. We checked the stocks of personal protective equipment and found there was a good supply. However, we found one room had not been thoroughly cleaned and a container of detergent had been left unattended on the corridor on the nursing floor. Following the inspection, the registered manager sent us an action plan which stated an immediate meeting had been arranged with the cleaning staff and regular spot checks would be carried out of the environment.

We saw there was a business continuity plan in place to respond to any emergencies that might arise during the daily operation of the home. This set out emergency plans for the continuity of the service in the event of adverse events such as loss of power or severe weather.

We saw there was a system in place to record any accidents or incidents, including falls. The registered manager informed us she checked and investigated all accident and incident records to make sure that any responses were effective and to see if any changes could be made to prevent incidents happening again. However, we noted that according to one person's care records they had experienced sunburn during the summer months, but there was no incident report and no evidence the local authority had been alerted under safeguarding procedures. We also noted an accident report had not been completed following one person's fall on the first day of our inspection. This meant we could not be confident all accidents and incidents had been appropriately recorded.

Following the inspection the registered manager sent us an action plan to confirm she had discussed with staff the reasons why an accident form had not been completed following the person's fall. The registered manager also confirmed that staff were to be reminded of their responsibilities at a forthcoming staff meeting.

We looked at how the service protected people from abuse and the risk of abuse. We found there was an appropriate policy and procedure in place and there was a flow chart to guide staff in the process of reporting any concerns displayed on each floor. The staff understood their role in safeguarding people from harm. They were able to describe the different types of abuse and actions they would take if they became aware of any incidents. All staff spoken with said they would report any incidents of abuse and were confident the registered manager would act on their concerns. Staff were also aware they could take concerns to organisations outside the service if they felt they were not being dealt with. Staff confirmed they had completed safeguarding training.

We were aware investigations were being conducted by the safeguarding team at the time of the visit. We spoke with a representative of the safeguarding team following the inspection, who confirmed the registered manager was fully cooperating with the investigations.

Is the service effective?

Our findings

People felt the staff had the right level of skills and knowledge to provide them with effective care and support. They were happy with the care they received and told us that it met their needs. One person said, "The staff are very nice. I have no complaints or concerns" and another person commented, "I think the staff are very helpful." A relative spoken with told us, "The manager and staff are very accommodating."

At the last comprehensive inspection, we found the provider had not acted in accordance with the Mental Capacity Act (MCA) 2005. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, the provider sent us an action plan and which set out the actions they intended to take to improve the service. During this inspection, we found there had been limited progress made to meet the regulation.

The MCA 2005 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.

We found staff knowledge of the MCA 2005 was limited and they were unsure how the principles of the Act applied to their everyday practice. On looking at people's care files we found there was limited evidence to demonstrate the relevant requirements of the MCA 2005 were being met. People's capacity to consent to their care and treatment was not adequately assessed and recorded in care plans and judgements made by staff about people's mental capacity were not decision specific. For instance, we noted staff had written in one person's care file that they, "Can at times lack capacity to make informed choices." There was no indication of how the staff had come to this conclusion and no evidence to demonstrate what choices and decisions the person was able to make.

These findings showed the provider had failed to act in accordance with the MCA 2005 and this was therefore a continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager explained that all staff were registered to undertake further training on the MCA 2005. Following the inspection, the registered manager sent us an action plan to confirm mental capacity assessments will be carried out and embedded in each person's care plan by 17 January 2017. We will check the improvements made on our next inspection of the service.

At our last comprehensive inspection, we found the provider had deprived people of their liberty without the lawful authority. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, the provider sent us an action plan which set out the actions they intended to take to improve the service. During this inspection we found the necessary improvements had been made.

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 2005. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We noted there was appropriate authorisation in one person's care file regarding a best interest decision to administer their medicines in a covert manner, however, we saw no minutes of any meeting or evidence of who had been involved in the making the decision. Staff confirmed they routinely asked for people's consent before providing care, explaining the reasons behind this and giving people enough time to think about their decision before taking action.

It was evident the registered manager was aware of when to make an application for a DoLS and informed us 25 applications had been submitted to the local authority for consideration. However, we saw no central register or record to indicate which people were subject to an application and when the applications had been made.

We looked at how people living in the home were supported with eating and drinking. At our last inspection, we recommended the provider seek advice and guidance to improve people's experiences at mealtimes. During this inspection, all people told us they enjoyed the meals provided. One person told us, "The food is lovely." The day's menu was displayed on each floor. This meant people were informed about forthcoming meals.

We observed lunchtime on all three floors on the first day of our visit and carried out a detailed recorded observation on the Jubilee unit. We saw that the dining tables were set with place settings and condiments. The meals looked appetising and the portion sizes were ample. We noted one person declined to eat the meal provided and staff offered an alternative which the person accepted. Staff interacted well with people and initiated conversation. The atmosphere was pleasant and cordial in all areas.

However, staff were disorganised on the Jubilee unit. We noted from one person's care plan that they required "Support and prompting" at mealtimes, but we noted the person was left with the meal in front of them for 20 minutes without receiving assistance. Another person did not receive their meal for 30 minutes and then staff attempted to provide them with a pudding without checking they had received a main meal. We alerted the staff and they immediately ensured the person was served their main meal. We also noted staff tried to give a person their food while they were asleep and another staff stood over a person whilst assisting them to eat rather than sit next to them. We saw staff did not always tell people what meal had been served and did not ask them if they remained happy with their choice of food.

Our findings demonstrated the provider had failed to provide all people with appropriate support to eat and drink. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Weekly menus had been developed following consultation with people living in the home and were rotated every four weeks. We spoke with the cook who showed us the main menu and an extensive "lite" bite menu which was available in addition to the two main choices. The cook told us he was well informed about people's dietary requirements and regularly spoke with individual people to check they were satisfied with the food. He added, "If there is anything anyone wants I am more than happy to cook it for them. That's no problem at all." All food was prepared on the day from fresh ingredients and was taken to each floor in heated trolleys.

Following the inspection, the registered manager informed us that a member of staff would provide nutritional support at lunch times on the Jubilee unit. She also told us arrangements would be made to appoint a nutritional support assistant to coordinate and oversee mealtimes. We will check improvements made on our next inspection of the home.

The service used a Malnutrition Universal Screening Tool (MUST) to monitor people's nourishment and weight. MUST is a five-step screening tool that identifies adults who are malnourished or at risk of malnutrition. The tool includes guidelines which can be used to develop people's care plans. We noted where risks had been identified; staff had maintained a food and fluid intake chart. However the charts were sometimes completed retrospectively which meant there was increased risk of inaccurate recording. For instance we checked the records on the ground floor at 11.15 am and no entries had been made for breakfast.

According to one person's records they had lost a significant amount of weight in a short period, this situation had not been identified by the staff and there was no record of any action taken. We also noted there were instructions in the person's care plan to monitor their weight weekly, however, there were gaps in the person's records suggesting the person had not been weighed on a regular basis. We discussed this situation with the registered manager who agreed to investigate immediately. Following the inspection, we received written confirmation that appropriate action and a healthcare professional had visited the person.

At our last comprehensive inspection, we found the provider had failed to ensure staff had received appropriate training, supervision and appraisals to enable them to carry out their duties. This was a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Following the inspection, the provider sent us an action plan which set out the actions they intended to take to improve the service. During this inspection, we found some improvements had been made and the registered manager was in the process of addressing these issues.

Members of staff spoken with told us they had been provided with appropriate training. One member of staff told us, "We have received some fantastic training, it was very active and we were all encouraged to participate. We really got a lot out of it." We looked at the staff training matrix and noted the majority of staff had completed training in safeguarding vulnerable adults, fire safety, moving and handling, infection control, MCA and DoLS and health safety. The registered manager also explained that all staff had been enrolled with a training company so they could complete their future training in a range of different ways depending on their learning style, for instances by completing work booklets or online training on the computer. The variety of training offered meant that staff were supported to have the correct knowledge to provide effective care to the people.

There were induction arrangements for new staff which included an initial orientation to the home, the provider's mandatory training and the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Staff newly recruited to the home were initially supernumerary to the rota and shadowed more experienced staff to enable them to learn and develop their role. All new staff completed a probationary period of three months. We saw a sample of completed initial induction records during the inspection.

Whilst there was a checklist in place to introduce agency staff to the home, we found an agency nurse working during the night on the second day of the inspection on the nursing floor had not received any induction and was unfamiliar with people's needs. The agency nurse had only been given a brief handover and limited notes about people's well-being. The nurse explained there were no profiles available detailing people's needs and she had no time to read everyone's care file. This meant people were placed at risk of

inconsistent care. We discussed this situation with the registered manager who explained it was usual practice to use agency staff who had previously worked in the home and this was a one off occasion. The registered manager also acknowledged these circumstances should not have occurred and she intended to develop profiles and ensure the handover record was more detailed.

All staff spoken with told us they felt well supported by the registered manager and some staff confirmed they had received a one to one supervision. This had given them the opportunity to discuss their experience of working in the home and their training needs. The registered manager was in the process of ensuring all staff had received a supervision session. As the registered manager had only been in post for six months none of the staff had completed an annual appraisal of their work performance.

People's healthcare needs were considered within the care planning process. We noted assessments had been completed on physical and mental health. In non-emergency situations staff sought advice via Telemedicines. This system enabled staff and people to contact and talk to medical professionals at a local hospital using a computer. Whilst we found the need for appropriate referrals had been identified to specialist healthcare professionals such as podiatrists, dentists, opticians and speech and language therapists, we noted staff had not always recorded if they had made and followed up the referrals.

Records showed people were registered with a GP and received care and support from relevant professionals. We spoke with two healthcare professionals during the inspection and received information from another healthcare professional before our visit. All professionals provided us with positive feedback about the service and the approach taken by staff. One healthcare professional told us, "It's not a home I worry about. I have no concerns about people's care" and another professional commented, "I'm not worried about any patient's care. I think there are good standards of care." We observed staff taking appropriate action when a person presented as unwell by seeking external health professional advice.

We looked at how people's needs were met by the design and decoration of the home. At our last inspection we recommended that the service seek advice and guidance to improve the environment for people living with dementia. On looking round the Jubilee unit, we found improvements had been made. We saw signage had been added to the walls and there was more creative use of the communal areas. The changes provided a greater sense of space and more places for people to sit and spend their time. We also noted the memory boxes had been moved to outside people's bedrooms and names were clearly written on doors. These adaptations helped people to orientate themselves so they were not always dependent upon staff.

Is the service caring?

Our findings

People told us the staff treated them with respect and kindness and were complimentary of the support they received. One person said, "I'm happy with the care. The staff are really good." We received positive feedback about the caring nature of staff from a healthcare professional prior to the inspection. Their comments included, "I have found all the staff extremely keen and proactive in the safety and management of the patients' falls risk within the home, and was very impressed with their care." A relative also told us during the inspection, "The staff always engage with the residents and their needs."

Relatives spoken with confirmed there were no restrictions placed on visiting and they were made welcome in the home. We observed relatives visiting throughout the days of our inspection and noted they were offered refreshments.

At our last inspection, we noted there was limited interaction between staff and people living in the home and staff were unaware of people's past occupations and life experiences. During this inspection, we observed the home had a warm, friendly and welcoming atmosphere. Staff spoken with understood their role in providing people with compassionate care and support. One member of staff told us, "I absolutely love my job, the people are amazing and it's great to put a smile on their face. It makes everything worthwhile." The registered manager had implemented a 'keyworker' system and details of this were displayed in the staff office on each floor. This system linked people using the service to a named staff member who had responsibilities for overseeing aspects of their care and support. Staff spoken with were knowledgeable about people's individual needs, backgrounds and personalities.

The registered manager and staff were considerate of people's feelings and welfare. The staff we observed and spoke with knew people well. They understood the way people communicated and this helped them to meet people's individual needs. People told us that staff were always available to talk to and they felt that staff were interested in their well-being. We observed people being asked for their opinions on various matters and they were routinely involved in day to day decisions, for instance how they wished to spend their time and what they wanted to eat.

With the exception of two isolated incidents, which we discussed with the registered manager, we saw people were treated with respect and dignity. For instance, we saw staff spoke in a kind way whilst assisting a person to move using a hoist and noted they gave the person constant reassurance throughout the manoeuvre. In addition to responding to people's requests for support, staff spent time chatting with people and interacting socially. People appeared comfortable in the company of staff and it was clear they had developed positive relationships with them.

People's privacy and dignity was respected. Each person had a single room which was fitted with appropriate locks. People told us they could spend time alone if they wished. We observed staff knocking on doors and waiting to enter during the inspection. There were policies and procedures for staff about caring for people in a dignified way. This helped to make sure staff understood how they should respect people's privacy, dignity and confidentiality in a care setting.

We observed staff supporting people in a manner that encouraged people to maintain and build their independence skills. Staff were able to describe examples of how they provided support and promoted people's independence and choices. One member of staff told us, "It's so important we promote independence it is a big plus to their personal morale. Sometimes when people have come home from hospital they struggle to walk, we help them to do their exercises and when they start walking again it's brilliant to see."

People were supported to be comfortable in their surroundings. People told us they were happy with their bedrooms, which they were able to personalise with their own belongings and possessions. This helped to ensure and promote a sense of comfort and familiarity.

People were encouraged to express their views by means of daily conversations, residents meetings and satisfaction surveys. The resident and relatives' meetings helped keep people informed of proposed events and gave them the opportunity to be consulted and make shared decisions. We saw records of the meetings during the inspection and noted a variety of topics had been discussed. People were provided with information in the form of a service user guide. The registered manager had updated the guide and sent us a copy following the inspection. This provided an overview of the services and facilities available in the home and the philosophy of care.

Compliments received by the home highlighted the caring approach taken by staff and the positive relationships staff had established to enable people's needs to be met. We saw several messages of thanks from people or their families. For instance one relative had written, "We would like to thank you for your care and kindness shown to our [family member]."

Is the service responsive?

Our findings

People made positive comments about the way staff responded to their needs and preferences. One person told us, "The staff are lovely and they come in the room often and check if I need anything." However, two relatives expressed some concerns about staff responsiveness during the inspection and we received concerning information from a relative prior to the visit. The issues raised were considered and incorporated into the inspection.

At our last comprehensive inspection, we found the provider had failed to ensure all people were enabled and supported to make or participate in making decisions relating to their care. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection the provider sent us an action plan and which set out the actions they intended to take to improve the service. During this inspection, we found there had been limited progress made to meet the regulation.

Whilst people were satisfied with the care provided, no one could recall discussing their care needs with the staff. We saw no evidence in the care plans looked at that people had been involved in the development and review of their care plan. This meant people had limited opportunities to have control and influence over their care provision.

This showed there was continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at 13 people's care files and found each person had an individual care plan, including people new to the home. The plans were arranged under the same headings and were supported by a series of risk assessments. However, there were significant gaps noted between reviews in both the care plans and risk assessments. We also found essential healthcare information had not been transferred to specific sections of people's care plans. This meant there was a risk people could receive unsafe and inappropriate care.

Daily reports provided evidence to show people had received care and support. We noted the records were detailed and people's needs were described in respectful and sensitive terms. We also noted charts were completed as necessary for people who required aspects of their care monitoring, for example, personal hygiene, falls and behaviour. However, we noted there were gaps in one person's records which could have indicated a healthcare problem.

The provider had systems in place to alert staff to people's changing needs which included a handover of information at the start of each shift. A record was made of the information handed over. We looked at one record on the evening of the second day of our visit and noted it was very brief. We were also concerned to note that it did not include information about an important safety issue we had identified earlier in the day.

The provider had failed to ensure an accurate and complete record of people's care and treatment. This is a

breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The staff and registered manager acknowledged people's care files required updating and the registered manager stated time would be put aside to consult people and carry out this task. Staff spoken with during the inspection were familiar with people's care plans and told us they were aware that they needed to more accurately reflect people's current needs.

Before people moved into the home an initial assessment of their needs had been undertaken. We found the completed assessments covered all aspects of the person's needs. This helped to ensure the person's needs could be met within the home. People were invited to visit the service before making a decision to move in. This allowed them to meet other people and the staff and experience life in the home. One relative recalled the registered manager carrying out the assessment with their family member prior to admission and confirmed a full discussion was held their care needs.

We looked at how the service managed complaints. People told us they would feel confident talking to the staff or the registered manager if they had a concern. However, they were unfamiliar with the complaints procedure. The registered manager confirmed people had raised this issue in a recent satisfaction survey. Although the complaints procedure was displayed by the front door, it contained insufficient information such as the timescales for a response and what people should do in the event they were dissatisfied with the outcome of a complaint. We also noted there were no details pertaining to the complaints procedure on the home's website. Following the inspection a relative told us about their difficulties in trying to understand the process without an appropriate procedure.

We looked at the complaints records during the inspection and noted 25 complaints had been raised about the service in the last 12 months. There was evidence of investigations and records of action taken, however, there was no overall log and no analysis had been carried out to highlight any patterns or trends. This is important to identify any lessons to be learnt. We also noted that two complaints referred by the Commission during the summer of 2016 had not been recorded and there was no evidence to indicate the concerns had been investigated.

During the inspection, a relative told us they lacked confidence in the complaints process and felt matters were not always thoroughly investigated. Another relative told us they had raised the same two issues about their family member's care on several occasions and neither had been satisfactorily resolved. One issue related to the positioning of the person's call bell. We discussed this with the registered manager and were concerned to note staff had not addressed the issue when we went back to check with the person living in the home.

The provider had failed to operate an effective complaints system. This is a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the registered manager sent us a revised complaints procedure. We will assess any improvements to the management of complaints at our next inspection.

At our last inspection, we recommended the service sought advice and guidance in order to develop meaningful activities. Similarly, representatives from Healthwatch who visited the home in February 2016 also identified activities as an area of development. During this inspection we found little progress had been made. One person told us, "If it wasn't for outings with my family, I would be very bored." Although a member of staff had been designated to lead activities on their floor, according to the records seen no record had been made of any activities for several months. We also saw the activities board on the ground

floor had not been completed. This situation was contrary to the home's policy which stated that a programme of activities would be arranged and displayed on an appropriate board.

We noted people living with dementia did not benefit from individual activity plans to ensure they had meaningful activities to promote their wellbeing. Care plans and 'This is me' forms contained some information about the person's life, the work they had done, and their interests. However, this information had not been used in their day to day lives to develop individual ways of stimulating and occupying people.

We have therefore repeated the recommendation that the service seeks advice and guidance from a reputable source, about the development of suitable meaningful activities for people living in the home.

Is the service well-led?

Our findings

People, their relatives and staff spoken with during the inspection made positive comments about the leadership and management of the home. A member of staff told us, "The manager is brilliant, she is so committed and we are really moving forward" and another staff member commented, "We have a fantastic manager and an amazing team. There have been some significant changes and we know we have a lot more work to do, but we are all working together to make things better."

At our last comprehensive inspection, we found the provider had failed to improve the service since our previous visit. This was a breach of Regulation 17 (2) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan which set out the actions they intended to take to improve the service. However, during this inspection, we found there were several aspects of the service which required improvement and there were three continuing breaches of the Regulations.

We found people's medicines were not always managed safely and properly, risks to people health and safety were not always assessed and mitigated, appropriate checks were not consistently carried out during the recruitment of new staff, people's capacity to make their own decisions was not fully considered and recorded, people were not routinely involved in the care planning process, people's records were not updated in line with changing needs and complaints were not well managed. Furthermore we found there was no analysis of accidents, incidents and complaints in order to identify any patterns or trends.

This showed there was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager in post at the last inspection left the home in March 2016 and a new manager was appointed in June 2016. The new manager was registered with the commission on 22 November 2016. The registered manager was aware of the challenges involved in improving the service and told us she was fully committed to making the necessary improvements. She described her achievements over the last six months as improving the staff skill mix and staff training, increasing staff morale and teamwork and improving the way people's needs were met. The registered manager was aware more work was needed and described her priorities as developing the service in line with people's needs and wishes and further developing staff.

Prior to the inspection, the registered manager sent us a detailed Provider Information Return (PIR) which set out further planned improvements for the service. This demonstrated the registered manager had a good understanding of the operation of the home. Following the inspection, the registered manager also sent us detailed action plans and examples of new templates and procedures she intended implement in the home. This demonstrated there was an upwards trend of improvement in the service.

The registered manager was visible and active within the home. She was regularly seen around the home, and was observed to interact warmly and professionally with people, relatives and staff. People were relaxed in her company and it was clear she had built a rapport with them. For example, we saw she greeted people by name and entered into a conversation on a topic of interest to them. The registered manager operated

an 'open door' policy which meant people and members of staff were welcome to go into the office to speak with her at any time. Staff told us they felt confident in the management of the home. One member of staff told us, the registered manager's "Door is always open and she always finds time to talk. She acts fairly and takes immediate action. In my view she is spot on." Following the inspection the registered manager informed us she had appointed a manager assistant and had designated a member of staff as quality assurance lead. She anticipated that together they would form a cohesive management team.

We saw evidence to demonstrate meetings had been held with staff in all roles across the home. This enabled the staff to meet with the registered manager and inform her of any concerns. There was a staff meeting prearranged during our visit and we noted there was an extensive agenda which linked with the registered manager's action plans. Staff were also invited to add agenda items of their choice. Similarly the registered manager had attended meetings with relatives and people living in the home on a regular basis. She explained that plans were in place to increase the frequency of the meetings to ensure people and their relatives had the opportunity to discuss their experiences of the home.

People were also invited to complete bi-annual satisfaction questionnaires. We looked at a sample of the returned questionnaires during the visit and noted several people had made positive comments, for instance one person had written, "Everyone works really hard and are always cheerful." People had identified the meals as area of improvement and the registered manager had held a meeting with the cook and people living in the home to discuss improvements to the menu. The new menu had been implemented at the time of our visit and people made positive comments about the food.

The registered manager had carried out a series of audits, which were designed to ensure different aspects of the service were meeting the required standards. These included checks on medicines, hand hygiene, mattresses, catering and infection control. The registered manager had also completed a detailed monthly audit which covered the operation of the home. Action plans had been developed to address shortfalls and all actions had been transferred to one overall consolidated action plan. We noted each section had been given a rating of red, amber or green to indicate the progress made.

The registered manager was supported in her role by the nominated individual who visited the home on a weekly basis. The nominated individual was supportive of the changes being made and had provided the registered manager with the necessary resources. Whilst an external audit had been carried out by a registered mental health nurse, we saw no records to indicate what checks had been carried out by the nominated individual during his visits. Following the inspection, the registered manager sent us a record template which will be completed by the nominated individual on a monthly basis.

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	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	The provider had failed to act in accordance with the Mental Capacity Act 2005. Regulation 11 (1) (3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had failed to protect people against the risks associated with the unsafe use and management of medicines. Regulation 12 (2) (g) The provider had failed to fully assess and mitigate the risks to people's health and safety. Regulation 12 (2) (a) and (b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs
Treatment of disease, disorder or injury	The provider had failed to provide all people with appropriate support to eat and drink. Regulation 14 (4) (d)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Treatment of disease, disorder or injury	The provider had failed to operate an effective recruitment procedure and had not ensured appropriate checks had been carried out.

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	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints
Treatment of disease, disorder or injury	The provider had failed to operate an effective system for identifying, receiving, recording, handling and responding to complaints. The provider also failed to undertake investigations into a number of complaints. Regulation 16 (1) (2)

The enforcement action we took:

We issued a warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The provider failed to ensure that effective systems and processes were established and operating effectively to assess and monitor the quality and safety of the service. (Regulation 17 (2) (f)).</p> <p>The provider failed to ensure that there was an accurate, complete and contemporaneous record in respect of a number of services users at the home. (Regulation 17 (2) (c)).</p>

The enforcement action we took:

We issued a warning notice.