Ideal Care Homes Limited

Lightbowne Hall

Inspection report

262 Lightbowne Road, Moston.
Manchester M40 5HQ
Tel: 01616833170
Website: www.idealcarehomes.co.uk

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	**Inadequate**
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**

Overall summary

We carried out an inspection of this service on 16 July and 4 August 2015. The inspection was unannounced on both days. This means the service did not know when we would be undertaking the inspection.

At the last inspection in May 2014 the provider was found non-compliant with one regulation as they had not informed the CQC of two safeguarding notifications. The provider sent CQC an action plan to say how they would meet the regulation. We used the action plan provided to ascertain if the work had been completed and found that it had been.

Lightbowne Hall is a large three storey detached property in Manchester. The home provides residential care for up to 52 people. At the time of the inspection there were 50 people living in the home. The home has large communal areas on each floor with separate dining areas. Each floor also had a quiet lounge which was rarely used at the time of inspection. The kitchen and laundry facilities were on the ground floor of the building and there was a hairdresser's on the first floor. All floors were accessible by a lift and stairs.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We found systems designed to detect and investigate potential abuse were in place and staff were confident in using them.

Over the two days of the inspection we found there was not enough staff to meet people's needs. We saw people waiting for unacceptable lengths of time to be supported. We saw medicines were administered late due to staffing issues and people waited for up to four hours from waking before receiving anything to eat. We therefore found the home was in breach of the regulation relating to staffing.

We reviewed people's care files and found where risks had been identified they were not always managed to support the person at risk. We found the home did not have suitable procedures in place to support people in the event of an emergency. This included the lack of an available contingency plan to ensure the service could be continued in the event the building could not be used. We also found individual plans to support people in an emergency had not been reviewed since people became resident at the home. We also found that they did not include enough information about how to mobilise people if they needed to be evacuated from the building. We found the home were in breach of the regulation relating to safety as they had not taken appropriate steps to ensure people would always be kept safe.

We found staff were recruited safely. Suitable checks were made to ensure people recruited were of good character and had appropriate experience and qualifications.

Whilst reviewing how the home managed and administered medicines we found a number of concerns. These included people receiving their medicines late and in ways which were not appropriately assessed. Medicines were given covertly (hidden) without an assessment to determine if doing this was in the person's best interest. We also found systems and processes were ineffective to ensure people's medicines did not run out or used within their best by date. We also found the management of topical medicines, including creams to be applied, were not effective. Records showed some people were not receiving their topical medicines and some other medicines as prescribed. We found the home in breach of the regulation relating to management and administering medicines. Procedures were not in place to ensure medicines were administered safely and when medicines were given covertly the correct process was not followed in line with the Mental Capacity Act 2005.

When walking around the building we noted whilst communal areas were mostly clean and tidy, people's bedrooms and ensuites were not. Flooring in clinical rooms was sticky and flooring was not sealed allowing for build-up of grime and potential bacteria. We found these rooms were not always locked creating an increased risk of people gaining access to clinical areas. We found the home was in breach of the regulation relating to the building was managed it had not kept areas clean and secure increasing the risk of infection and cross contamination.

We reviewed the information and support available to ensure people received enough nutrition and hydration. We found records were not held as required to support people at risk of not receiving enough nutrition and hydration. We found advice given by specialist teams including GPs and dieticians was not always followed. Records kept to monitor people's intake of food and fluids were poorly completed and did not accurately record what people had consumed. We found the home was in breach of the regulation relating to nutrition and hydration as people were not sufficiently supported to ensure their nutritional intake was adequate.

The home had comprehensive documents for gaining people's consent. However these were not completed in the files we looked in. People we spoke with assured us they were always asked for their consent.

Staff we spoke with told us the training they received was good but supervision and appraisals had been limited. However we did see records to indicate many people had received supervision. Team meetings had been less formal with a limited number of minutes being available. Staff told us that different staff groups got together to discuss areas that were relevant to them as a team.

We were told by visiting professionals, and we saw within records held at the home, that they worked with relevant professionals to meet people's needs. We saw referrals

made to supporting teams relevant to people's needs. We were also told staff were very busy and visiting professionals would be better supported if staff had more time to engage with them.

The people who lived in the home and their visitors and relatives were all positive about the staff. We were told they were very nice and looked after people as best they could.

We saw staff interacting with people in positive and caring ways but it was clear that at times they were simply too busy and some interactions were rushed or missed. We heard staff talk about different people's care needs in communal areas and saw private and personal information left open on dining room tables where visitors and other people in the home had access. We found the home in breach of the regulation in relation to people's privacy as we did not find this was always respected.

We noted within people's files that information regarding people's use of glasses, hearing aids and dentures was prominent in their files and staff were prompted to ensure people had these items at all times.

We spoke with people about how they spent their days. We were told by most people there was not enough to do. The manager told us activities were the responsibility of the care staff.

Within the care plans we reviewed we noted a number of concerns with how pressure care was delivered within the home. We saw assessments and reviews were not always completed and used to develop and deliver the most appropriate care. We saw people's needs were not met and support was not monitored effectively to reduce risks. We found the home was in breach of the regulation in relation to safe care as assessments and reviews were not meeting people's needs.

We saw a complaints procedure was available within the home on notice boards and in the resident information pack. People we spoke with were confident they knew how to make a complaint and those people we spoke with that had made a complaint were happy with how it had been managed.

Audits on the home's quality were not accurate which meant systems to improve the quality of provision at the home was not effective. Cleaning schedules were completed in advance leaving the schedule's purpose ineffective. We found the home in breach of the regulation in relation to good governance as there were not effective systems in place to monitor the quality of the service.

We found accident records at the home were comprehensive and evidence showed people were monitored effectively following an accident.

The kitchen and laundry were organised with appropriate risk assessment and cleaning schedules.

Surveys were completed but the information was not collated and used to improve provision at the home..

We have asked the proved to take action to meet the regulations. You can see the action we have asked the provider to take at the back of this report.

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.

Inadequate

Medicines were not managed safely.

Identified risks were not managed. Risk management strategies were not developed and implemented.

There was not enough staff to meet people's needs.

There were not suitable plans in place to support people in the event of an emergency.

Is the service effective?
The service was not always effective.

Requires Improvement

People were not always supported to ensure they received enough hydration and nutrition.

The service needed to embed systems to support people under the Mental Capacity Act 2005.

Staff were recruited safely and received a comprehensive induction.

The service worked well with other health care services, making referrals as required to meet people's needs.

Is the service caring?
Some aspects of the service were caring.

Requires Improvement

People we spoke with told us the staff were very nice and were trusted by the people who lived in the home.

We observed very busy staff but when the opportunity arose they spoke with people in a respectful and caring way.

Staff were not discreet when talking about people's needs and could be overheard by visitors and other people who lived in the home. Care files were left open in view of other people.

Is the service responsive?
Some aspects of the service were not responsive.

Requires Improvement

People wanted more to do. Some people said they were bored.

There was an available complaints procedure on the notice boards and within the resident information booklet.

Assessment and reviews of people's care were not always responsive and changing needs were not always identified.

Summary of findings

We found aspects of care planning were well written with the person at the heart of the care provided.	
Is the service well-led? The service was not always well led The home did not have an effective system to monitor the quality of the service. There was a system of risk assessments in place. Accident records were comprehensive and there was good support for people following an accident. Surveys were completed but information collected was not followed up on.	**Requires Improvement**

Lightbowne Hall

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.

This inspection took place on the 16 July and 4 August 2015 and was unannounced on both days. The inspection team included four adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience of older people's services. On the second day of the inspection three inspectors from the inspection team were on site.

Before our inspection, we reviewed the information we held about the home, requested information from Manchester Council and sourced information from other professionals who worked with the home.

During the inspection we spoke with 10 staff including the registered manager, senior carers and carers. We also spoke with the chef and the laundry and domestic staff. We also spoke with three visiting professionals including district nurses, nine people who lived in the home and four visitors.

We observed how staff and people living in the home interacted and we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We observed support provided; in the communal areas including the dining room and lounges during lunch, during the medication round and when people were in their own room. We looked in the kitchen, laundry and staff office and in all other areas of the home.

We reviewed 15 people's care files and looked at care monitoring records for personal care, body maps used to monitor injuries and accident records. We reviewed medication records, risk assessments and management information used to monitor and improve service provision. We also looked at meeting minutes and five personnel files.

Inadequate

Is the service safe?

Our findings

All the people we spoke with in the home said they felt safe. However, a relative told us, "People are getting out of bed and falling because there is no one around." Another said, "My father wanders about and there are not enough staff to keep an eye on him." But other people told us the staff were there for them when they needed them. One person said, "A carer always walks with me and this gives me confidence."

Everybody we spoke with, including staff, visitors and people who lived in the home told us there were not enough staff. Staff told us this had been the case for approximately six months. We were told morale was low and staff were concerned they could deliver no more than basic care. We were told by different people that a number of people required support from two staff. We were told these caused difficulties when there were low numbers of staff. One relative told us, "There is not enough staff, some people here need two staff to help them and there is not enough, sometimes I come in and there is no one around, I have been coming here for 18 months and I have never seen as much staff in as there is today."

On the second day of inspection we arrived at the home at 5.30 AM. There was one member of staff on each floor with one senior carer who was to support each floor as required. From 5.30am onwards we saw a number of occasions where people had to wait to get the support they required.

We reviewed the dependency assessment completed by the registered manager. This was used to determine the support needs of the people who lived in the home. We found a number of inconsistencies within the assessment including different levels of assessed need to what was recorded in people's care plans. We also found the assessment had not been used to identify an overall risk score, making it difficult to identify correct staffing levels.

We observed the morning medication round began 45 minutes late due to staffing shortages. As soon as the medicine round had begun the staff member was called away to assist another member of staff, which increased the delay. Six people who should have received their medicines by 7am had not received them by 8.35am.

When people told us there was not enough staff we asked them how staff shortages affected them. We were told, "You can sit at the table for an hour before you get your breakfast. It's ridiculous." We asked another person in the lounge at 6.40am if they were ready for breakfast and were told, "More than ready." We observed that it was past 10am before they received any food.

We heard one person calling out for assistance. The inspector discovered the person needed to go to the toilet. We saw two care staff go into the room opposite. One staff member told us, "We know they are waiting, but we need to see to this person first." The person requiring assistance got very upset. The inspector tried to secure another staff member to support them but was unable. We asked the person how often support arrives too late and were told frequently.

We were told by the registered manager that the home was currently trying to fill recent vacancies. We asked how they were covering the rota and were told other staff were picking it up where they could as the home was told by the provider that they were not allowed to use agency.

There was evidence to show the home required more staff to meet the needs of the people who lived in the home. We found this to be a **breach of Regulation 18 of the Health and Social Care Act HSCA 2008 (Regulated Activities) Regulations 2014.**

Staff we spoke with were aware of safeguarding procedures and all told us they would report concerns to the registered manager. Recent incidents at the home had highlighted safeguarding and the importance of reporting concerns. All staff acknowledged that things could have been done better. However, everyone including staff and visitors and people who lived in the home thought the issues were due to a shortage of staff.

Staff were aware of the local authority involvement with investigating safeguarding alerts and were confident in using this process if it was required. We saw safeguarding posters including the contact numbers and responsibilities for investigating safeguarding alerts available around the home.

We spoke with staff about their understanding of restrictive practice. The staff we spoke with described examples including coded doors and security. Two staff described the process of best interest decisions made in appropriate circumstances.

We spoke with staff about how the risks to people who lived in the home were handled on a day to day basis. We

Inadequate

Is the service safe?

were told they would attend handover meetings where information was exchanged about each person who lived in the home. However we were told by many staff that the handover meeting was sometimes difficult to attend due to staff shortages.

We looked in people's care plans to ascertain how individual risks were assessed. We saw a number of assessments had been completed for different people's needs. However we found that when risks had been identified they were not always reviewed. For example, one person's diabetic care plan had been completed in March 2015. Records of symptoms and potential problems were clearly identified. A note was made to ensure the diabetic nurse was contacted if this person's diet fluctuated or if they lost weight. No other records had been made to ascertain this situation was being monitored and we saw from the weight records that this person had lost weight. When identified risks are not monitored or reviewed to ensure people are kept safe this is **a breach of Regulation12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

We reviewed records to ascertain how the home managed accidents and incidents. A file was held on each floor which held records to be completed on a daily basis. This included accident records and we saw that three of these had been completed the night before inspection. We saw records were comprehensive and included time sensitive reviews. These included timely checks to ensure there were no after effects from the accident. We saw these took place at 4, 6, 12, 24, 48 and 72 hours after the accident.

We saw the home had completed general risk assessments for use of equipment, visitors to the home, moving and handling and safe storage. A sheet had been added to the back of the assessments for staff to sign when they had read them. There were no signatures on the sheet. A domestic risk assessment had been signed by the previous manager and some staff during 2013 but no staff had signed it since and it had not been reviewed.

We reviewed the home's policies for emergency situations. We found fire drills should be completed monthly. Staff we spoke with thought they had attended a drill fairly recently. Records showed only two fire drills had been undertaken in 2015. Both records indicated the drill had been poor and identified further training was required. There was no evidence to show this training had been completed and a further drill had not been completed to ascertain if they had improved.

A fire risk assessment had not been completed for some time. The local policy stated alarms, detectors, fire doors, escape routes; extinguishers and call bells should all be tested weekly. There were no records to show these tests had been completed. We noted on records for the last emergency lighting checks in June and July 2015 problems had been reported to maintenance but again there were no records to say these problems had been rectified. We were told the handyman would check the fire panel daily to ensure it was operational. When we walked around the building we found a number of fire doors did not fit snugly into their frame creating a risk of smoke escaping or entering rooms that should be sealed in the event of a fire.

We were shown a file which contained Personal Emergency Evacuation Plans (PEEPs) for people who lived in the home. We found the PEEPS had been completed when people first became residents of the home and had not been updated since. Not all records included information about how people could mobilise. This left a risk of staff not having the information they needed to evacuate people in the event of an emergency. There were also a number of records for people who no longer lived in the home. There was not an available contingency plan including details of how the home would continue to deliver the service in the event of an emergency. We were assured this would be sent to us but it had not arrived at the time of writing this report.

The lack of clear systems and guidance on how to support people in the event of an emergency and an inconsistent approach to ensuring emergency equipment and procedures were effective is a **breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

We reviewed five personnel files, within the files we found information to show that staff all had appropriate checks to ensure they were suitable for employment. This included a check with the DBS (Disclosure and Barring Service) and the receipt of two references. We were told by the manager that all staff were DBS checked three yearly but some DBS checks were not recorded on file to support this. We were

Inadequate

Is the service safe?

assured this information would be at head office and a copy would be kept in the personnel file from this point forward. We saw all staff completed an application form for employment and each had undertaken an interview.

During our inspection we reviewed the medicine receipt, storage and administration systems in place. We saw most people's medicines were administered from dosette boxes provided by the pharmacy with other medicines supplied in boxes or bottles. Dosette boxes are blister packs individual to each person. They contain tablets for each day of the week and time of the day according to how they are prescribed. This is a system designed to reduce the risk of administration errors.

Medication Administration Records (MAR) for oral medicines were up to date with no gaps in recording. We saw that one MAR had been altered with dates crossed out and new ones added when a new medicine had come from the pharmacy without a MAR. Alterations to MARs should include who made the decision to alter the MAR and why. We did not see any information to support the change so could not track this to ensure the person was receiving the correct medication.

We asked how stock levels for boxed medicines prescribed 'as required' were checked to make sure they did not run out. We were told by a senior carer that a tool designed to keep track of them was no longer used, "Because the numbers never added up." This meant that medicines stock were not being checked properly and people might run out of medicines they needed as a result. The home had used a medication compliance handover record to check for missing signatures and if stocks of medicines were running low. It had not been completed for the 11 days prior to our inspection.

We noted medicines prescribed 'as required' had no medicines care plans to inform staff about the circumstances they should be administered. A care plan would identify signs and prompts for when the 'as required' medicines were needed. Not having medicines care plans in place for 'as required' medication could mean that people weren't receiving medicines when they needed them.

We saw controlled drugs and other medicines were stored securely. We checked the controlled drugs for three people and found the stock levels were correct. We saw weekly audits of the controlled drugs were completed by the manager in a different coloured pen within the stock book. None of the audits we reviewed identified any problems.

Topical cream and lotion medication records were kept in the floor management files. Each cream prescribed had an administration record and corresponding body map to show where the cream should be applied. Some creams were prescribed 'as required' but there were no details of when they would be required. We saw creams and lotions were not being signed as administered according to the instructions. For example, one person's cream which should have been applied twice daily was not signed for as being applied on four days out of the previous ten days. Another person's should have been applied twice daily but on two days in the last week before the inspection it had been signed for as being applied only once on each of these days. We found this was a concern on all three floors of the home and it showed that people had not always received their medicines as prescribed by their GP, which could cause them harm.

We looked at the topical medicines and found two which were prescribed more than four weeks before the inspection. These had not been labelled on the date they were opened. Both medicines had a 'use by' date of 4 weeks from being opened. This meant that it was impossible to tell if they were out of date. When medicines are not dated at the time of opening there is a risk of people receiving medicines after the use by date and that may potentially cause them harm. We were told the home had stickers with dates on to use for this purpose but they were not in use at the time of the inspection.

During the inspection we observed a morning medication round undertaken by a senior carer. The medication round started late and there was not a procedure for ensuring people received their medicines as they were prescribed. . We saw six people on one floor who should have received a certain medication by 7am had yet to do so by 8.35am. This meant that people were not always receiving their medications as prescribed by their GP.

During the medicines round a tablet was dropped on the floor. The senior carer told us they would dispose of the tablet and ring the pharmacy for a replacement. The tablet was placed inside the door of the medicines cabinet. The senior carer administered the next tablet in the dosette blister. The senior carer did not wash their hands after

Is the service safe?

picking the tablet off the floor and did not wash their hands either before or after administering eye drops to the next person. Hand washing is an essential part of administering medicines safely and not doing so can put people at risk of developing infections.

We were also told one person was regularly given a medicine covertly in water. Covert medicines can be given legally to a person lacking capacity under the Mental Capacity Act 2005 if it is deemed to be in their best interests and the correct assessments and documentation is in place. We looked at this person's care file and there was no assessment of their capacity to make decisions about their medicines and no record of a decision being made in their best interest to give them a medicine covertly.

Our observations demonstrated that people who lived in the home were not receiving all of their medication as prescribed by their doctor. We saw people were not informed about what their medications were before being asked to take them. We saw records were not kept accurately and basic procedures were not followed. These Included procedures for ensuring medicines did not run out or were still within their use by date. In addition we saw basic hand hygiene was not undertaken during the medicines round. We also found correct procedures were not followed to allow medicines to be given covertly. We found this to be **a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

We were told no one at the home was responsible for their own medications yet when we reviewed the dependency assessment we saw one person was. We were unable to evidence this was done safely as the information was not known to us on the day of the inspection.

When talking with someone who lived in the home about the cleanliness of their room they commented, "Every Preston Guild they do it properly." This indicated a dissatisfaction with the service as the Preston Guild took place every 10 years. A senior member of staff added, "I think it's clean but (it) could be better."

Communal areas appeared clean and tidy however bedroom environments were not. Bedrooms were generally dirty and we saw evidence of faecal handprints and clinical waste in en-suite bathrooms, both increasing the risk and potential spread of infection.

Rotas showed that there were normally two domestics on duty to clean the 52 bedded home to an acceptable standard. On the first day of the inspection however there was only one domestic on duty as no cover had been provided for annual leave. This was clearly insufficient due to the lack of cleanliness observed by inspectors on the day. Schedules were not used to monitor and manage the cleanliness of the home as staff did not find them helpful and were making notes to the reverse of the sheets to state what they had done.

Two care staff were seen delivering soiled washing correctly contained in red bags but only one member of staff washed their hands prior to leaving the laundry. Laminated posters were seen displayed in toilet areas around the home depicting the 7 step hand-cleansing technique. The laundry staff had received training in hand hygiene and infection control from an external trainer as part of the induction process.

Personal, Protective Equipment (PPE) was available for all staff in sluice rooms for when cleaning and disinfecting reusable products. Inspectors noted that sluice room floors were sticky and the flooring had not been sealed allowing for dirt and grime to build up in the gap between the lino flooring and skirting board. We found Sluice room doors open at different times of the inspection.

This increased the risk of bacteria forming and left potential for cross contamination of equipment, floors, staff and people who used the service that had access to the sluice rooms.

We found areas of the home were not clean, sluice rooms were not always secure and cleaning schedules were not fit for purpose. We found this was a **breach of Regulation 15 (1) (a) and (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

The laundry environment was organised and tidy. The person working in the laundry displayed appropriate knowledge for their role We saw evidence to support the laundry staff had received training on induction that included safeguarding, moving and handling and dementia. The laundry staff had full access to PPE and used it appropriately.

Requires Improvement

Is the service effective?

Our findings

We asked people who lived in the home and their relatives where available what they thought of the food and how it was served. One relative told us, "Mum would say if it wasn't nice." Another relative told us, "The weight has dropped off a lot of people in here who are not supported to eat and cannot feed themselves." Everyone we spoke with told us the food was generally good but others told us some people do not get to eat their meal.

On the first day of the inspection many people were still eating breakfast at 10.30am. The decision was taken to visit the service earlier on the second day to observe the morning routine. On the second day Inspectors were on site at 5.30am and saw early-risers given early morning drinks. One member of night staff said they could provide cereals and toast but not cooked breakfasts, however no food was offered to the people we saw rose early.

Menu whiteboards were located on each floor but did not include food on offer that particular day. The whiteboard contained magnetic pictures of random food items. Menus should be readily available in different formats e.g. photographic menus as these may assist people to make choices. However when these are displayed incorrectly this could cause additional confusion to people living with dementia. The correct menus were hand-written and not available for people on each floor.

The cook we spoke with demonstrated a good understanding of their responsibilities. When asked what action they would take when people were losing weight they replied "Smoothies and home-made cakes." The cook recognised the importance of a fortified diet and used full fat products in daily cooking. A care plan we reviewed noted an individual's diabetes type 2 was well-controlled with diet and medication.

We observed a number of meal time routines over the course of the inspection. Generally we found there were not enough staff to support all those people who would have benefited from additional support. We saw meals taken away cold and reheated as staff had not had the time to support people to eat them whilst they were warm. We also observed that some people who were eating independently could have benefited from more support by way of adaptive cutlery or plate guards. We discussed this with the registered manager who said they would look into this.

Staff we spoke with told us how they would support people who were losing weight. We were told people would be referred to G P's, dieticians and if required the Speech and Language Team (SALT). We were told people would be weighed more regularly and what they ate and drank would be monitored.

When reviewing care plans we observed a number of people had lost weight over the previous three months. We saw some people had notes on their plans to prompt action in this event. However we saw this had not happened. For example, one person had lost weight steadily since admission to the home. The GP was faxed in May 2015 to raise concerns with this and their nutritional assessment was reviewed and they were assessed as at high risk of malnutrition. The review stated this person's food and fluid should be monitored and yet this had not begun by the time of the inspection.

The folders on each floor contained the records for people that needed to be weighed weekly and those that required their food and fluid intake to be monitored. When we reviewed the food and fluid charts on one floor we noted they had not been completed for the day of the inspection by 2.30pm. This leave a risk of people recorded what people had eaten or drunk incorrectly as the records were being completed retrospectively. We also found there were no weekly weights recorded when people needed this additional support to monitor their weight. This meant people were not receiving the additional support they needed to ensure their received enough nutrition and hydration.

We looked at the area manager compliance visit completed in May 2015. The audit showed 18 people had lost more than 2kg in the previous month. When this was the case we would expect additional monitoring and support to be provided to these people and staff had told us this would happen. However when we looked in people's files it had not always happened.

We found the home were not acting on identified risks of potential malnutrition. Monitoring of both weights and food and fluid consumption were limited and not completed in a timely way. When this happens there is a

Requires Improvement

Is the service effective?

risk people will not receive the support they need to stay healthy. We found this to be a **breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

We reviewed five personnel files. We found staff had mostly completed mandatory training for the previous 12 months. We requested the training matrix from the manager but it had not been received to date. Staff we spoke with told us they had not had a team meeting for some time and no one we spoke with told us they had received an appraisal in the last 12 months. One person described a comprehensive induction, which included completion of the mandatory training and two weeks shadowing other staff members.

Some staff told us they had not received supervision from the registered manager for up to 12 months but we did see evidence of a number of supervisions within the personnel files we looked in. One staff member told us they had received supervision from a senior carer and that different staff groups got together to discuss concerns and issues. However there were no minutes of these discussions to ensure all staff were aware of the issues.

Relatives we spoke with told us they felt staff needed more training specifically in how to support people living with dementia. We spoke to the manager about available training and were told it had been difficult recently due to staff shortages but staff would be free to attend further specialised training shortly.

The Care Quality Commission has a statutory duty to monitor the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005 (MCA). The aim is to make sure that people in care homes, who lack the capacity to make decisions for themselves are looked after in a way that does not inappropriately restrict their choices

On the day of the inspection we noted a number of bedroom doors were locked. We asked the manager about this and were told that some family members had asked them to be locked. We were also told that people didn't want keys to their rooms. We were told people had been complaining other people were going into their rooms. We saw documentation to confirm people did not want a key.

We looked in people's care files for information around consent. We saw there was a comprehensive document for people to sign when they gave consent. The document included consents for photographs, outings, medication and the sharing of information. In the 15 care files we looked in not one of these documents had been signed. However when we spoke with people in the home about consent, we were told staff always asked before delivery interventions.

This document did not contain any consent for restrictive practice, including the use of bed rails and we were told these would be done individually. We saw one formal assessment for the use of and consent for bed rails in the files we reviewed.

We looked at available information to determine if people had the capacity to give their own consent. This included assessments of people's mental health and cognition. The provider had completed DoLS applications and submitted them to the local authority. We did see information around one person who had been diagnosed with a terminal condition. This person was deemed to have capacity and yet the decision had been made not to share this information with them. We were assured by the registered manager that this situation would be reviewed. **We recommend the provider reviews the information they hold around consent in line with current best practice including the Mental Capacity Act and ensures it is completed accurately in all cases.**

Within the files we reviewed, we saw correspondence between professionals. We saw a record of visiting professionals including chiropodists and district nurses.

On the date of inspection we spoke with two district nurses and a physiotherapist. One told us communication with the home was good, but that the staff were very busy. We were told they updated the person's care plan before leaving. Another visiting professional told us the staff were always in a hurry and didn't have time to talk to them. But one told us staff were proactive and supported people well. They had seen a number of people's health improve following admission to the home.

We reviewed discharge information from the local hospitals. We saw on two occasions this information requested the home to undertake certain actions upon the admission. One included referrals to the district nursing team for pressure care and continence assessments and

Requires Improvement

Is the service effective?

the other was to refer a person to the tissue viability nurse for additional support with pressure areas. It was unclear whether these actions had been followed up and a staff member we spoke with was unclear of one person's needs.

We saw other evidence of referral to the speech and language team to support someone with swallowing difficulties and we saw evidence to support the home worked well with the local GP surgeries to support the good health of the people in the home.

The building was a large newly refurbished property. Rooms were large and furniture and fixtures were all in a good condition. However we found, that the space within the home was not used as it could be. There were lounges on each floor that were predominantly not used over the inspection.

There was not appropriate signage to support people to find their way round the home. It was difficult to ascertain what was behind each door. There were some laminated pictures of toilets and baths on the ground floor doors but nothing elsewhere and better signage was needed as we were told many people in the home were living with dementia.

We recommend the provider review best practice guidelines for how to design living conditions to best support people living with dementia.

We recommend the provider reviews the information they hold around consent in line with current best practice including the Mental Capacity Act and ensures it is completed accurately in all cases.

Requires Improvement

Is the service caring?

Our findings

We asked people who lived in the home and their relatives about the relationships they had with staff. One person told us, "We all get on well, staff are kind and when they have the time they talk to me. I can trust the staff and I get to go out when they can." A relative told us, "The staff are kind and they encourage people to be as independent as they can."

Over the course of the inspection we observed how staff and people who lived in the home interacted. We saw all staff were caring and respectful in how they spoke with people. We saw when people made requests wherever possible staff did what they could. However, we also saw staff that were stressed and rushed.

When we saw staff interact with people who lived in the home, we saw them bend down to be at eye height with the person they were talking with. This meant staff spoke with people at an equal level and showed a sign of respect. We found generally staff were very pleasant but incredibly busy.

We spoke with staff and the people who lived in the home about how the care plans were written and reviewed. The people we spoke with who lived in the home told us they had not seen a care plan. Staff we spoke with told us they updated and reviewed plans without the involvement of the person whose plan of care it was but family members were often consulted at point of reviews. Proper assessment was needed to ensure this was always appropriate.

We asked about gathering people's likes and dislikes. We were shown available information of people's preferences and needs in relation to hydration and nutrition. There were a limited number of resident profiles, some of which were blank. Information collected included some likes and dislikes, portion sizes and the ability to choose from the menu. The preferred diet aspect was blank on all profiles. Having meaningful, individual food profiles can help shape the menus and assist catering staff in providing personalised nutrition and hydration.

We also reviewed a number of 'life history' documents. We saw when these were completed they were a good source of information but four of the seven we looked at had not been completed.

However we also saw some very good examples of people's preferences which had been built into their care plans. We noted a number of sleep and rest care plans were very specific about people's likes and dislikes and included detail around when a person liked to change into their nightwear, how many pillows they liked and whether they liked the door open or closed.

We completed two SOFI (Short Observational Framework for Inspection). One SOFI was completed early in the morning as people were being brought through to the lounge. We observed four people who were already seated in the lounge to ascertain how staff interacted with them. We found all four people were not spoken to by the staff for the 20 minutes of the SOFI. Staff were completing care plans and talking about specific people as they completed their daily record for the night shift. They discussed what people had to eat, when they had been turned and how their nights had been. We could clearly overhear the conversations and no attempt was made to talk discreetly about people's needs and care interventions.

We observed staff knocking on doors before entering but on at least three occasions they did not wait for a reply. We observed the senior carer administer medicines to three people in their bedrooms. The carer knocked on the door of people's rooms and entered without waiting for a reply.

We noted visitors were discouraged from coming to the home at meal times. There were signs on all floor entry doors requesting they did not come at meal times. The registered manager told us this was to ensure the mealtime routine was uninterrupted. We saw a number of visitors helping out at mealtimes which supported staff in meeting more people's needs. The mealtime routines took longer than anticipated and visitors were often on site during this time. People we saw being supported by family members and visitors seemed to be enjoying the company and support of their family member.

We found some staff talked over the heads of people about them including making comments as to how they were that day in comparison to other days. Staff spoke about people's conditions and care interventions openly in front of other people. Staff did not respect people's personal information as they should. We often saw people's care files open on tables in the dining areas where visitors and other people had access to them. We found this to be a **breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Requires Improvement

Is the service caring?

We reviewed the attention given to the needs of people in respect to their vision and hearing. We saw a number of people wore glasses and hearing aids. We saw notes in people's files reminding staff to ensure people had all they needed including hearing aids, glasses and dentures. This ensured people had their personal support aids on a daily basis.

Is the service responsive?

Our findings

We spoke with people about how they spent their days. People told us there was not much to do. We asked the registered manager about the activities arranged for people who lived in the home. We were told the home did not have a specific activities coordinator but the care staff arranged games and activities when they could. We found the home was short staffed so this impacted on the activities that could be delivered. People we spoke with told us they were bored. One person told us, "I have no concerns, but there isn't enough to do. I do get bored." Over the course of the inspection we saw one person completing a jigsaw puzzle. We did not see any organised activities.

People we spoke with wanted more to do. There were large areas of the home that were not used effectively including each corner lounge on every floor. We did not see any meaningful activities or any one enjoying the garden.

There was a hairdressing salon on the first floor and people could access this service twice a week. The hairdresser was off work at the time of the inspection and other arrangements had not been made. We spoke with one family member who told us they had come in to do their relative's hair as it cheered them up. Beauty treatments are a valued personal preference and steps should be taken to ensure they are available wherever possible.

We looked in detail at seven people's care files. We saw each file had a front page which included any important information. This included any allergies, and the name and contact information of family and professionals involved in this person's care.

We found in four of the files concerns with how pressure areas were managed. We found when assessments or professionals had recommended people were moved regularly to reduce the risk of pressure sores it had not always happened. We looked in one person's file who had a number of support needs with their skin. Within their file we saw different documentation which assessed and reviewed this person's needs. However we found some of this information was contradictory and some of it missed out key support needs. For example, this person had a leg ulcer which was not identified on their health and wellbeing plan. A skin assessment completed in March 2015 identified five areas of skin that were a risk. This was last reviewed in May 2015 and it was recorded the person's skin was intact. We were told on the day of the inspection that this person had two pressure sores. When records are not accurate about people's current needs there is a risk people will not get the support they need.

Waterlow assessments support people with risks of skin and pressure concerns by monitoring their condition. We saw for one person at risk, this assessment had not been completed for the three months prior to the inspection. Body maps identifying areas of concern had also not been completed for over three months. On the second day of the inspection we noted a further skin assessment had been completed which identified two pressure sores and three other 'at risk' areas. We found this person's condition had not been monitored and supported effectively.

Within the floor management folder on each floor there were records of extra care monitoring. These records included monitoring charts to record when people were turned to relieve pressure care. There were also records for monitoring people's food and fluid intake and to record people's weights. We found these records were updated at the end of each shift and not routinely at point of care. For example, we heard staff discussing when people had been turned and what they had eaten at the end of the night shift. We found records for food and fluid intake were basic in that they recorded similar intakes and seemed to monitor what had been offered rather than what had been consumed. We also found charts recording people's turns were not completed in line with people's care plans. One care plan started one person should be moved every two hours and we found no records had been made for the day of the inspection or the previous day.

We spoke with the district nurses about the pressure care delivered within the home. We were told people did not get moved around enough and there were some avoidable pressure sores. We found people's care needs were not reviewed when they changed. When support needs are not assessed and monitored effectively there is a risk people will not get the support they need. This is a **breach of Regulation 9 (1) of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.**

We spoke with people and their relatives about how they would make a complaint. Everyone we spoke with was confident they would know how to complain. One relative told us, they had been to the manager with a complaint and it was rectified quite quickly.

Requires Improvement

Is the service responsive?

We saw complaints posters detailing the procedures to follow when making a complaint were available on the notice boards. There was also a copy in the resident information booklet. Audits were undertaken of the complaints received by the home. We found there were two complaints for June 2015. However we could not find a copy of these within the complaints folder. The manager told us the records were moved to the area office at the end of the month.

We reviewed how the home received information from the people who lived there and their relatives. We were told the manager had an open door policy and people could raise concerns with them as and when people chose to.

We saw that relatives expressed concerns about the laundering process within the quality survey undertaken in May 2015. We could not find any evidence that any action had been taken as a consequence. The laundry staff communicated via an informal message book and whilst there were steps for improvement identified in the book it was difficult to identify the rationale for any steps taken. There was no evidence of any formal communication between management, care staff and the laundry staff. Communication records of this kind would help monitor the effectiveness of action taken in response to complaints.

We saw a number of thank you cards in the foyer of the home and on notice boards. This showed us, those family members where grateful for the support the home offered their loved ones.

Requires Improvement

Is the service well-led?

Our findings

We were told different opinions of how well led the home was. One person who lived in the home told us, "I don't think the home is well led, you never see the manager walking around." A relative told us," I've been to meetings and things get sorted out."

The home's registered manager had been in post for approximately three years. Staff we spoke with told us morale was very low. We were told there been a high recent turnover of staff following a number of safeguarding concerns.

We were told staff were proud of the relationships they had built with the people who lived in the home. Every staff member we spoke with told us, the home had done well in very difficult circumstances. Visitors we spoke with, spoke kindly of the staff and were very clear the issues were, there were not enough staff and not the staff themselves.

We were told by the registered manager the service did not use agency staff which put added pressure on the full time workers who were already covering three recent vacancies.

We saw in the main entrance hall a nominated staff member of the week and were told people could nominate staff for this award.

The area manager undertook a compliance visit every month. At this visit they would look at care plans, the floor management folders and any audits undertaken by the home. We looked in detail at the compliance visit for May 2015. Records showed that more than eight people had lost 2kgs or more, the home had received no complaints and no one in the home had any pressure sores. However, as part of our inspection we found evidence conflicting with the compliance visit. Specifically we identified there were at least three people with pressure sores in the month. We also could not identify any action taken as a consequence of eight people being identified as losing 2kg. We noted the compliance visit for June and July also did not identify any pressure sores within the home.

We found the information held within the home and associated audits did not correlate. Information was contradictory and did not identify risks and issues as effectively as they could. When this happens there is risk information required to improve provision at the home may be missed. As a consequence actions to improve things may not be identified.

We looked at the last audit undertaken of the care plans in June 2014. The audit was kept in the front of each care file so staff could address the issues. We found a number of issues remained outstanding from this audit in three of the files we looked in, including actions to update the capacity assessment and review nutritional assessments.

We reviewed the systems the home had in place for ensuring it was kept clean. We saw the cleaning schedule templates had not been used accurately and staff were recording some elements of the cleaning tasks on the reverse of the template. This meant management could not monitor which areas of the home had been deep-cleaned.

Schedules for the cleaning of the first floor medicines room had been completed for the week, yet it was only Tuesday when we inspected. We found the systems the home had in place to audit provision did not address these concerns.

We also found the Infection Control audits had not identified areas of concern seen on the inspection. The last audit on file was dated January 2015 and this had not identified that the home's clinical waste located outside the home was not secure. The largest container appeared broken and was easily accessible in a store that wasn't padlocked.

When audits are undertaken on incorrect information or are not completed accurately, it shows us that effective systems for monitoring service provision are not being implemented This is a **breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Each floor had a floor management file which included the records to complete for each person in the home. Included in the file were all the extra care monitoring records, the accident reports, topical cream records and daily logs.

We found staff recorded accidents as they happened and monitored people after them to ensure there was no injury or other repercussions. We saw two accident reports that had been recorded through the night were comprehensive and completed in a timely way.

The cleaning materials store cupboard was organised and well-stocked. The COSHH (Control of Substances

Is the service well-led?

Hazardous to Health) could not initially be found. It is important that staff can locate these at all times as data safety sheets describe the hazards the chemical presents and give information on handling, storage and emergency measures in case of an accident.

The kitchen staff were able to evidence completed documentation in the form of probing temperatures, cleaning schedules and generic risk assessments of kitchen equipment. The home scored a 5 during the last Environmental Health inspection undertaken by the Local Authority and the Food Hygiene Rating score was displayed by the front door. Catering audits were evidenced on the second day of inspection on file and completed up to date.

We observed many people chose to have cornflakes for their breakfast but on the first day of the inspection the home had ran out forcing people to have another option. The kitchen stock check of available preferred cereal had not been effective on this day.

We saw a number of surveys and questionnaires were completed by people with an interest in the home. This included a family survey and a care survey. The results of the last two years' family survey were available in the entrance hall. We noted the issues identified within the last survey replicated those we had identified during this inspection. This included a lack of staff to meet people's needs and that people's bedrooms were dirty.

The family survey was completed annually and the care survey was completed monthly. Everyone was invited to complete the family survey and each month a random sample of relatives would be asked to complete the care survey. The care survey contained some positive feedback for the home including, visitors were made to feel welcome and felt informed about their family member's care.

We found the surveys were not monitored and action plans were not developed from them. Surveys are a tool for improvement and should be used as such. If actions are not identified from the feedback provided then the feedback has not served its purpose.

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 9 HSCA (RA) Regulations 2014 Person-centred care The provider had not assessed everyone's needs effectively and some of those needs were not being met.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect Staff did not respect people's private information and discussed people's care openly. We also found people's private care files were accessible to other people.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Risk assessments and risk management plans had not been completed when risks had been identified. Medicines were not managed safely The provider did not have effective procedures to deal with emergencies including fire.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs People were not supported effectively to reduce risk of malnutrition.

Regulated activity	Regulation

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment People's rooms and ensuites were not cleaned effectively and clinical rooms were not managed effectively or routinely locked leaving a risk of infection.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Audits were not completed on correct information. Effective systems for monitoring the quality of the service were not in place.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing There were not enough staff to meet the needs of the people who lived in the home.

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.