Care Quality Commission

Haresbrook Park Limited

Haresbrook Park Care Home

Inspection report

Haresbrook Lane
Tenbury Wells
Worcestershire
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Tel: 01584811786

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19 July 2017

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 18 and 19 July 2017 and was unannounced. The inspection was brought forward earlier than planned due to concerns we had received from external healthcare professionals and a relative. At the last inspection in October 2015, the service was rated as good. At this inspection we found the service was requires improvement with three breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Haresbrook Park Care Home provides personal care and accommodation for up to 54 older people. There were 52 people living at the home on the day of our visit. The majority of people who live at Haresbrook live with an advanced dementia related illness or mental health illness. The home was split into two separate units, country house, which supports people who have more complex health care needs and advance dementia related illnesses and Glen View which supports people who are more independent and have a dementia related illness or mental health support need.

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

The provider had responded to external healthcare professionals concerns around pressure area care. We found that while records did not always demonstrate staff were providing care in the instructed way, external healthcare professionals told us there had been an improvement to people's pressure area care. People felt safe living in the home and staff recognised signs of abuse and knew how to report this. Staff did not always have time to spend with people; however staff worked as a team to ensure people were kept safe for harm. People's medicines were administered and managed in a safe way.

We found that while the registered manager had identified that some people had their freedom restricted; this was not always done so in a legal way. This was because where people's DoL authorisations had expired the registered manager had not submitted further applications to the supervisory body in order to gain the correct permission.

We found that where people lacked capacity to make decisions around their care and treatment, meetings with external healthcare professionals and the involvement of the person's family had not been held to discuss what was in the person's best interest.

Staff had received enhanced training around continence and pressure area care following concerns investigated by the local authority. Staff told us they needed training for dementia related illness so they could understand and support people in the right way that was individual to the person. People had access

to their doctor or district nurse when they became ill or had an accident.

Where risks had been identified and monitored, staff had not always taken timely action with the information they had. We found that where identified weight loss, or low out-put of fluids had been recorded staff were unclear what next steps they would take. People told us and we saw that snacks and fresh fruit was not readily available to them.

People told us that staff did not have time to spend with them. Staff told us they felt frustrated they did not have the time to spend with people and support their emotional needs. People and relatives told us the staff were kind and caring. People spoke of the affection shown by staff and that they enjoyed this. We saw staff spoke to people respectfully and supported them in a dignified way.
There were assessments in place to ensure the provider could meet people's needs when they came to live in the home. We found that when people's care needs changed these were not always consistently responded to. We received mixed responses from people and relatives about their involvement in the planning of their care.

People we spoke with had not raised a complaint about the service provision. We looked at the providers complaints over the last 12 months and saw that no complaints had been recorded. The registered manager told us they had not recorded any verbal concerns they had received. The operations director told us that better recording would be put in place to understand what learning could be taken from these to improve practice.

There were not effective systems in place to ensure the service was delivering good quality care. Staff told us that morale was low within the staff team. Staff felt they were not always supported to carry out their roles and responsibilities effectively, which meant that people's care was sometimes compromised. There was not always the right skill mix of staff on each shift, to ensure there was the right skills, knowledge and experience to support people in the right way. Some staff worked long hours without rest days, the provider agreed that long working hours was not safe practice.

The provider had recognised that their homes required more support from senior management staff and had employed a director of operations two months prior to our inspection who had previously worked for the provider, along with an area manager who begun work one week prior to our inspection. We found that the senior management staff had a good understanding of what good care looked like and were putting plans in place to address this.

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 always safe.

Staff supported people to stay safe and knew how to report abuse. Staff did not always accurately record they were following the guidance given by healthcare professionals to reduce people's risk of harm. People received their medicines in a safe way.

Is the service effective?

Requires Improvement

The service was not always effective.

People were not always supported to have enough fluids to keep them healthy. People were being restricted of their freedom without the correct authorisations in place. Where people lacked capacity to make decisions about their care and treatment this was not always done following the MCA principles. People saw external healthcare professionals when they became ill or had an accident.

Is the service caring?

Requires Improvement

The service was not always caring.

People felt staff did not always have time to spend with them. Staff felt upset that they did not have quality time to spend with people.

The staff were friendly, polite and respectful when providing support to people. People were supported in a dignified way that respected their privacy.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People did not always receive consistent care that was timely and reflective of their personal care needs.
People's verbal concerns were not recorded so the provider

could always be sure the concern had been respond to and used to improve their practice.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There had been a period of time where the checks and audits of the service had not been robust to ensure people received good quality care. Staff did not always feel supported in their roles. The provider had recognised improvements were needed and had employed two senior management staff to identify and respond to areas that required improving.

Care Quality Commission

Haresbrook Park Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced comprehensive inspection on 18 and 19 July 2017. The inspection team consisted of two inspectors, a specialist advisor who was a mental health social worker and an expert by experience with expertise in dementia and elderly care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we had received information of concern from external health care professionals and a relative of the home. We also spoke with the local authority about information they held about the provider. Due to the concerns we brought forward the inspection of this service to understand if people were receiving good quality care.

As part of the inspection we reviewed information we held about the service including, statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law.

Most people we spoke with were not able to tell us in detail about their care and support because of their complex needs. 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 spoke with 14 people who used the service, ten relatives and one visiting friend. We also spoke with two care staff, one bank care assistant, three senior care staff and one unit leader, the cook, two domestic staff, the activities coordinator, the maintenance person, the deputy manager, the registered manager, the area

support manager, the operations director and the provider. We also spoke with one visiting health care professional.

We reviewed six people's care records, weight monitoring chart for people living in Country House unit and staff handover sheet. We also looked at resident meeting minutes, staff meeting minutes. The registered manager's record file for DoL approvals, the dependency tool for people living in the home, environment and maintenance checks, the complaints policy and procedure, incident and accident audits, staffing policy and procedure and two staff recruitment files.

Requires Improvement

Is the service safe?

Our findings

Prior to our inspection, external health care professionals reported concerns about how people's pressure sores were being managed, as care staff were not following their instructions and guidance. This had placed people who had pressures sores at risk of further skin damage. In response to this staff had received further training in pressure area care and continence care. We looked at the care records of two people who had pressure sores. This was to understand if staff supported people following the professional advice and their additional training. The care record for one person gave staff instructions for the person to be turned two hourly to relieve pressure and promote healing. From the charts that had been completed it showed that the person had not always been turned as directed. For example, on two separate recent dates records showed the person had not been turned for a seven hour period and a 10 hour period against the professional's advice of every two hours. Staff could not confirm if the person had been turned in accordance to the guidelines given by the healthcare professional. Therefore the provider's records could not demonstrate that professional advice had always been followed in support of people's care. We spoke with the local authority and external healthcare professionals following the inspection who told us that the care for people's pressure area care had improved.

People who spoke to us about staffing levels gave a mixed response; some people felt more staff were needed. One person said, "Sometimes I have to wait a long time." Relatives we spoke with said that more staff needed to be present in the communal areas. One relative told us, "Staff are stretched. There are times when I visit that I don't see anyone." The relative felt this was important so they could check with staff to see how their family member had been.

Staff told us there were not always enough staff on the Country House unit as people's dependency needs were greater. Staff said that because of this they were not always able to spend the time with people to support their care needs. Staff who worked on the Glen View unit felt it was better staffed as some people who lived there were more independent. We spent time in the both of the communal areas of the home to understand how people were supported to stay safe. We saw that while staff did not always have time to spend with people, we saw staff would make regular visual checks in the communal area's to ensure people were safe. We saw staff worked as a team with domestic and activity staff supporting people throughout the day.

People we spoke with told us they felt safe living in the home. One person told us, "No one can get in, only visitors, so I feel safe." One relative told us they were able to visit their family member when they wanted and told us they had always seen them being well cared for. All the staff who we spoke with showed a good awareness of how they would protect people from harm. They shared examples of what they would report to management or external agencies if required. Staff were able to tell us about what different types of abuse there were and how they would report this if they suspected abuse had taken place. The registered manager had a good awareness of the safeguarding procedures and worked with the local authority to ensure people were kept safe.

People we spoke with felt their medicines were given in a safe way. A relative confirmed to us medicines

were administered to their family member as prescribed, they told us "[Family member's name] always receives their lunchtime medicine on time, I know because, I'm usually visiting at that time." We watched how a staff member supported people to take their medicines safely as prescribed. They showed good awareness of safe practices when handling and administering medicines and a good understanding about the medicines they gave people and the possible side effects. We found people's medicines was stored and managed in a way that kept people safe. On the day of our inspection the provider's medicine procedures were being audited by an external pharmacist and told us they were satisfied the provider was following safe practice.

Requires Improvement

Is the service effective?

Our findings

We had received concerns prior to our inspection from a relative regarding their family member's care and the lack of action taken by staff to contact relevant external healthcare professionals. We reviewed the person's care records at the time of our inspection. Our findings showed that there were no plans in place to closely monitor the person's food intake or plans for staff to support them at meal times after they had identified the person was losing weight. We spoke with one staff member about the person's dietary needs. They told us the person responded well to their relative assisting them with their meals, however when their relative was not there, the person did not always respond to the staff. The records did not show what further action had been taken as a result of this information.

We could see from the records that the mental health team had discharged the person from their care; however, with the decline in the person's health staff had not contacted the mental health team to update them on the person's declining health. We saw from records that the person was now only receiving input from the mental health team because the person's relative had raised this with them.

At the time of our inspection the person was continuing to lose weight, staff spoke with and records we reviewed did not show that this was an on-going concern and that further plans were in place to support the person with their weight loss. We discussed our findings with the registered manager and staff, who were not able to clearly explain how they implemented the tools and assessments available to them to ensure people received care that was appropriate to them. We reported our findings to the local authority.

We saw people were offered hot drinks when the tea trolley came round. It was noted that while there were jugs of cold drinks available in some communal rooms, these were not accessible to people who could not mobilise well or have the strength to pick up a heavy jug. On the first day of our inspection we did not see staff regularly encourage or assist people who had a dementia related illness to drink between the tea rounds. We looked at three people's fluid charts were staff had noted that they had not passed urine throughout the day. In one person's record we saw that there had been no record of what the person was given to drink for five hours during the afternoon. Staff we spoke with had not considered whether these people had received adequate fluids, therefore no further action had been taken. We also found that the total of fluids drunk throughout the day were not added up, to ensure people had received enough fluids to keep them healthy. We raised this with the registered manager and found in the afternoon and on the second day of our inspection drinks were made available to people and we saw staff supported people to drink. However, from what we had seen on the morning of the first day and staffs lack of knowledge of what the purpose of the fluid charts were for, we could not be assured that people were drinking enough fluids to keep them healthy.

All of the above information demonstrates there was a breach in regulation which was Regulation 14 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are

called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The registered manager was aware of their responsibilities in relation to Deprivation of Liberty Safeguards (DoLS) however was unable to tell which people living in the home had a DoL in place.

Two senior care staff told us they had been asked by the registered manager to complete a DoL assessment for people. They said they had not been shown how to complete these assessments in the right way. One staff member said, "I've never been told how to. I don't know what to do, if I don't know it, I can't do it". We spoke with the provider and the operations director who were unaware that senior care staff were expected to complete these roles.

When we reviewed the information the registered manager held we found there were five people whose DoL authorisation had expired. The registered manager confirmed that their circumstances had remained the same, and they had not fulfilled their responsibility to ensure people were being restricted lawfully. The operations director acknowledged that people were being restricted illegally and confirmed that prompt action would be taken to resolve this.

All of the above information demonstrates there was a breach in regulation which was Regulation 13 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. Safeguarding service users from abuse and improper treatment.

Most people we spoke with felt staff looked after them well. One person told us how staff knew their individual care needs and supported them with the assistance they needed. Most relatives we spoke with told us staff were supportive of people's care needs. During our inspection we saw people walking around the home and some people consistently walked up and down a short path which led to a gate which people could not open. We saw one person became anxious and we sought staff to support the person to maintain their dignity. We spoke with staff about the people who did this regularly, who told us "That is just what they do". Staff did not recognise that people with a dementia related illness may need further guidance and re-assurance with their care and support.

Senior care staff told us the training care staff had received had not been enough, especially in the area of dementia and mental health care. One staff member said, "I think some staff haven't had sufficient training, in knowing the different types of dementia." They told us this meant that staff did not recognise how to approach people in the right way. They said, "What might work for one person with one type of dementia would not be the same for another person with a different type of dementia." One care staff member told us, "I've read up on Alzheimer's, but I would like more training." For example, staff recognised that one person was behaving in a certain way as they were living in a time from a certain period in their past. However the person had not been supported to receive care in the way that was individual to them. A staff member told that because of the person's behaviour, the provider had been served notice for them leave the home. Staff felt that should staff understand what the person was experiencing, and received consistent support in the right way; the person could have continued living in the home. We spoke with the registered manager to understand why the person had to leave the home; the registered manager explained this was because of the person's behaviours; however they were unaware of the person's past history to be able to understand their care needs and to support staff in delivering personalised care to the person. The area manager told us that they would look into this matter further.

Staff we spoke with told us their training was online based, which covered areas of training the provider considered essential such as safeguarding and moving and handling. One staff member told us that the

training was useful but it was also, "Common sense". Staff spoke of their recent training around first aid and found this to be helpful. Staff told us they had also received pressure area care and continence care training following the concerns raised by the district nurses. Staff found this practical and face to face training beneficial as they were able to ask questions to the trainer and relate it to people they cared for.

We spoke with the provider and operations director about what staff had told us about their training. The operations director explained that it had been identified that there had been a lack of measures in place to ensure staff had the right skills and knowledge. They told us that competency checks would be brought into place with a move towards practical training and practice discussions with staff. For example, they had observed poor manual handling practice and so had booked some staff on further manual handling training with a view to checking that staff were now doing this the right way. The operations director told us that staff who were employed by an external agency were now given the same training as their staff. The provider discussed a new computer system which would enable some of the training to be translated into some staff's first language to aid their learning and understanding.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

However, we found that the MCA principles were not always applied. We reviewed one person's records where they lacked the capacity to make their own decisions about their care and treatment. Within their record we found a cancer screening tool which had been sent to the person in April 2017, and a reminder letter was sent in May 2017. We spoke with staff to understand why this screening had not been done. A staff member told us "If a person had dementia they [medical professionals] would be unlikely to provide any further intervention to the person if the result was positive." We asked the staff member where this information had come from, they told us that another staff member had been told for a different person via the doctor. The records we looked at did not evidence that this decision had been made with the involvement of external health care professionals and where appropriate the person's relative, to discuss whether this screening tool was in their best interest. We raised our findings with the area manager and registered manager as a cause for concern for staff's decision making for people's care and treatment where the person lacked capacity. They told us they would look into this matter.

People who we spoke with told us they enjoyed the food at the home. One person said, "The food is nice." However a further person told us that staff brought them food that was not always suitable and said that staff, "Forget I don't have teeth. I've told them constantly." Their visiting relative told us, "[The person's name] food is pureed and served separately [on the plate], so it looks nice." We saw staff ensured people had enough to eat at meal times and if they were happy with their food. At lunch time where people had changed their mind an alternative dish was offered. We spoke with the chef who was aware of people's dietary requirements, such as soft diets and those who required low fat diets.

It was noted that snacks and fruit were not visible in the communal areas of the home. We looked at the minutes of a recent 'residents meeting' where people had requested snacks to be readily available to them. We spoke with the provider about what we saw and what we had read; they were unsure why these were not available for people in the communal areas of the home as they were aware these had been bought. The registered manager explained that they were put out, but the bowls of food would go missing. It was acknowledged that further plans needed to be put in place to ensure people had access to snacks and fruit throughout the day.

People and relatives we spoke with told us they had access to healthcare professionals when they were unwell or required one for further support, such as a dentist or chiropodist. One person we spoke with told us, "Staff ring for the doctor if I need one." All relatives we spoke with told us, with the person's consent, staff always informed them if their family member had become unwell or had an accident and needed the doctor or hospital treatment. We spoke with a visiting doctor who told us that there had been a period of time where staff were not always aware of people's healthcare needs. However they felt that recently this was improving.

Requires Improvement

Is the service caring?

Our findings

We received mixed responses from people and relatives about the support offered to them to share their views about their care. One person told us that they did not like the home and was leaving the home soon. They told us this was because there was little in the way of activities that were suited to them. We spoke with a staff member about this person who said, "I agree this isn't the right place for them. [They] should be doing more with their life. [Person's name] has got agitated because they are bored." While another relative told us their family member was well cared for, but they spent their days, "Wandering round the home." Staff told us they often felt frustrated that they did not have time to spend with people which meant people spent time walking about, with no purpose. One staff member said, "We don't have time to spend with people and that upsets me." While a further staff member told us, "It's frustrating that you can't spend five minutes to have a conversation with people."

People we spoke with told us staff were kind and caring towards them. One person spoke of how they enjoyed the staff affection towards them and said, "Staff give me a kiss and a cuddle." While a further person said, "Staff are nice." A relative told us, "They [staff] are so patient." A relative said, "[Staff member's name] is wonderful. They are welcoming and I can ask them anything." We spent time in the communal areas of the home and found that staff approach with people was kind and patient. Where one person became anxious we saw how staff supported the person, which resulted in the person being more settled and started to smile. Staff we spoke with talked about people with affection. One staff member said "I love caring for our people; I treat them like they are my own grandma. I love them all."

People were encouraged to maintain their independence and make their own day to day decisions and people told us staff respected their decision. One person told us how they liked to help set the dining room tables, as it made them feel valued. People were encouraged to bring their own possessions to decorate and personalise their bedrooms, to make them feel at home. People made their own choices of whether they preferred to spend time in their own rooms or use several of the communal areas within the home. Relatives told us they were welcomed and encouraged to visit the home.

People's right to be treated with dignity and respect was appreciated by the staff we spoke with. We heard staff speaking with people in a calm and quite manner. Where people required assistance to use the bathroom, this was done in a respectful and dignified way. All relatives we spoke with felt that their family members were treated with dignity and respect by the staff. A staff member told us, "We always ask people what clothes they would like to wear, it's important to offer people a choice." Where staff were required to discuss people's needs or requests of personal care, these were not openly discussed with others. Staff spoke respectfully about people when they were talking to us or having discussions with other staff members about any care needs.

Requires Improvement

Is the service responsive?

Our findings

The registered manager told us they completed assessments for people before they came to live in the home. They told us meeting the person first gave them the opportunity to understand if they were able to meet the person's needs and this approach had been working well. People and relatives we spoke with confirmed they had met the registered manager prior to their arrival to the home. However people and where appropriate their relatives, told us that they had not always had further discussions with staff to understand if any changes were needed to the care delivery. We looked at care records to understand how staff were reviewing people's care needs to see if they were responding to any changes. We saw that while staff monitored people's changing care needs they did not consistently respond to this. For example, on the Country House unit we saw staff had identified those people who were losing weight, plans had been put in place and were acted upon, we saw these people and since put on weight. However on Glen View we found that where one person had lost weight, actions were not always responded to ensure enough action was being taken. There were no clear systems in place for the provider to be assured that people living throughout the home were consistently receiving responsive care that met their individual needs.

We asked people if they were supported to maintain their hobbies and interests. Some people we spoke with told us that they did not wish to pursue their hobbies and interests as they wanted a more relaxed pace of life. With one person saying, "I'm happy sitting listening to the radio." While a further person said, "I like to watch the peacocks and the birds feeding off the bird table." Other people we spoke with told us there was not much happening in the home. One person told us, "There isn't much to do." While a further person told us, "I don't know what's going on, there are no activities. The staff are nice but I spend most of my time on that bed." Another person said, "There is nothing to do, [staff] don't help you with following hobbies. Some people get to go out, but it's not fair."

We spoke with the activities coordinator who told us that they had two new activity assistants starting work with them. They told us they had time to support people with nail care, giving people their newspapers and taking people to the hairdressers, and said, "Everything is an activity." Staff told us that the other activities staff member was, "Very good with people," and "Takes people out for walks," which people enjoyed.

We saw a recent newsletter which detailed events that had taken place with comments about how people had enjoyed these, for example when a musician came to the home. We spoke with the registered manager about what was happening in the home for people. They told us they had recently held a garden party, where people and their family members attended. They told us this had been a success and where looking to hold further events similar to this. However, it was recognised that for people it was also about the care staff spending time with people to support their emotional needs as well as their physical care needs.

People and relatives knew who they could speak to if they had any concerns. People we spoke with told us they had not raised a complaint about the service in the past. One person said, "I haven't had a need to go to the manager." Another person told us how they had no complaints about the service or the staff. Two relatives we spoke with raised concerns with us around items from their family member's rooms going missing. We asked the registered manager if they had received any complaints over the last 12 months. In

their complaints file we found there had been no complaints recorded. We asked the registered manager if they had received any verbal concerns so that these could be reviewed for patterns or trends. The registered manager said, "I have, but I failed to log it." The operations director told us, "For a home this size I would expect some complaints"; they continued to say, "Complaints can be a good thing, as it shows how we are learning."

We discussed with the provider the report published by Local Government Ombudsman (LGO) in June 2017 which detailed a relative's complaint which involved Haresbrook. This complaint was around the way the provider had sent invoices for the person's care, where the relative did not have the powers in place to be able to manage their family member's money. The provider had told us that they had taken learning from this. The provider had taken action following the LGO and had implemented a process to improve the financial requests for people at the home. The provider expressed regret for the way the situation had been handled.

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place. The registered manager had worked at the home for many years as a care staff member and had worked up to a senior level where they became the manager in June 2015 and registered with the CQC in October 2015. 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.

Effective checks to ensure staff were supporting people in the right way and reducing risks when identified were not in place. For example, given the recent concerns raised and investigated by the local authority for the treatment of pressure sores our findings showed that robust checks to ensure staff were delivering care in the right way were not in place. The registered manager had not completed checks which the provider had expected to ensure people were experiencing good care. The provider had not assured themselves or supported the registered manager to have an effective system to check and improve the services offered.

The provider and registered manager had failed to take actions that were in-line with their roles and responsibilities. For example, the registered manager had not known who had a DoL in place while some had expired, some people did have a current DoL authorisation. However the registered manager had failed to notify the CQC that they were supporting people who had a DoL authorisation in place. Since our inspection the registered manager has sent us the notifications for some of those people who have a DoL in place.

On the day of our inspection there were five care staff and one senior staff member on duty on the Country House unit. Staff had told us that sometimes there were only four care staff working on Country House unit and raised concerns with us that this was not enough staff to keep people safe and meet their needs. We spoke with the registered manager to understand what was the minimum number of staff required to keep people safe on the Country House unit. They told us that staffing levels changed dependant on the times of day. The registered manager told us that four staff would be the minimum level of staff required to support 29 people living in County House. The operations director told us that following the provider's guidance about staffing levels, they would have expected a minimum of seven staff to support people safely on the Country House unit. The operations director told us they were concerned about the minimum staffing levels being adhered to and would discuss this following our inspection to ensure there were enough staff on duty to keep people safe.

Senior care staff told us that the lack of skill mix and management support put pressure on them to complete tasks. For example, staff told us that when the registered manager went to complete assessments for people they would also take the deputy manager with them which staff told us this had meant they did not always have management staff for support when needed. Senior care staff also told us they did not always have enough time to complete all the roles expected of them. One senior care staff gave an example of when they were required to give people their morning medicine while supporting two visiting health care professionals for two people, while supporting a person who had become unwell and required an

ambulance.

We received a mixed response from staff about the leadership within the home. Two care staff told us they felt supported. However six care staff we spoke with told us they did not always feel appreciated and expressed to us there was low morale within the staffing team due to the way they had been managed. One staff member said, "We would benefit from more visible leadership, to have that support and not to fend for myself." We spoke with the registered manager to understand if they were able to spend time with staff in the home. They explained they were always very busy but did support staff with assisting people with personal care when they could. We discussed what staff had told us with the operations director and the provider. The operations director told us they had received similar concerns and agreed that additional management support was needed.

Staff told us they were concerned for some staff who lived on-site, who worked long hours which they felt was unsafe as staff were tired. We spoke with one staff member who lived on-site, who told us they had at times worked six shifts in a row, each shift was 12 hours long. Staff told us this was requested of them and felt they could not always say no. A further staff member who lived on-site told us that due to the continuous working hours they had been given, they had requested annual leave so they could have a rest day. While the deputy manager told us they were always on-call during their rest days and supported staff with their queries.

The operations director had reviewed staff working hours following our initial concerns during our first day and found that some staff had worked six days of 12 hour shifts in a row; they told us that working continuous long hours was not safe practice. The provider gave re-assurances that staffs working hours would be reviewed as a matter of priority to ensure staff were rested and safe to work.

All of the above information demonstrates there was a breach in regulation which was Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. Good governance.

We spoke to staff about the provider of the home. Staff confirmed that the provider visited the home, to complete 'spot checks' on quality and safety of service provided. They told us they felt supported by the provider, one staff member said, "I asked for a crash mat and it was ordered straight away." We spoke with the provider who acknowledged the quality of the service had fallen recently however they were confident that these issues would be addressed with the support of the area manager. The provider told us, and we met the operations director who had started to work for the provider two month prior to our inspection. The operations director had previously worked for the provider in 2015; we found at our inspection in October 2015 the home was providing good care. The operations director had begun to identify areas for improvement and was putting these into place. They were keen to start making improvements to the home and were waiting for further support from a newly appointed area manager. At the time of our inspection the area manager had been appointed a week prior to our inspection. We found that the senior management staff had a good understanding of what good care looked like and were putting plans in place to address this.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment People were being unlawfully restricted of their freedom as applications to request this had not been submitted to the relevant authority. (5) A service user must not be deprived of their liberty for the purpose of receiving care or treatment without lawful authority.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs People who required support with eating and drinking enough to keep them healthy were not always supported. Regulation 14 – Meeting nutritional and hydration needs 14.—(1) The nutritional and hydration needs of service users must be met. (4) For the purposes of paragraph (1), "nutritional and hydration needs" means— (d) if necessary, support for a service user to eat or drink.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was not always clear and visible leadership within the home. Staff were not always supported to carry out their roles and responsibility effectively.

Good governance
17.—(1) Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part.
(2) Without limiting paragraph (1), such systems or processes must enable the registered person,
in particular, to—
(a) assess, monitor and improve the quality and safety of the services provided in the
carrying on of the regulated activity (including the quality of the experience of service
users in receiving those services);
(b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service
users and others who may be at risk which arise from the carrying on of the regulated activity;
(e) seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services;
(f) evaluate and improve their practice in respect