

Ranc Care Homes Limited

The Withens Nursing Home

Inspection report

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23 May 2016

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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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out this inspection on the 17, 20 and 23 May 2016, it was unannounced.

The Withens Nursing Home is owned by Ranc Care Homes Ltd, a company who own several care homes. The service provides accommodation for up to 33 older people and provides nursing care to people with high needs, including people who are nursed in bed, people living with dementia, and people receiving end of life care. Accommodation is provided over two floors, with a passenger lift providing access between the floors. At the time of the inspection, 29 people lived at the service, all of whom were receiving nursing care.

The service had not had a registered manager since February 2015. There had been two managers since February 2015, both managers had transferred to other services owned by the company. 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 appointed a manager who was present on the first day of the inspection visit and had worked at the service for three months. The manager was in the process of applying to become the registered manager. They were not present on the second and third days of the inspection visit due to the findings on the first day of the inspection visit. The head of quality and care services was in day to day control of the service on the second and third days of the inspection visit.

Nursing staff managed and administered medicines for people. Medicines were not always appropriately managed, administered and recorded.

Staff were recruited using procedures designed to protect people from unsuitable staff. However, robust recruitment checks had not always been carried out.

There was not always sufficient staff on duty to meet people's needs. Staff had not received all of the training they needed to meet people's needs and had not received regular support, supervision and appraisal from their manager.

Procedures and guidance in relation to the Mental Capacity Act 2005 (MCA) was in place which included steps that staff should take to comply with legal requirements. The manager failed to act in accordance with the Mental Capacity Act as capacity assessments did not follow the principles of the Mental Capacity Act and deprivation of liberty safeguards applications had not been made to the local authority supervisory body in line with agreed processes to ensure that people were not unlawfully restricted. The service was meeting the requirements of the Deprivation of Liberty Safeguards.

People were not always provided with a diet that met their needs and wishes. Menus did not offer varied

choices. Before the inspection visit was completed the menus had been changed and the new menus offered more variety as well as different choices.

Person centred care planning records were not fully completed and showed inconsistencies therefore; people may not have received care and support that met their needs.

At the time of the inspection visit there were no meaningful activities taking place in the service to keep people alert and occupied.

There were risk assessments in place for the environment, and for each person who received care. Assessments did not always identify people's specific needs, and did not show how risks could be minimised.

The provider and the manager investigated and responded to people's complaints. People knew how to raise any concerns. We found that concerns had not always been dealt with appropriately and in a timely manner. We have made a recommendation about this.

The provider regularly assessed and monitored the quality of care to ensure standards were met and maintained. However, the manager had not maintained the monitoring of quality of care, and had not followed up on previous action points to improve the quality of care.

Staff supported people in making arrangements to meet their health needs. Nursing staff carried out on-going checks of people's health needs, and contacted other health and social care professionals for support and advice.

People were protected against the risk of abuse. People told us they felt safe. Staff recognised the signs of abuse or neglect and what to look out for. Both the manager and staff understood their role and responsibilities to report any concerns and were confident in doing so. However, reporting was not always carried out in a timely manner.

Staff interacted well with people, and supported them when they needed it. Staff respected people and we saw several instances of a kindly touch or a joke and conversation when supporting people.

There were systems in place to obtain people's views about the service. These included formal and informal meetings; questionnaires; and daily contact with the staff.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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 always safe.

Nurses were not always fully following the provider's medicine policy to ensure the safe administration, recording and disposal of medicines.

Staff were not always recruited using a robust recruitment procedure.

There were not always sufficient numbers of staff deployed to meet people's needs.

People told us that they felt safe living in the service, and that staff cared for them well.

Staff had received training on how to recognise the signs of abuse and were aware of their roles and responsibilities in regards to this.

Inadequate ●

Is the service effective?

The service was not always effective.

People said that staff understood their individual needs, however staff were not always fully trained to meet those needs.

The menus did not offer variety and choice, the menus were changed and now provided people with more choice. People had enough to eat and drink to maintain their health and wellbeing.

Staff were guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests. However applications to the local authority supervisory body in line with agreed DoLS processes had not been carried out

Staff ensured that people's health needs were met. Referrals were made to health and social care professionals when needed.

Requires Improvement ●

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

Staff were supportive, patient and caring.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

Is the service responsive?

The service was not always responsive.

Complaints made had not been addressed in a timely manner or not at all.

People's care plans had not been fully completed, which meant they may not receive the support they needed.

People were not supported to take part in meaningful, personalised activities. People were supported to maintain their relationships with people who mattered to them.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

There had been no registered manager at the service since February 2015.

Quality assurance systems were not effective in recognising shortfalls in the service. Action and improvements plans were developed but necessary action had not been taken to make sure people received a quality service.

Records relating to people's care and the management of the service were not well organised or adequately maintained.

Issues that were the responsibility of the manager were not being dealt with in a timely manner.

Requires Improvement ●

The Withens Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 17, 20, and 23 May 2016, was unannounced and carried out by two 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.

We gathered and reviewed information about the service before the inspection. We examined previous inspection reports and notifications sent to us by the manager about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law.

We spoke with six people and five relatives about their experience of the service. We spoke with the chief operating officer, head of quality and care services, the manager, two nurses, four care staff, the person cooking on the first day of the inspection visit and the chef on the second day of the inspection visit. We asked five health and social care professionals for their views of the service.

During our inspection we observed care in communal areas. 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 spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems. We looked at six people's care files, six staff record files, the staff training programme, the staff rota and medicine records.

At the previous inspection on 18 November 2014, the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Is the service safe?

Our findings

People told us that they felt safe living in the service. People commented, "The safety here is good", and "I feel safe here". Relatives felt that their loved ones were safe, and said, "I visit often, it is always safe. I am made to feel welcome, and the staff provide good support and care for people".

People were not always protected from the risks associated with the management of medicines. Nurses who administered medicines had undertaken medicine training. A policy was in place to guide staff from the point of ordering, administering, storing and disposal. Nurses had not always followed the policy. For example, there were gaps in recording on the medicine administration records (MAR). When checking it was found that some medicines had been given but not signed for as given. There were five gaps in the MAR records from the 1 May to 16 May 2016. We spoke with the nurse in charge about this and checked these medicines. We found that medicines had been given but not signed for. For one person a night medicine had not been given and there was no explanation as to why the person was not given their prescribed medicine. This meant that people's health and wellbeing was not being protected by medicines prescribed by their GP.

Records were not clear for two people who had been prescribed medicines written on a community nursing drug authorisation record. The manager agreed that the medicines received by the service for these two people had not been booked in and a MAR record written up. For one person who had medicines recorded on a MAR sheet, some of which had been discontinued, there were also medicines recorded on the community nursing drug authorisation record. It was unclear as to what medicines the person was currently taking and the nurse on duty was unable to clarify this issue. This meant that people may not have received all of their prescribed medicines.

A quality audit dated 15 April 2016 carried out by the head of quality and care services reported that in relation to medicine administration, 'There was no competency assessments completed for either the services regular staff nurses or indeed agency staff nurses'.

The manager had undertaken a competency assessment for a recently recruited nurse on the 21 March 2016. The competency assessment outcome form had not been completed therefore the nurse had not been signed off as competent in the management of medicines. The nurse was in charge of administering medicines on the first day of the inspect visit.

The provider failed to ensure that medicines had not been properly managed. This is a breach of Regulation 12 (1) (2) (g) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that medicines were kept safe and secure at all times. Daily checks were made of the medicine room to ensure the temperature did not exceed normal room temperatures. The medicines fridge was also checked daily and records maintained to ensure the medicines remained within normal temperature range.

The pharmacist carried out an advice visit to the service on the 16 March 2016. All issues identified at that time were signed off as completed. For example, advising the service to register with the on line website for any drug recalls.

People were not always protected by safe recruitment practices. The provider had a recruitment policy in place but this was not fully followed by managers when recruiting new staff. All staff were checked against the Disclosure and Barring Service (DBS) records before they started work at the service and records were kept of these checks. The DBS checks helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Nursing staff registration with the Nursing and Midwifery Council (NMC) had been checked and monitored to ensure that only registered nurses were employed.

However, not all staff had appropriate references. One staff file did not contain two references. One application form declaration had not been signed and dated by the applicant. Application forms did not show a full employment history including any gaps in employment. Interview notes seen showed there was no evidence that questions in relation to a full employment history had been asked. This meant that people were not protected from potential abuse. Management addressed this issue during the three day inspection visit and a full staff file audit was started.

The systems in place to check the suitability of agency staff to work with people who needed safeguarding were not effective. This had already been noted by the provider during a quality audit dated 15 April 2016. This had been carried out by the provider's head of quality and care services and had reported that there was no file maintained that contained profiles of agency staff that had been used and no photos of agency staff. However, we saw from the rota's that agency nurses and staff had been booked to work in the service.

The provider had failed to carry out safe recruitment practices. This is a breach of Regulation 19 (1) (a) (2) (a) (3) (a) (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were not enough staff to care for people safely and meet their needs. Relatives told us, "I have come in at different times, but there are not enough staff here with the number of people", and "There are more staff needed as the (nurse call) bells are often going or you can hear people shouting out for help, there is just not enough of them". Staff told us, "There are not enough of us, it is a good team but we are stretched", and "There are not enough of us, people need a lot of help and we have to prioritise. There is a good team and we help each other, but it is difficult". Staffing levels were not always adequate to meet the needs of people. Over the last three months the number of people being supported had increased from 23 to 29. Management agreed that the staffing analysis showed from January 2016 to date staffing levels had not increased sufficiently in line with the increase in demand to meet people's needs. On the first day of the inspection visit the manager told us that she often worked 'hands on' to support the staff on shift. Our observations especially at lunch time on the first day of the inspection visit clearly showed that at that time there were insufficient numbers of staff to meet the needs of people. One person did not get a meal until the inspector spoke with the manager, and the manager then took a meal to the person and supported them to eat the meal. People were given their meal and some people had to wait sometime to be assisted to eat their food. Staff rotas for May 2016 showed that there was one nurse, four carers and a hostess on duty on some of the days of the week. We pointed out to the manager that there was no nurse on night duty on the 20 May 2016, and the manager said that she would work this shift.

Following the first day of the inspection visit, management action had been taken to increase staffing numbers, until dependency levels could be re-assessed. Arrangements were put in place to change the

routine of the lunchtime period to better support people at this time.

The provider had failed to deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff to meet people's needs. This is a breach Regulation 18 (1) (2) (a) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff followed the provider's policy about safeguarding people and this was up to date with current practice. Staff were trained and had access to information so they understood how abuse could occur. Staff understood how they reported concerns in line with the providers safeguarding policy if they suspected or saw abuse taking place. Staff spoke confidently about their understanding of keeping people safe. Staff gave us examples of the tell-tale signs they would look out for that would cause them concern. For example bruising. Staff understood that they could blow-the-whistle to care managers or others about their concerns if they needed to. Staff were aware that people living with dementia may not always be able to recognise risk or communicate their needs. Staff told us that they had received safeguarding training at induction and records showed that staff had completed safeguarding training. People could be confident that staff had the knowledge and skills to recognise and report any abuse appropriately. The manager understood how to protect people by reporting concerns they had to the local authority and protecting people from harm. However, a quality audit dated 15 April 2016 carried out by the head of quality and care services highlighted that robust recording and timely reporting of incidents had not always been carried out by the manager. There was an action plan in place to address this issue and the manager had been working towards addressing the issues raised on the action plan.

The risk involved in delivering people's care had been assessed to keep people safe. Risks were minimised and safe working practices were followed by staff. New plans of care had been implemented but not all of the information in relation to risk assessments had been brought forward from the previous care plans to make sure staff knew how to protect them from harm. The quality audit dated 15 April 2016 carried out by the head of quality and care services stated that monthly risk assessments for malnutrition, falls and pressure areas were undertaken. The audit also highlighted that 'Some care plans did not make reference to the risk level at all'. Following the first day of the inspection visit, management was actively addressing concerns raised about the plans of care to ensure that they were complete and provided all the information staff needed to enable them to meet people's needs.

Incidents and accidents were checked and investigated by the manager, although the documentation was not always been completed. However, we saw that for one person the falls risk profile score had been reviewed and increased since an incident. We found for one person there was no risk assessment for potential injuries when transferring the person using a hoist and there was no mention of the size of sling in the moving and handling section. Following the first day of the inspection visit 25 new slings had been purchased and these were being individually numbered and matched to a specific person.

People were cared for in a safe environment. The premises had been maintained and suited people's individual needs, as they included communal rooms and bedrooms. These were personalised to people's tastes. Equipment was serviced and staff were trained on how to use it. The premises were designed for people's needs, with signage that was easy to understand. The premises were maintained to protect people's safety. There were adaptations within the premises like handrails to reduce the risk of people falling or tripping. There was also wheelchair access from outside the premises to inside. Equipment was provided for those who could not weight bear so that they could be moved safely.

The provider had policies about protecting people from the risk of service failure due to foreseeable emergencies so that their care could continue. There was an out of hours on call system, which enabled

serious incidents affecting peoples care to be dealt with at any time. People who faced additional risks if they needed to evacuate had a personal emergency evacuation plan written to meet their needs. Staff received training in how to respond to emergencies and fire practice drills were in operation. Records showed fire safety equipment was regularly checked and serviced. Therefore people could be evacuated safely.

Is the service effective?

Our findings

People told us that staff looked after them well. People said, "The food is okay, there is enough to eat and I do not feel hungry", and "I enjoy the food, there is enough of it and I like my sherry with my lunch which I always have". Relatives told us, "He does seem to be weighed regularly and we know that the GP comes in every week", "I am concerned about the lack of choice of food. I want my relative to have a hot meal every day".

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care services and hospitals are called the Deprivation of Liberty Safeguards (DoLS). These decisions included do not attempt cardio pulmonary resuscitation (DNACPR) forms. We found that for one person their DNACPR recorded the person as having consent, but did not record their wishes or their relative's wishes. The consent section was not completed on another form seen.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff had received training in relation to the Mental Capacity Act and DoLS. Care plans for people who lacked capacity, did not record that decisions had been made in their best interests. In five of the six care plans we viewed, the capacity section was blank. For example, in one care plan there was no capacity assessment completed for the use of bed rails. In another care plan a standardised capacity form had not been completed properly, there was no specific decision recorded and the 'best interests' section was not completed.

A quality audit dated 15 April 2016 carried out by the head of quality and care services reported that 'Where people were being deprived of their liberty (DoLS) by definition of the Supreme Court ruling 2014, applications had not been submitted for authorisation'. The manager understood when an application should be made and how to submit them. We found that the manager had not submitted any applications to the local authority supervisory body in line with agreed processes to ensure that people were not unlawfully restricted.

The provider had failed to act in accordance with the Mental Capacity Act (2005). This is a breach of Regulation 11 (1) (2) (3) (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All new staff completed an induction when they started in their role. Successful applicants were required to complete an induction programme during their probation period, so that they understood their role and

were trained to care for people. Staff told us that they had received induction training, which provided them with essential information about their duties and job roles. The manager said that any new staff would complete an induction programme, shadow experienced staff, and not work on their own until assessed as competent to do so. We saw one induction record that was incomplete and had not been signed and dated by both parties. Nursing staff received an induction programme that included working shadow shifts. Records were incomplete for the nurse that had recently joined the nursing team.

We found that none of the staff had undertaken training in relation to behaviours that challenge, and we observed two people that presented behaviours that challenge. This meant that staff had not received all of the training they needed to meet people's needs.

A quality audit dated 15 April 2016 carried out by the head of quality and care services reported that 'Supervisions were not being monitored with a monthly monitoring tool'. It continued to say that the auditor had received mixed feedback from staff regarding when their last supervision was. We found that a monitoring sheet had been put in place with the earliest date recorded as the 9 March 2016. Only 26 of the 37 staff had been recorded as having had supervision between 9 March 2016 and 17 May 2016. Three of the five staff files seen contained only one supervision record. We saw no staff appraisals in the staff files we looked at. Nurses received clinical supervision and support from the manager, but the manager said she had not kept written records to support that this clinical supervision had taken place. This meant that staff did not have opportunities to discuss their performance, training, support requirements formally.

The provider had failed to provide appropriate support, training, supervision and appraisal for staff. This is a breach of Regulation 18 (1) (2) (a) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had good knowledge and understanding of their role and how to support people effectively. The staff training records showed that essential training such as health and safety, moving and handling, infection control and fire training had been undertaken. It was discussed that the last fire drill practice recorded did not list the staff who had attended and there was no report on the drill. This was raised with the head of quality and care services and the maintenance worker who was responsible for fire safety and we were told that this would be changed. Information was received following the inspection to support that this issue had been addressed.

Nurses also undertook additional training relevant to their nursing role for example, catheterisation training, syringe driver training, and principles of end of life care. This meant that people were supported by nursing staff that had the skills and knowledge to meet their needs and ensure their safety.

People were not always supported to have a balanced diet as the menus in place did not provide a good variety of foods. For example, Week 1 Menu, Tuesday for dinner was quiche lorraine and salad or cheese and onion quiche and salad. There was orange jelly with ice cream for sweet. Week 1 Menu, Thursday for dinner was corned beef salad, pickle with sauté potatoes or sausage rolls and baked beans. There was jam tart for sweet. Week 2 menu, Saturday for dinner was meatballs in tomato sauce or pasta in tomato sauce with pear flan and cream for sweet. We spoke with the staff member cooking on the first day of the inspection visit. We asked the staff member what were the vegetables to go with the steak and kidney pie on the menu that day. They replied there were none, as it was not stated on the menu that was displayed on the kitchen wall. This issue was discussed with the manager, who immediately made sure that the meal included vegetables. The cook catered for soft diets, and pureed vegetables had been prepared in readiness for these meals. On the second and third days of the inspection visit, management action had been taken to address these issues. A chef who worked for one of the other homes owned by the company was cooking the meals at the service.

We observed that he was busy putting food orders through, and on the third day of the inspection a new set of menus were in place and had been started that provided more variety in food choices.

A quality audit dated 15 April 2016 carried out by the head of quality and care services reported that the monitoring tool to monitor the quality of the food provided had not been completed since 2014, and that it would be useful to carry out another session of monitoring. There was an action plan in place to address this issue and the manager had been working towards addressing the issues raised on the action plan.

Care plans where they included eating and drinking assessments did not always provide clear instructions to staff on how to assist people with eating. People at risk of dehydration or malnutrition were assessed and as appropriate food and fluid intake was monitored and recorded. However, the records were not always fully completed. It was part of the managers action plan to have 'a robust recording schedule which was accurate and completed in a timely manner to address identified risk', in relation to daily recordings about food, and fluid intake for those people who were at risk of dehydration or malnutrition.

People were weighed regularly and their weight was recorded in their care plan. Staff informed the manager of any significant weight gains or losses, so that they could refer them to the doctor for any treatment required. Examples of making sure that people had sufficient food intake included, offering snacks throughout the day and night, and full fat bedtime drinks. All people spoken with felt that there was enough to drink. Everyone seen in their rooms and most of the others had drinks within reach.

People confirmed that staff sought their consent before they provided care and support. Staff interacted well with people, and asked them where they wanted to go and what they wanted to do. They obtained people's verbal consent to assist them with personal care such as helping them with their meals, or assisting them to the toilet. Staff were aware of how to treat people with respect and that they allowed people to express their consent to different tasks. One person said, "They knock on my door to see if I am OK", and "The staff are polite and knock on my door before entering".

People were involved in the regular monitoring of their health. Nursing staff carried out on-going checks for people's health needs, and contacted other health and social care professionals, such as GP's for support and advice. Blood glucose testing for diabetics was performed as required for people who were diet or tablet controlled, and more frequently if required for anyone who was on insulin. People told us that the doctor regularly visited and if they wanted to see the doctor the staff would make an appointment. Blood pressure monitoring along with temperature, pulse and respirations were performed by the nurses.

People's health and well-being was protected by prompt referrals to other health and social care professionals. Where necessary the nurses referred people to other professionals such as the tissue viability nurse, speech and language therapist (SALT) and dieticians. All appointments with professionals such as doctors, opticians, dentists and chiropodists were not always fully recorded. Future appointments had been scheduled and there was evidence of regular health checks. People's health and well-being had been discussed with them regularly and professionally assessed and action taken to maintain or improve people's welfare.

The premises were built to care for people who used wheelchairs or have difficulty moving around. Some adaptations to the environment had been made to meet people's physical needs. For example, a range of equipment for transferring people, from their bed to a chair. Toilets had raised toilet seats as necessary, and grab bars which provided support for people to enable them to retain their independence.

Is the service caring?

Our findings

People told us that staff are all very good. People said, "Staff are kind and helpful, but I am lonely as I do not see anyone much", "I can sit here and knit or go out if I want to with a visitor. I go to bed when I am ready and I usually watch a bit of television", "I can ask for a bath if I want one, but I am happy with a good wash. I get my hair done by a friend who comes to visit", and "The staff are kind and do not hurry me and I would tell them if they were being rough". Relatives commented, "The staff are friendly and kind", "The staff are kind, but very busy", and "The staff are kind and look after my relative and let her do some things for herself as she is very determined, but there are not enough staff as there are so many people to look after".

Some people and their relatives had been involved in discussions and planning how they wanted their care to be delivered. One relative said, "We have been involved with the care plan from the start and they do tell us if there are any changes". Relatives felt involved and had been consulted about their family member's likes and dislikes, and personal history. This information had not always been recorded in care plans for people. People said that staff knew them well and that they made choices throughout the day regarding the time they got up went to bed, whether they stayed in their rooms, where they ate and what they ate. People felt they could ask any staff for help if they needed it. People were supported as required but allowed to be as independent as possible.

Staff supported people in a patient manner and treated people with respect. Staff chatted to people when they were supporting them with walking, and when giving assistance during the mealtime. The staff seemed to know the people they were caring for well. They knew their names, nicknames and preferred names. Staff recognised and understood people's non-verbal ways of communicating with them, for example people's body language and gestures. Staff were able to understand people's wishes and offer choices. We saw gentle and supportive interactions between staff and people. We observed the staff knocking on the doors before entering rooms.

People said they were always treated with respect and dignity and valued their relationships with the staff team. Staff listened to people and respected their wishes. Staff recognised the importance of self-esteem for people and supported them to dress in a way that reflected their personality. One relative told us, "He is always dressed and his clothes are put tidily away in the drawers or wardrobe". Staff gave people time to answer questions and respected their decisions. Staff spoke to people clearly and politely, and made sure people had what they needed. Staff spoke with people according to their different personalities and preferences, joking with some appropriately, and listening to people.

People were able to choose where they spent their time, for example, in their bedroom or the communal areas. We saw people had personalised their bedrooms according to their individual choice. For example family photos, small pieces of their own furniture and their own choice of bed linen. People were relaxed in the company of staff, and often smiled when they talked with them. Support was individual for each person.

Staff had a good understanding of the need to maintain confidentiality. People's information was treated confidentially. Personal records were stored securely. People's individual care records were stored in

lockable filing cabinets in the office. Records held on the computer system were only accessible by staff authorised to do so as the computers were password protected. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them.

Is the service responsive?

Our findings

People told us they received care or treatment when they needed it. One relative said, "I complained and I have to say they did something about it within two days". Relatives told us that if anything changed with the care of their relative they were always informed and kept up to date.

There were no meaningful activities taking place in the service. The manager said that the activities person had left, and a member of staff who was going to undertake activities with people was currently on leave. One person said, "There is nothing to do all day, I just watch television in my bedroom". Relatives said, "There are no activities going on, they did have an organiser but she was asked to do more care work, so she left", and "There are no activities going on at all". There were no activities on the first day of the inspection visit. People living in the service were not participating in meaningful activities and this meant they might be at risk from a lack of stimulation and of social isolation. Following the inspection visit, an action plan completed by the head of quality and care services covering the issues of concern raised at the inspection visit, informed us that adverts had been placed in order to recruit a person to undertake activities.

The provider had failed to provide meaningful activities to meet people's needs. This is a breach of Regulation 9 (1) (a) (b) (c) (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The management team carried out pre-admission assessments to make sure that they could meet the person's needs before they moved in. People and their relatives or representatives had been involved in these assessments. This was an important part of encouraging people to maintain their independence. People's needs were assessed by the nursing staff and care and treatment was planned but not always recorded in people's individual care plan.

We were told that new care plan documentation that reflected the company standards had been implemented. The care plans we reviewed were incomplete. Many parts of the care plan had not been completed. For example, for one person the safe environment section had not been completed, my individualised care plan was blank and the daily notes gave very basic and scant information about the persons care and treatment. For another person, the capacity and mobility sections of the care plan were blank. For another person, the focused plan of care contained no photo and the sections amongst others that were blank included; what people like and admire about me; what's important in my life and how best to support me. In another care plan the capacity sheet was blank as was the medicines on admission sheet, and there was no end of life plan. We were told by the head of quality and care services that the end of life care plan should be within section six of the care plan. We found that for two people the end of life care plan had not been completed even though they were receiving end of life care. Many sections of the care plans were missing and the 'at a glance' two page document was not in place for any of the six people whose files we reviewed. Overall the care plans did not fully reflect people's needs and did not provide sufficient information for staff to support people's individual needs.

People's needs were recognised by staff and the level of support was adjusted to suit individual

requirements. The care plans did not always contain specific information about the person's ability to retain information or make decisions. Staff encouraged people to make their own decisions and respected their choices. Changes in care and treatment were discussed with people before they were put in place. People and relatives were included in the regular assessments and reviews of their individual needs, although care plans needed updating. Staff were able to describe the differing levels of support and care provided and also when they should be encouraging and enabling people to do things for themselves. Support was individual for each person. We saw that people could ask any staff for help if they needed it. Staff knew the needs and personalities of the people they cared for.

The staff recorded daily the care and support given to each person. However, no behavioural incident forms had been completed for one person who we observed displaying behaviours that could cause harm to themselves or others. The managers and staff were not learning from incidents of behaviours to protect people.

On the third day of the inspection visit, work had started by management to audit the care plans and to complete all necessary paperwork.

The provider had failed to ensure that people's needs were met as the plans of care did not reflect people's preferences as they were not fully completed. This is a breach of Regulation 9 (1) (2) (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a policy for handling complaints. Information about making a complaint was available and people were given information on how to make a complaint in a format that met their communication needs, such as large print. People were given the opportunity at reviews to raise any concerns they may have. All people spoken with said they would be confident about raising any concerns. However, they did mention the frequent changes in manager. One person said, "There have been many changes of management which we know about. You get to meet someone and then do not see them again". The provider and the manager investigated and responded to people's complaints. We found that the record of complaints and action taken was not fully recorded and the complaints index was blank. People had raised concerns about the low staffing levels and these concerns had not been properly addressed in correspondence to the complainants.

We recommend that the provider ensures that the companies complaints policy and procedure is adhered to.

The above issue is evidence of a breach of Regulation 16 (3) (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service well-led?

Our findings

People and staff did not think the service was always well-led. One relative said, "They need more staff but those who are here are very nice and do their best". One member of staff said, "There have been lots of changes with different managers, but it is a good team."

There was no registered manager in post. There had been two managers since February 2015, both managers had transferred to other services owned by the company. The provider had not complied with the conditions of their registration because they had failed to appoint a registered manager to manage the home since February 2015. The manager we met on the first day of the inspection visit, had been managing the service for three months and was in the process of applying to be the registered manager. They were not present on the second and third days of the inspection visit due to the findings on the first day of the inspection visit. The head of quality and care services was in day to day control of the service on the second and third days of the inspection visit.

The provider had systems and processes in place to audit and monitor the quality of the service. These audits were not being fully completed by the manager. For example, the monthly health and safety audit dated 7 March 2016. Some complete areas that included, records, procedures, staff training, moving and handling, and electrical equipment had not been completed. Some other areas were partially completed. The area in relation to behaviours that may challenge that was headed violence. The question 'Do staff know how to and encouraged to report incidents' was ticked, yes. Other questions that included, 'Is an assessment of risk of violence made and problems identified, and 'Are preventive measures implemented', were left blank. There was nothing written in the action to be taken box, at the end of the audit.

The manager's daily audit dated 10 May 2016, for all questions asked, the answers had the Yes circled. The audit form asked the auditor to record discussion with two members of staff and to record discussion with two people that used the service. These boxes were left blank.

A quality audit dated 15 April 2016 carried out by the head of quality and care services reported that various actions that had been identified in audits had not been signed off when the required improvements had been made, or there was no evidence available to establish change had taken place. The manager had not undertaken sufficient audits and quality monitoring to ensure the safety and quality of the services provided and to make improvements when necessary.

The provider has failed to operate an effective quality assurance system to assess, monitor and mitigate the risks relating to the health, safety and welfare of people and failed to maintain accurate records. This is a breach of Regulation 17 (1) (2) (a) (b) (c) (f) (Good Governance) of The Health and Social Care Act (Regulated Activities) Regulations 2014.

The provider and had a clear set of vision and values. The mission statement for the service included, 'To make a positive difference to the lives we touch through the delivery of high quality health care and on-going enablement'. The management team that supported the inspection process have provided action

plans to address the issues of concern raised and demonstrated their commitment to implementing these actions and putting people at the centre of the planning, delivery, maintaining and improving the service provided.

The management team at The Withens Nursing Home included the provider, the chief operating officer, the head of quality and care services who from the second day of the inspection visit was in day to day control of the service, and the registered nurses. The chief operating officer provided support to the head of quality and care services, and the head of quality and care services was currently providing support for the nursing staff, care staff and ancillary staff. Staff understood the management structure of the service, who they were accountable to and their roles and responsibilities in providing care for people.

People were asked for their views about the service in a variety of ways. These included formal and informal meetings; events where family and friends were invited; questionnaires and contact with manager and staff. Quality questionnaires were last carried out in February 2016, and a report on outcomes produced. The questionnaire was in several sections that included, management issues; care and support; daily living; and premises. Under the care and support section in answer to three questions no one was reported as being 'not satisfied' with the care and support provided by staff. The graph showed that people were either 'satisfied' or 'very satisfied' with the care and support provided.

Written compliments received by the service included, "Thank you so much for all the care you have given Mum over the years. She was made to feel like a film star", "You have all done a great job, you made it home for her and me", "Thank you so much for the care and devotion you gave to Mum. I know she felt loved and had a special bond with staff", and "You really are a great group of carers all doing so much more to make things special".

Communication within the service was facilitated through regular team meetings. The manager said that she had held one staff meeting since starting at the service, however she said that the minutes of the staff meeting had not as yet been typed up. Previous minutes of staff meetings were seen, and showed that staff were able to voice opinions. We asked staff on duty if they felt comfortable in doing so and they replied that they could contribute to meeting agendas and 'be heard', acknowledged and supported. Staff told us there was good communication between staff and the management team.

The manager was aware of when notifications had to be sent to the Commission, although as reported in the quality audit dated 15 April 2016 carried out by the head of quality and care services, these had not always been sent through in a timely manner. These notifications would tell us about any important events that had happened in the home. Notifications had been sent in to tell us about incidents that required a notification. We used this information to monitor the service and to check how any events had been handled. This demonstrated manager understood their legal obligations.

There were effective systems in place to manage risks to people's safety and welfare in the environment. The provider contracted with specialists companies to check the safety of equipment and installations such as gas, electrical systems, hoists and the lift to make sure people were protected from harm.

The service had been awarded a food hygiene rating 5 following a visit from the Food Standards Agency.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>Care and treatment of people did not always meet their needs and no meaningful activities were provided.</p> <p>Regulation 9 (1)(a)(b)(c) 2</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider had failed to act in accordance with the Mental Capacity Act (2005).</p> <p>Regulation 11 (1)(2)(3)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not established proper and safe systems for the management of medicines.</p> <p>Regulation 12 (1)(2)(g)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to operate an effective quality assurance system.</p>

Regulation 17 (1)(2)(a)(b)(c)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The provider had not established and operated effective recruitment procedures.

Regulation 19 1(a)2(a)3(a)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider failed to deploy sufficient numbers of suitably qualified, competent, skilled and experience staff to make sure that they can meet people's care and treatment needs.

The provider failed to ensure that staff received such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

Regulation 18 (1)(2)(a)