

The Old Rectory Limited

The Old Rectory Nursing Home

Inspection report

Rectory Lane
Capenhurst
Chester
CH1 6HN
Tel: 01513 397231

Date of inspection visit: 12 November 2015
Date of publication: 29/01/2016

Ratings

Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service effective?

Inadequate



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Inadequate



Overall summary

This was an unannounced inspection carried out on the 12 November 2015.

The Old Rectory Nursing Home is registered to provide accommodation with care and nursing support for up to 31 people who have dementia. The home is set within its own grounds with car parking facilities.

The service has 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.

During the inspection we found a number of breaches of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. We issued warning notices to the registered provider and the registered manager.

Summary of findings

The last inspection was carried out on the 10 July 2014 and we found that the service was compliant with regulations.

People who used the service were not fully protected from harm. We found that there were insufficient numbers of staff in place to ensure people's safety, and that appropriate action was not being taken to remedy this.

The fabric of the building was in need of repair and the boiler had been broken for two weeks prior to the inspection. The registered provider had not worked promptly to remedy this situation and there were insufficient processes and risk assessments in place to ensure that those people without heating and hot water remained safe. There had been issues identified with the fixed electrical system and no effort had been made by the registered provider to remedy this.

There were inadequate processes in place to prevent the spread of infection. The sluice room on the first floor did not contain a functioning sluice and there was no clinical hand wash basin for staff. We found that several bins throughout the service had an open top despite this having been identified as an issue in a recent infection control audit. We found that bedding was being stored on the floor in a linen cupboard which is not in line with Department of Health guidance.

Recruitment processes were not robust enough to protect people from harm. We looked at the recruitment files for two staff members and found that in both cases references had not been sought from a previous employer. The interview process had not explored periods of unemployment or touched upon previous criminal convictions.

Staff we spoke with did not have a basic understanding of the Mental Capacity Act 2005, however they demonstrated that they would seek consent from people prior to delivering personal care. Staff had not received training around caring for people with dementia and there was no system in place to monitor whether staff training was up-to-date.

The environment was not suitable for people with Dementia. Corridors and people's doors were uniform

and easy for people to become disoriented within. There was insufficient communal space to accommodate all the people using the service and the thoroughfare accessing other parts of the building was used as a main lounge.

The dining area was small and was not able to accommodate all the people using the service, which meant that not all people had the choice of sitting down at the table to eat their meals.

People told us that they enjoyed the food, and there was evidence to suggest that consideration had been given to people's special dietary needs.

Staff received supervision from the registered manager, however there was no system in place to monitor which staff had received supervision and which staff had not. This would impact upon the consistency of supervision.

Staff were not always able to respond to people's needs in a timely manner due to low staffing levels. People on the first floor received less interaction from staff outside of having their personal care needs attended to. The bathrooms on the first floor were not in use and we were informed that people on the first floor were provided with a full body wash rather than having a shower or a bath.

People felt able to raise concerns with the registered manager, however they did not have confidence that their concerns would be addressed by either the registered manager or the registered provider.

The service was not well led. People felt that there was a lack of resources being made available to the service from the registered provider which had an impact upon the overall quality of the service. Both the registered manager and the registered provider had failed to identify issues with staffing and poor recruitment processes. We found that the registered manager had not made formal plans to address issues raised following audits by infection control and the fire service. This meant that the registered manager was unable to demonstrate whether action was being taken to address these issues.

Audits were completed by one of the nursing staff, however there was no management oversight of this process or formal analysis of where improvements could be made.

The overall rating for this provider is 'Inadequate'. This means that it has been placed into 'Special measures' by CQC. The purpose of special measures is to:

Summary of findings

Ensure that providers found to be providing inadequate care significantly improve.

Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.

Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration.

Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of

inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

Summary of findings

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.

There were not adequate numbers of staff to ensure people's safety was maintained.

Parts of the environment were not safe and posed a risk to people's health and wellbeing and there were inadequate processes in place to prevent the spread of infection.

Recruitment processes were not robust enough to ensure staff employed were of good character.

Inadequate



Is the service effective?

The service was not effective.

Staff did not have the appropriate knowledge to effectively support people using the service as they had not completed training around dementia awareness or the Mental Capacity Act 2005.

People were supported to access support from external professionals.

The design and décor of the service was not appropriate to meet the needs of people living with dementia.

Inadequate



Is the service caring?

The service was not always caring.

Staff interacted well whilst giving people the support they needed.

The service did not have sufficient processes in place to prevent people from becoming socially isolated.

The communal areas were not adequate to allow people to develop and maintain social relationships.

Requires improvement



Is the service responsive?

The service was not responsive.

People did not always receive care that was personalised, or have sufficient choice and control over their care needs.

People did not feel confident that their concerns would be addressed.

Requires improvement



Is the service well-led?

The service was not well led.

Inadequate



Summary of findings

There were some processes in place to monitor the quality and safety of the service, however these were not effective as they did not identify the improvements needed within the service.

Some attempt had been made to gather feedback from people's relatives, however this information had not been used to implement changes.

The Old Rectory 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. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

The inspection was unannounced and took place on the 12 November 2015.

The inspection was completed by one adult social care inspector and an inspection manager. Prior to the inspection we spoke with representatives from the fire service and infection control team who told us that they had recently completed audits at the Old Rectory. Both had

made recommendations for improvement. We spoke with Healthwatch who had last visited the service on the 22 June 2015 and identified some areas for improvement. We contacted the local authority safeguarding and contracts team, neither of which had any additional concerns.

During the inspection we looked at the care files for five people and spoke with three relatives. We spoke with six members of staff including the registered manager. We looked at the records for two members of staff as well as records relating to the management of the service. We toured the inside of the service and took note of the building's exterior. We observed staff interactions with people and completed a short observational framework for inspection (SOFI). SOFI is a tool used for observing and recording interactions between staff and people using the service.

Is the service safe?

Our findings

People using the service and their relatives told us that they felt the service was safe; “Yes, he’s safe here”, “I feel safe here”, “Staff are great, they do their best to keep people safe and well.”

There were not enough staff working in the home to meet people’s needs. On the morning of the visit we were informed a member of staff had failed to turn up for work and therefore they were one care assistant short. The registered manager stated they used agency staff when staff shortages occurred, however the rotas showed us that there were occasions where there was only one registered nurse working alongside four carers, for example in October this had happened on ten separate days. It was recorded that staff had raised concerns about staffing levels in a meeting on the 17 August 2015. Staff also commented to us that they felt more staff were needed; “We’re short staffed. We can’t provide the care sometimes. I’m struggling”, “At the moment [staffing] is a problem.”

The registered manager informed us the registered provider had reduced the number of lounges in the home in an attempt to minimise the number of falls that were occurring. She stated that if two care staff were attending to one person, this resulted in a shortage of care staff available ‘on the floor’ to supervise people in the lounge area. We cross-referenced this with the accidents and incidents reports which showed that there had been a high number of falls in the service, for example in August there had been 15 falls and in September there had been 12 falls. We raised concerns with the registered manager about closing one of the lounges as this did not address the underlying issue of not having enough staff and could have a negative effect on the health and well being of the people who lived there.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities 2014) Regulations because there were insufficient numbers of staff available to keep people within the service safe.

We questioned the registered manager on what method was used to determine the number of staff required to meet the needs of people using the service. The registered

manager informed us that there was no method in place. This meant that the registered manager would be unable to accurately make adjustments to the service based around people’s current level of dependency.

We looked at the accident and incident records and found that whilst no one had come to significant harm, the high number recorded for August and September indicated that people had been exposed to a high likelihood of harm occurring. We found that appropriate action had not been taken to manage the risks associated with people’s needs.

Temporary heaters had been put in place as a result of the boiler not working, however no risk assessments or procedures were in place to inform staff about when these should be used, or what temperatures would pose a risk to people’s health. We noticed that some people’s rooms were cold whilst people were in them, and that the temporary heaters were not in use. This showed that appropriate arrangements were not in place to ensure that people wellbeing was maintained.

We saw that one person was at risk as they did not have a call bell in place. This person’s care file did not contain a risk assessment around this, or any information on how to mitigate the risk of this person being unable to alert staff to any discomfort or distress. Staff were completing two hourly checks on this person to monitor their skin integrity, however this would not have been frequent enough to respond promptly to any issues.

Throughout the service there was an odour, and in one person’s room there was a strong smell of urine. The registered manager told us that this person’s carpet and mattress were due to be replaced in the near future.

In one of the storage cupboards on the first floor we saw that bedding and pillows were stored on the floor. Prevention and control of infection in care homes is a Department of Health publication, which states “Clean linen should be stored in a dry area above floor level”. There were open topped bins in two bathrooms and the downstairs sluice room. This had been raised as an issue with the registered manager by The Cheshire & Wirral Partnership NHS Foundation Trust following an audit on the 02 October 2015. The sluice room on the first floor did not contain a functioning sluice for disposal of bodily fluids,

Is the service safe?

and did not contain a clinical wash hand basin for staff in line with Department of Health guidance outlined in Health Building Note 00-09: Infection control in the built environment.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities 2014) Regulations because there were inadequate plans in place to ensure that risks were managed appropriately.

Prior to the inspection taking place we spoke with representatives from the fire service who had completed an audit of the service on the 21 September 2015. They had raised concerns around the fixed electrical system being 'unsatisfactory' and the fire evacuation procedures. We spoke with the registered manager who informed us that no remedial action had been taken towards repairing the fixed electrical system. This posed an increased risk of fire which may have placed people's safety at risk. Following our visit the registered manager confirmed that repairs had been made.

We looked at a sample of the personal emergency evacuation plans (PEEPs) in place for four people. These are used to guide staff on how to support people exiting the building in an emergency. We found that these were not personalised and contained no information around the risks that may arise as a result of people's needs. This may have impacted upon the ability of staff to safely support people out of the building in an emergency.

We noted that the environment was in need of refurbishment and repair, for example there were renovations on going to one of the bathrooms on the first floor, with neither bathroom being in use. There was a hoist stored in one of the upstairs bathrooms which may have posed an electrical risk as it was battery operated and stored directly under the shower. The registered manager turned the shower on to show us that it was in working order, however was unable to turn the shower off as the switch would not work. The pull cord to the shower's mains had been cut and was difficult to reach. The pull cord was replaced during our visit.

We were informed that the boiler had not been working for the past two weeks, and as a result there had been no hot water or heating in their part of the building. One person told us that at night it became "very cold". Initially we were told by some staff that the boiler was being fixed at the

time of the inspection, however in a later discussion with the registered manager we were informed that this was not the case and that they were still getting quotes. Some of the people in the affected part of the building remained in bed and had limited ability to move themselves, making them more susceptible to the cold and placing them at higher risk of discomfort and illnesses such as hypothermia. We discussed this with the registered manager who provided assurance that immediate action would be taken. Subsequent to our visit we were informed that the boiler has been fixed.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities 2014) Regulations because as people using the service were not protected against the risks associated with unsafe or unsuitable premises and equipment.

We looked at the recruitment files for two members of staff and found that the recruitment process was not robust enough to ensure the safety of people using the service. There were areas within one application that required further exploration, however the interview process did not touch on this or give any indication that consideration had been given to an individual's suitability to work with vulnerable adults. The registered manager confirmed that a risk assessment had not been completed in respect of this. One person had been unemployed for a number of months prior to attending the interview, however the reasons for this had also not been explored. We found that in neither case had references been received from the most recent employer, which had again not been explored as part of the interview process.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities 2014) Regulations because the registered provider had failed to ensure that adequate processes were in place to ensure that only "fit and proper" staff were employed.

Staff had an understanding of safeguarding procedures and knew what to do if they suspected that abuse may have taken place; "I'd go to the most senior person on duty, or report it to the CQC", "I'd raise my concerns with the manager or the most senior person". Staff were able to tell us the indicators that may alert them to abuse taking place;

Is the service safe?

“People may have bruising in unusual places such as under their arms. There might be changes in behaviour”, “People may have bruising, or may flinch when you go to help them”.

A record of accidents and incidents was kept by the registered manager, which documented the time of the incident, what had occurred and any actions taken in response. We saw that actions had been taken to minimise the level of risk, for example one person had been supported with moving their bedroom downstairs after a number of falls so that they could be observed more easily by staff.

The registered manager showed us that there was a safeguarding policy in place and that low level safeguarding concerns were reported to the local authority safeguarding team on a monthly basis.

Medication was stored in a dedicated room on the ground floor, which was kept locked when staff were not in attendance. We found that this room was kept orderly and tidy and that there were systems in place to monitor fridge temperatures to ensure that medication was stored at the correct temperature. Medication administration records (MAR) were in use and detailed the medicines that people were prescribed and when medication had been given. In some instances we found that an ‘x’ had been used on the MAR sheet. This is poor practice as there was no key to help identify what this meant, and it was unclear whether the person’s medication had been given. We raised this with the nurse in charge and the registered manager.

Is the service effective?

Our findings

People who used the service and their relatives told us that staff provided effective care; “Staff are very good at what they do”, “I can’t find any fault in terms of quality of care provided by staff”, “Staff are brilliant”. People also told us that they enjoyed the food; “They do good food here”, “the food is good”.

Individual staff files contained certificates from training attended by staff. Most staff had completed training in safeguarding, infection control and manual handling. Staff told us that they had not received training on the Mental Capacity Act 2005, and did not know the basic principles of the Mental Capacity Act 2005. Staff had not received training on dementia awareness, despite there being a number of people within the service who were living with dementia. The registered manager did not have a system in place to keep her informed of whether staff had attended training or were due to complete a refresher course, which meant there was no means of ensuring that staff skills and knowledge were up-to-date.

The registered manager informed us that there was an induction process in place for new employees, however at the time of the inspection she was unable to provide us with any evidence of this. The registered manager forwarded a copy of an induction training schedule following the inspection, however this had been completed in retrospect and dated on the day of being forwarded to us. In addition this did not outline whether the individual had undertaken a period of shadowing other members of staff, or whether their suitability for the role had been assessed and signed off.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities 2014) Regulations because staff had not been supported to access training needed to carry out their work effectively.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA 2005 is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests.

The registered manager had applied to the local authority to implement DoLS for people where required. We saw that

mental capacity assessments had been completed around people’s ability to consent to care and the use of bedrails, however we also found one example where this had not been completed which we brought to the registered manager’s attention.

The environment was not suitable for people living with dementia. The corridors were uniform which meant that people could become easily disoriented. The doors to people’s rooms were all painted red and whilst some had people’s name written on them, this was in small text that was difficult to read. The chairs and carpet in the main lounge were a both a similar shade of green which may have made it difficult for people living with dementia to distinguish between, therefore increasing the likelihood of falls.

There was insufficient communal space to accommodate all people using the service. The registered manager informed us that one lounge had been closed and was being made into another bedroom. The main lounge was in the centre of the building and could accommodate a maximum of nine people. This was used as a thoroughfare for people and staff, and due to it’s poor design and layout did not constitute a lounge area. There was a very small television situated high on one wall that would have been difficult for people to see. Two people were sat out the way of other people near the entrance to the lounge where it was not possible to see the television due to a wall being in the way. The lounge situated at the front of the building was small and could accommodate a maximum of seven people.

The dining room was small and cramped and could accommodate a maximum of nine people. The registered manager informed us that they would do two sittings at lunch time, however given that the service could accommodate 35 people this was not sufficient.

This is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities 2014) Regulations because the dining area did not of sufficient size to accommodate people using the service.

We spoke with staff who worked in the kitchen who demonstrated that they were aware of those people who required a particular diet. A written record was kept in the

Is the service effective?

kitchen of people with special dietary requirements so that appropriate food could be prepared. Kitchen staff told us that when new people came into the service any dietary needs are considered and their details added to the list.

Care plans contained information about people's dietary requirements, however at times this was not documented consistently or clearly, for example in one person's care plan it stated the person "enjoys a soft food diet", however it was also stated that they require their food to be pureed. We saw that one person had lost 6.8kg between May and October, however whilst this person had been seen by the GP no referral had been made to the dietician. There was also limited information documented on what this person

had been eating and drinking. These issues were raised with the registered manager for correction and information sent to the local authority so that a review could be completed.

We observed staff asking people for consent before attending to people's needs throughout the inspection, and also saw staff supporting people to eat and drink if they were having difficulty.

Staff received supervision and appraisals from the registered manager. Information on these were kept in individual staff files, however the registered manager did not keep a record of who had received supervision and when. This made it difficult to determine the regularity of supervision.

Is the service caring?

Our findings

People using the service and their relatives told us that staff were caring and respectful in their approach; “Staff are good with everyone, not just my [relative]”, “Staff have made me feel at home. They really helped me”, “Staff have affection and are very pleasant. [They] relate to an individual”.

During the inspection we completed a short observational framework for inspection (SOFI) during the lunch time period in the dining room. SOFI is a tool used to observe and record interactions between staff and people using the service. Our observations showed us that staff interactions were positive and that they spoke kindly towards people, offering support where it was needed. Staff offered reassurance to people when they were feeling anxious and worked to disperse arguments or tensions where they arose between people.

In discussions with staff it was evident that they cared for the people using the service. One staff member expressed concerns about the service being unsuitable for one person, and as a result of this we made a request that the local authority complete a review of this person’s needs. Staff told us that where people did not have any family they were bought a selection of toiletries. These were however

stored in a communal cupboard In the ground floor bathroom rather than belonging to one particular person. We raised this as an issue around respecting people’s dignity with the registered manager.

Staff informed us that they had not completed training around equality and diversity, however they demonstrated an awareness of respecting people’s privacy. We saw that staff ensured that doors were closed when attending to people’s personal care needs. People had their own rooms which we saw contained photographs of family, pictures and ornaments.

People’s dignity was not always respected, for instance one person’s bed had been made but the bed sheet was crumpled and there was a stain on it. We found that the sheets on the beds were thin and that one person’s pillow was lumpy. We raised these issues with the registered manager to be remedied.

People’s confidentiality was protected as files containing personal information were kept in a office which was locked when not in use.

Relatives told us that they were made to feel welcome by staff and that visiting times were not restricted, “My [relative] can come and visit whenever she wants”.

Is the service responsive?

Our findings

People using the service and their relatives told us that the service was not responsive to people's needs; "[The owner] seems to be sensitive to relative's concerns, [however] I can't say I've seen any actual change", "This place needs a good injection of cash. Issues are raised but nothing seems to get done". People told us that they enjoyed the activities; "[The activities co-ordinator] is getting more and more activities together", "We went to the theatre the other night which was good, but that doesn't happen often", "My [relative] went to see a tribute band the other night which [they] really enjoyed".

We looked at the care files for five people and found that they contained some personalised information around people's likes and dislikes, for example one plan stated, "[name] prefers to wear a t-shirt to bed", whilst another stated "[name] enjoys dressing smart in a blouse and skirt". However we found examples where this information was not always being put into practice, for example one care plan stated "Staff to have 1-1 time daily with [name], encouraging therapeutic activities", however staff told us that they did not get time to sit and spend time with people because they were busy and short staffed; "I don't get time to sit with residents", "[Residents] get basic care". One person told us "All I do it sit sit sit...staff don't have time to talk with the residents".

People told us that whilst the quality of the care was good, short staffing meant that people were having to wait before support was forthcoming. One person told us, "I'd prefer it if staff were about to help me in the morning, but sometimes I have to wash myself. If you press the call bell it's unpredictable. The longest I've waited is thirty minutes". This showed us that support was not always responsive to people's needs.

We noted that people on the first floor had significantly less interaction from care staff than people on the ground floor. People were left alone in their rooms other than where personal care was delivered and support was given to people during meal times. We saw that in the evening as it became dark people's lights were not turned on, and it was not documented in care plans whether this was because of people's preferences. One person's relatives told us that "staff must have forgotten to turn the light on". People on the first floor had music playing in their rooms throughout the day, which the registered manager told us was selected

based on what people preferred. This was contradicted however as the genre of the music was not specific and changed throughout the day. We also noted that at times the music could be loud, however there was no information available on people's preference regarding the volume.

People on the first floor were at higher risk of social isolation. One person's care plan stated that they needed to remain in bed due to the high risk of deterioration to their skin, however no consideration had been given to whether they would be able to spend a short period of time in one of the communal areas, or whether they would have a preference for doing so. This told us that not enough consideration had been given to minimising the risk of social isolation.

The registered manager informed us that neither bathroom on the first floor was in use and that people were not offered the option of a shower or a bath. We saw that one bathroom was being renovated and the floor tiles were in the process of being removed. In the second bathroom we saw that a hoist was being stored and on trying the shower found that it did not function properly. Other staff also confirmed that people on the first floor did not have the option of having a bath or a shower, and were only given a wash whilst in bed.

We made a recommendation to the registered manager that people be given more choice and control of their care and support, and that activities are developed to be inclusive of everyone within the service.

Care files contained information on people's needs and there was evidence to show that these were being reviewed on a monthly basis. However we noted that the date of review was not always included, and instead only the month and the year was documented. We saw examples of this in two people's files with regards to nutritional risk assessments, pressure area monitoring and mobility risk assessments. This was poor practice as it makes it unclear to staff when the next review needs to be completed, and increases the risk that a person's deterioration will go unnoticed if a review is delayed.

People within the service told us that they knew the registered manager and felt that they would be able to complain if they needed to; "If I had a complaint yes I'd feel comfortable doing so", "I would air particular issues if I

Is the service responsive?

needed to”, “If I have an issue, they get to know about it”. People did not feel confident that their all their concerns would be listened to and told us that they had previously raised concerns around the shortage of staff with the registered provider.

Issues around the fabric of the building, for example pot holes in the drive way and plants growing out of the roof, had been highlighted by Healthwatch during their most recent visit to the service on the 22 June 2015 and had also been mentioned by relatives of people using the service in a recent meeting. One relative told us that some attempt had been made to patch the pot holes in the drive, however it was evident that these were still present. This demonstrated that the registered provider was not responsive to concerns that had been raised.

An activities co-ordinator had recently been employed within the service to organise events. Relatives told us that

there had been a recent trip to watch a tribute band which people had enjoyed and that there had also been a fireworks display in the garden for bonfire night. A newsletter from September showed that two singers had come into the service and that on Tuesdays people had cream teas. One relative told us that whilst people enjoyed these activities, there was not enough entertainment on a day-to-day basis. Another relative told us that there had been limited activities available in the past, but felt that more effort was currently being made, “They’re trying a bit more to get people out”. A number of staff we spoke with told us that resources were not always forthcoming which limited what they and the activities co-ordinator were able to do.

The registered manager told us that there had not been any complaints and that whilst she had received a number of compliments she had not kept a record of these.

Is the service well-led?

Our findings

There was a registered manager at the service who had been in post since January 2015. Concerns have previously been raised by Healthwatch around a lack of consistency in the management structure as there have been three different managers within the past three years.

Feedback from staff, people using the service and their relatives indicated that resources were not forthcoming from the registered provider which was having an impact upon the wellbeing of people using the service. An example of this was seen in relation to the boiler being in a state of disrepair for a period of two weeks, with no indication that work would be completed before the CQC raised this as an issue requiring immediate attention. This showed disregard for people's health and wellbeing, and poor leadership on behalf of the registered provider.

Relatives and staff told us that since the current registered manager had been in post some improvements had been made, for example the employment of an activities co-ordinator. However, feedback from external agencies such as the fire service, infection control staff and Healthwatch highlighted that a number of issues remained outstanding at the time of the inspection, for example repairs to the fixed electrical system and general renovations to the inside of the building. The registered manager did not have a formal action plan in place to remedy these issues.

The layout of the building was not appropriate for the needs of people using the service. The closure of one lounge in order to reduce the number of falls within the service showed poor judgement on behalf of the registered provider and the registered manager as it did not address the underlying issue of not having enough staff. It was also

of concern that the registered provider and registered manager considered the current communal space to be adequate to meet people's needs as this could have a direct impact upon people's health and wellbeing.

People were able to identify who the registered manager was, and whilst they felt comfortable discussing concerns, they did not feel confident that action would be taken to remedy any issues that were raised.

There was an audit system in place within the service which was completed by one of the nursing staff. A record was kept of which audits had been completed along with issues identified and actions needed to remedy these. However we were able to identify examples where actions had not been followed up, for example the weight audit recorded significant weight-loss in one person however no referral had been made to the dietician. There was no oversight by the registered manager to analyse information from the audits to identify learning outcomes, and no quality audits were completed by the registered provider. This has impacted upon the ability of the service to improve.

A customer satisfaction survey had been produced by the registered provider in April 2015 which showed overall satisfaction with the service. Areas that were identified as needing improvement included, the smell within the service and the recreational activities available to people. At the time of the inspection both of these remained issues which required improvement.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as insufficient and ineffective systems were in place to assess, monitor and improve the service that people receive and to protect them from the risk of harm.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed
Diagnostic and screening procedures	How the regulation was not being met: The registered manager had failed to take into account the safe recruitment of people intended to work within the service. The registered manager had failed to give sufficient consideration to the risk associated with this and the impact upon people using the service.
Treatment of disease, disorder or injury	

This section is primarily information for the provider

Enforcement actions

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

Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered provider had failed to appropriately assess and implement measures to minimise the levels of risk needed to keep people safe.

Regulation 12 (1)

Regulation 12 (2) (a) (b) (h)

The enforcement action we took:

We issued a warning notice.

Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises

The premises were not suitable for the purposes for which they were being used. The registered provider had failed to ensure premises and equipment were appropriately maintained.

Regulation 15 (1) (c) (e)

The enforcement action we took:

We issued a warning notice

Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered provider had failed to implement appropriate processes to maintain and monitor the quality of services provided.

Regulation 17 (1)

Regulation 17 (2) (a) (b) (e) (f)

The enforcement action we took:

We issued a warning notice.

This section is primarily information for the provider

Enforcement actions

Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment

The registered provider had not employed sufficient numbers of staff to maintain people's safety. Staff were not supported to access training needed to carry out their duties.

Regulation 18 (1)

Regulation 18 (2) (a)

The enforcement action we took:

We issued a warning notice.