Kirkley Limited

Greenways Care Home

Inspection report

Greenways Care Home
Marton Road
Long Itchington
Warwickshire
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Tel: 01926633294

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09 March 2016

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 8 & 9 March 2016 and was unannounced.

Greenways Care Home is a residential home which provides care to older people including some people who are living with dementia. Greenways is registered to provide care for up to 27 people. At the time of our inspection there were 25 people living at the home.

There was a registered manager in post. 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.

Staff knew how to keep people safe from the risk of abuse. People told us they felt safe living at Greenways and relatives agreed their family members felt safe and protected from abuse or poor practice.

The registered manager assessed risks to people's health and welfare and wrote care plans that staff used to minimise the identified risks. However, some care plans and risk assessments required updating and more personalised information to ensure staff provided consistent support that met people's needs.

There were enough staff on duty to respond to people's health needs although some people wanted staff to spend more time with them. The premises were regularly checked to ensure risks to people's safety were minimised although some checks and improvements had not been made in a timely way.

People's medicines were not always managed, stored and administered safely in line with GP and pharmacist prescription instructions. For example, the processes to record stocks of medicines were not thorough enough which meant it was not possible to be confident people had received their medicines.

People were cared for by kind and compassionate staff, who knew their individual preferences for care and their likes and dislikes. Staff understood people's needs and abilities and received updated information at shift handovers. Staff training was completed but not all staff had received training to update their skills, in line with the provider's expectations and there was no effective system to identify which staff required training updates. People felt cared for by staff who had the skills and experience to care for them. Staff were encouraged to develop their skills and knowledge, which improved people's experience of care.

The registered manager had limited understanding of their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). No one had a DoLS in place at the time of our inspection. The registered manager acknowledged people's care plans did not always record information to make sure they had the proper authority to deprive a person of their liberty if it was in their best interests. For people with complex needs, records were not completed to show that their representatives or families and other health professionals were involved in making decisions in their best

interests.

People were offered meals that were suitable for their individual dietary needs and preferences. However people were not involved in menu planning and had some concerns about the quality and choice of food. People were supported to eat and drink according to their needs, which minimised risks of malnutrition. Staff ensured people obtained advice and support from other health professionals to maintain and improve their health, and when their health needs changed.

People and their representatives were not always involved in care planning reviews although they said staff provided the care they needed. Care was planned to meet people's individual needs and abilities. Care plans were reviewed although some information required updating to ensure staff had the necessary information to support people as their needs changed. Some people felt their physical and mental stimulation was limited because they were not proactively supported to pursue their own hobbies and interests.

The quality monitoring system included reviews of people's care plans and checks on medicines management. Accidents, incidents and falls were not always analysed to prevent further incidents from happening. Improvements were required in assessing risks to people and how staffing levels were determined to ensure safe levels of care were maintained to a standard that supported people's welfare.

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 the 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?

Requires Improvement

The service was not consistently safe.

Medicines were not always administered, recorded and stored safely so we could not be confident people had their medicines as prescribed. People told us they felt safe and staff understood their responsibility to report any observed or suspected abuse. Staff supported people who had been identified as being at risk although risk assessments were not always updated to reflect people's current health needs.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff had completed essential training to meet people's needs but this was not always updated in line with the provider's expectations. Where there were doubts about people's capacity to make specific decisions, mental capacity assessments had not been completed. People were supported to maintain their health and referred to external healthcare professionals when a need was identified.

Is the service caring?

Requires Improvement

The service was not consistently caring.

Staff provided care in a kind and sensitive manner, however there were periods of time when people had limited interactions with staff, or staff were not available or attentive to people's caring needs. People told us when staff spent time with them, staff were patient, caring and understanding.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People and their families were not always involved in planning how they were cared for and supported. Staff understood people's preferences, likes and dislikes and how they wanted to spend their time but there was minimal physical and mental stimulation for people, which did not always meet their needs.

The provider had not received any formal complaints because people felt their concerns were not valued

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Some systems required better organisation to ensure improvements that had been identified, resulted in positive actions being taken. Medicine and care plan audits were not always effective in identifying improvements that ensured people received a service that was safe and effective. People and staff were supported by a registered manager and provider that did not always seek people and family member's feedback about the service provided.

Greenways Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 8 March 2016 and was unannounced and we returned on 9 March 2016 to speak with more people about their experiences of living at Greenways. On both days, the inspection was completed by one inspector.

Before the inspection visit we looked at our own systems to see if we had received any concerns or compliments about Greenways Care Home. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We considered this information when planning our inspection to the home.

This home is required to send us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This inspection was completed before the provider had an opportunity to complete this. During this inspection, we asked the registered manager to provide us with information that showed us how they managed the service. We also asked for evidence to show what they were proud of, and what improvements they had identified and when they planned to address them.

To help us understand people's experience of the service we spent periods of time during both days observing lounge and dining areas. This included observing the lunchtime experience. To gain people's opinions of the home we spoke with nine people and one relative. We also spoke with the registered manager, deputy manager, three care staff and the cook.

We looked at six people's care plan records to see how they were cared for and supported. We looked at other records related to people's care such as medicine records, daily logs and social activity records. We also looked at quality audits, records of complaints, incidents and accidents at the home and health and

safety records.

Requires Improvement

Is the service safe?

Our findings

People told us they received their medicines when required and were happy for staff to provide and support them. One person told us, "I have medication every day, staff always bring them to me with water." The registered manager told us they limited the number of trained staff who administered medicines to reduce potential errors and risks to people. People received their medicines from staff who had completed medication training, however, staff told us they had not been assessed as competent. The registered manager told us they had not assessed staff as competent to administer medicines in the last two years and gave no reasons to explain why. This meant they could not be certain staff managed medicines safely.

We looked at five examples of people's medicine administration records (MAR) and checked to see how medicines were administered and stored. We found some gaps in the MARs and all five examples did not record available medicines stocks at the beginning of each cycle. This made it difficult for staff to check if the correct number of medicines had been received and if an error was made, it could be resolved in a timely way without adversely affecting people's health and wellbeing.

Speaking with the registered manager, trained staff and from our observations of records, we found checks were not in place to make sure people received their medicines as prescribed. For example, one record showed a person who had a prescribed medicine to manage and reduce swelling to their legs. Records indicated this had not been given from 4 February 2016 to 15 February 2016. There was no documentation to explain why. We spoke with the staff member administering medicines that day and asked them if the person had this medicine. They responded, "I haven't given it." We identified 23 tablets were unaccounted for. When we asked if the person had taken them, the registered manager said, "No idea." This person also took medicine for the prevention or treatment of iron-deficiency anaemia. The registered manager counted the tablets and counted them directly into their hand, which had potential for cross contamination. Three tablets were unaccounted for and we were given no explanation.

We looked at another person's MAR and they were prescribed aspirin and records showed they had been given it the morning of our visit. We found no medicine was available to be given and discussed this with the registered manager. They told us this medicine had stopped, but other staff were not aware of this, which meant there was a risk medicines could be given when not required.

Controlled drugs (medicines that require extra safe storage and management) were stored safely following guidance and recorded in the controlled drugs register. This register was checked by staff on medication audits and the register was accurate in regard to the contents of the controlled drug stock. We looked at one person who had a pain relief patch (controlled drug) and found there was no guidance or body map being used that informed staff where the patch was to be located
(in line with manufacturers guidance). Some pain relief patch medicines need to be positioned in different areas of the body within a certain time period. Without prior knowledge of the previous location, there is potential to locate the pain relief patch in the same area, which meant there was a risk of people getting more of their medicines than was prescribed. Speaking with the trained staff and registered manager, they were not aware of this practice.

We found some medicines such as eye drops and medicines to prevent constipation were not always stored in accordance with manufacturer's guidance. There was no dedicated medicines refrigerator, so some medicines were stored in the kitchen refrigerator, alongside food items.

We spoke with the registered manager who said they completed regular medicines audits and were satisfied with the results. We checked monthly audits and found no errors or improvements had been identified. We found people were not always protected against the risks associated with medicines because the provider did not safely manage medicines in the home.

This was a breach of Regulation 12 (1) (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe living at Greenways and they said for the majority of time, staff responded to their care and support needs. Some people told us at certain times of the day they had to wait for assistance, but not for long. One person said, "I like it here, the staff come and check on me, the mornings are busier so you have to wait, but it is to be expected." People had mixed views about levels of care staff at the home and whether it supported their physical and emotional wellbeing. Comments people made were, "I would say there is enough", "The afternoons drag, staff don't do anything to keep us busy", "Not enough staff, staff don't sit and talk" and "They have things to do." One person said, "They don't spend quality time with us."

Some staff felt there were enough staff on duty and those who did not, said this put additional pressures on them. One staff member told us, "An extra in the afternoon would help" and another care worker said, "Most of the time, staffing is fine. In the afternoon it's low, we need someone then." A relative told us, "There is possibly enough staff, not enough staff though to sit and talk with [person's name]." This relative said, "Staff don't have a great deal of interaction." We found staff were able to meet people's physical needs, although our observations supported the mixed comments about limited staff interaction. Staff did not rush people when delivering care and call bells were answered within reasonable timescales. On the day of our inspection, staff responded to people's requests in the communal areas and people who were cared for in their rooms.

We asked the registered manager how staffing levels were agreed, they told us they were based on the number of people in the home and the needs of people. There was no dependency tool used to determine staffing levels but the registered manager told us, "It is how we have always done it." When we told the registered manager how people felt, they agreed to look at the deployment and staffing levels to ensure people's needs were met. The registered manager told us they and their deputy manager supported staff to ensure people did not wait for help. People and staff confirmed this.

People said they felt safe living at the home and did not feel neglected or uncomfortable when staff supported them. One person said, "The staff are lovely, very kind." Another person explained they felt safe and said, "It's hard to say why you do, you just get a feeling you are cared for." We asked staff how they made sure people who lived at the home were safe and protected. All staff had a clear understanding of the different kinds of potential abuse, and told us they had received training on how to protect people from abuse or harm. They were aware of their role and responsibilities in relation to protecting people and what action they would take if they suspected abuse had happened within the home. One staff member said, "I would not stand for anything like that. I would report it to the manager and CQC." This staff member said they would also report any concerns to the owners. All staff said they had not seen anything that required reporting.

The registered manager said the provider had a policy and procedure about safeguarding and this linked in with the local authority's protection of adult's procedure. The registered manager told us what action they would take if they suspected abuse. They told us they would refer any incidents of abuse to the provider, CQC and the local authority.

Risk assessments and care records identified where people were potentially at risk and actions were identified to manage or reduce potential risks. Staff spoken with understood the risks associated with people's individual care needs. For example, staff knew how to support people who were at risk of falling, or their skin becoming sore. Speaking with staff showed us they knew how to support people to reduce the potential for risk. Where people were at risk of falling, risk assessments had been reviewed and additional support and equipment identified. One person had three falls in March 2016 and the registered manager was assessing that person to see what other measures could be implemented to help keep them safe. This person told us they wanted to stay at the home.

We found regular fire checks and systems were completed and during our visit, an external contractor serviced the hoists to ensure they remained fit for use. The registered manager told us they walked the premises on a regular basis to ensure the environment was safe and any potential risks to safety were reported and actioned.

During our visit the registered manager walked us around the home. We found one downstairs toilet area had damage to the plasterwork which had been identified but not reported. We checked two upstairs bedrooms and found the opening windows did not have restrictors, with one window that opened out onto a flat roof. The registered manager was not aware windows above a certain height, did not have, or required some form of restrictor. We asked the registered manager if they made regular checks to ensure the water temperatures and water quality were safe. We found water temperatures had not been checked since October 2009 and a legionella check had not been completed since April 2008. The registered manager gave us no practical reason why these had not been completed, but recognised the importance of completing them. They told us they would speak with the provider to ensure these checks were regularly completed.

Requires Improvement

Is the service effective?

Our findings

People told us they were pleased with the support they received from staff and they felt they had the skills and experience to care for them. One person said they felt confident with staff's abilities because in their opinion, "I think they are trained and they have been here for years, some are very good." The registered manager was recruiting and told us it was difficult to recruit, but they wanted the 'right staff'. They said and we found, staff had worked at Greenways for a long period of time and people and a relative said the staff were very consistent so knew people well.

Staff told us they received training to meet people's health and safety needs and they had received some training specific to the needs of people, such as caring for people living with dementia. The registered manager used a training schedule to make sure staff received training to update their skills and this showed not all staff had received this. The schedule showed some staff had not received training updates since 2011. However some staff had received certificates for recent training, so it was difficult to establish who had done what training and who still required it. We were told future training was planned for safeguarding adults and the registered manager was confident all staff had received moving and handling training.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Mental capacity assessments were not always documented for people who lacked capacity to make certain decisions. It was difficult to establish whether people, their family and appropriate healthcare professionals were involved because the records were inconsistently completed. We found mental capacity assessments had been completed for people who had capacity to make decisions which were not required, but for those who did not, no assessments had been completed.

Records of best interest meetings and any decisions had not been recorded. It is a requirement to record best interest meetings and mental capacity assessments. The registered manager confirmed to us families were involved but was unable to support this with records of those meetings and decisions. One relative whose family member lacked capacity told us they were involved in making some care decisions. We found staff had not received mental capacity training and had limited understanding of people's capacity. However they followed the principles of the Act when providing people with support and respected the right of people with capacity to make decisions about their care and treatment. Where people lacked capacity, people and a relative said staff did not always provide people with choice, although staff said they did encourage everyone to make choices. Some people we spoke with told us staff recognised they wanted to remain independent, which included making their own day to day decisions. Staff gave us examples of how they sought consent and how they made sure people had consented before any care was provided. One

staff member said, "We always ask."

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).The registered manager was not clear what their responsibilities were under the legislation and was not aware of a court ruling made in 2014. They agreed to follow this up to see if this impacted on people living at Greenways as most people would not be safe to leave the premises without staff supervision. No applications had been made to the local authority to make sure people's freedoms were not unnecessarily restricted. The registered manager said DoLS applications for people would be considered and completed where necessary, however they felt confident no one's freedom was being unnecessarily restricted.

We observed the support people received during their lunchtime meal and saw people were given a choice of two meals and if they wanted something else, this was provided. The atmosphere was calm and relaxed and some people sat together, involved in conversation. One person said, "I like to sit here with my friends." The cook told us they received information about people's dietary needs so they made sure people received their foods in a way that did not put them at risk. They said they were told of people's choices, "When they first come to the home and if there are any changes." They said, "People have two choices of main meal but if they want something else, we can do it."

People gave us mixed views about the quality of food, such as the "Food is very good, I have a good appetite and you get a choice" and "Tea time is awful, just sandwiches." Everyone told us they were not involved in menu planning and the cook told us menus were decided by the registered manager." The registered manager said they had not involved people in menus and did not give a reason why. We asked people what they would like and some people told us salads, more fruit and more fresh food. Whilst talking with the cook, we checked food stocks and told them what people had said to us. The cook said people liked fruit salads and could have salad if they wanted. We checked available stocks and found some salad items and fruit were 10 days past their use by date. The cook agreed to discard the items by saying, "We cannot give them that" and said the provider was delivering new food stocks the next day.

We saw people were offered a variety of drinks during our inspection visit and staff understood the importance of keeping people hydrated. Staff told us they checked people remained hydrated and nourished. Staff said where people were identified as being at risk, people were weighed weekly and if their weight caused concern, support from dieticians or other health professionals was requested.

People told us they saw other healthcare professionals when required such as a GP and a chiropodist. The registered manager showed us a quality survey sent in 2014 that asked health care professionals for their views of the support provided by Greenways. Returned surveys contained positive results. No one had any pressure areas or skin breakdown at the time of our visit. The registered manager confirmed that a GP visited the home weekly and if people required, they would come out that day.

Requires Improvement

Is the service caring?

Our findings

People were complimentary about staff who they described as 'kind, caring and respectful'. People said staff supported them when they required assistance and they told us they received the support they needed, when they needed it. People said if it took them time to do certain things, staff were patient, attentive and worked to their pace. Comments made to us were, "The staff are very nice, they look after me well", "They are polite" and "The staff are alright, I am independent but they take over if I need help." A relative we spoke with said, "The staff team are good and the home is homely and friendly." They also told us they were involved in yearly care review meetings and when important care decisions needed to be made.

During our visit we saw friendly interactions with people, although staff did not always have time to sit and talk with people. People and a relative we spoke with confirmed this. One person said, "The afternoons are a drag, staff don't do anything to keep us busy. Some people can't get involved (because of their health condition), so staff can't put themselves out for one or two." We asked what involvement they wanted and they said, "I want staff to tell me, not the other way around." This person felt staff were not always proactive in supporting those who were more independent. A relative shared similar concerns and said, "[Person] gets TLC (tender loving care) to an extent, but staff don't offer choice or involve them."

This relative said a lack of staff involvement in how their relation was cared for, had some impact on promoting people's dignity. They told us it was the little things that made a difference and sometimes staff were not always attentive. For example, they told us staff did not always make sure their family member was cleaned following breakfast or other mealtimes in a timely manner. They said their relative used to take pride in their appearance, so it was important to them how well they were presented. During our visit we saw staff attempted to clean this person following their meal, but left them in a jumper clearly marked by food spills.

One person we spoke with gave us an example that demonstrated staff did not always provide caring support that people needed. They told us some people who lived at the home were unable to effectively communicate and needed help, especially at lunchtime. They said, "Some have Alzheimer's and can't recognise the food. I have seen people push it away and staff don't encourage people." This person said, "It's the personalities of the carers. Most of them are good" and went onto say, "It was not the fault of the person who required assistance."

We saw staff spoke respectfully and explained what they were doing as they supported people to move around the home, or if people were upset or agitated. Staff helped keep people calm and relaxed. For example, one person we spoke with became upset and anxious when they talked about a recent experience. A staff member visited the person to check they were okay and provided reassurance and words of comfort. The staff member made sure the person was okay before they left, saying, "If there are any problems, to call immediately, it is no problem, that is what your bell is for."

Most people we spoke with were able to express their views and opinions and we asked them if they were involved in their care decisions. None of the people we spoke with could recall being

involved in decisions about their care but people did not seem concerned. People told us they were satisfied with the support they received. A relative said they were involved in yearly care plan reviews, and if they had concerns, they would raise them with staff. They told us about one issue that they raised, which although took one month to be resolved, they were satisfied their concern was addressed.

The registered manager said care plans were reflective of people's needs and were reviewed monthly, although some of the care plans required further improvements so staff provided consistent care. They said people were not routinely involved in monthly reviews but said this was something they would consider in future. They said relatives were always involved and updated when people's health and wellbeing changed.

Most people said staff promoted their independence and supported them to do things for themselves, such as washing, dressing and making their own day to day choices. Comments people made were, "I can wash myself but I need a little help", "I can get ready for bed but I do need help to lift my legs" and "I am fine mentally, physically it is difficult but I know help is there." One person said they were independent but felt staff were not always understanding of their needs. They gave us an example by saying, "You might look like you can do something if you look well, but you can't." They explained further by saying staff did not always ask them how they were and if they needed help on occasions or not. This person said sometimes they did not feel they could ask for help, especially when they felt staff believed they were more able.

Staff respected people's privacy and dignity and they understood people's need for personal space and privacy. We spoke with three people who preferred their own company and spent most time in their rooms. They said staff respected their choice. People's bedrooms were individually furnished with personal items such as furniture, pictures, photographs and other personal memorabilia. They said staff checked on them to ensure they were okay.

Staff understood the importance of caring for people and they described to us the qualities staff had at Greenways. Staff said there was a good team that knew people's needs and they all helped each other. All the staff said they enjoyed working at the home and got on well with people they supported.

People were supported to maintain relationships with people important to them. Visitors were able to enjoy meals with their family member and visit whenever they wanted, without restriction. One relative told us they came a few times a week and felt welcomed. A relative said relatives of other people visited and there was a friendship which had built between them. They said relatives of other people would sit and chat with other people which they all appreciated and gave them comfort.

Requires Improvement

Is the service responsive?

Our findings

People told us they were happy with the support they received from staff and were complimentary about the staff who provided their care and support. Comments people made to us were, "Very good on the whole", "I like to have my bell close, I call and staff come quickly" and "All in all, they take good care of me."

People said staff responded to their requests for help, although some people said at certain times, usually in the mornings, if they rang their call bells for help there were occasional delays. People said if staff could not help them immediately, they would explain that they would come back and provide the support they required as soon as possible. Everyone said they did not wait long, usually five to 10 minutes.

A lack of positive staff involvement made people give us mixed opinions about the quality of opportunities they had to follow their interests. Comments made to us were, "We don't have quality time", staff don't sit and talk", "I would like to talk with staff", "I like to stay in my own room and read" and "Afternoons absolutely drag, staff don't do anything to keep us busy." Some people said they enjoyed reading and read all of the books and had no other reading material. They said, "I would like to do something different, but what?" People said they had outside entertainers, such as musicians which some enjoyed and people from the local college visited to talk with people. During our visit, we saw no activities took place. People sat in the lounge, some read newspapers while others spent time in their own rooms. Some people told us they formed supportive friendships with each other living in the home and they chose to sit next to each other during the day and at meal times.

People told us they enjoyed going into the garden and courtyard areas when the weather allowed. Other people told us relatives or friends visited and they went out with them within the local area or for trips. Staff told us they tried to support people to do the things they liked but other tasks and time pressures, especially in the morning and late afternoon meant that they did not always have time to support people with activities. There was no dedicated staff member responsible for organising and supporting people with their hobbies and interests. The registered manager agreed staff did not always spend time with people as they were always supporting people.

We looked at six care plans and found inconsistent information and not everyone was involved in how their care was planned. People's care records did not always support their current needs and a summary entitled 'current situation' was not always updated when people's needs had changed, such as changes in mobility and how to manage new or emerging risks. We found care records were not consistently reviewed. Although staff spoken with could tell us about people's needs, staff did not always have accurate and available information available to refer to if needed. This had potential for inconsistent levels of care to be provided.

Staff said they referred to care records, senior staff and found daily 'handover' provided them with useful and relevant information to help them meet people's needs. Staff said this was important, especially if they had been off or if people's needs had changed since they last supported them.

Most of the people we spoke with told us they did not feel confident voicing their concerns. Most people we

spoke with and a relative gave us examples of areas for improvements at the home, such as activities and the quality of food. We asked people if they had raised these concerns, but people told us they did not feel able to share their views. One person said, "I would like to tell them, but we are not allowed." Another person said they had raised a concern, but would not do it again because they did not like the manner of the person who responded to them.

The registered manager told us they had not received any formal complaints in the last 12 months. The provider's complaints policy was located in a folder in the communal hallway. This provided people with timescales and set out how their complaint would be actioned. The registered manager said people usually came to see them to discuss any issues which meant the need to raise a formal complaint was reduced. During our inspection one person voiced their concerns to us and with their permission, we shared these with the registered manager. When we returned the second day, the registered manager had visited this person and explained what they would do to reduce their concerns.

Requires Improvement

Is the service well-led?

Our findings

Nine people said they were happy living at the home and the home had a friendly atmosphere because people got on well with each other. One person said, "It's lovely, staff are lovely and I wouldn't change it." One common concern most people shared with us, was the inability to be involved in how the home was run, or how the service could be improved. People told us they had no opportunities to feedback about the service or share ideas. For example, people who used the service and their relatives said there were no meetings to discuss issues or ideas. During our visit, some people told us they disliked the food, but did not feel able to individually voice their concerns. One person told us, "The food is awful but what can I do about it?" We asked people if they wanted a meeting to share their views. Most people said yes, but some told us they had reservations whether prompt actions would be taken, or if they would be listened to. One person said, "One day I complained and [person employed] shouted at the top of their voice – 'To go and find somewhere to live'. I won't do it again." Speaking with people showed us the culture or people's perceptions did not provide them with an opportunity to be open and honest about the service. One person who told us some of their concerns said, "I am not voicing them anymore, anyway I have said enough to you. Leave it at that."

Information on how to raise a concern was kept by the front door in a folder. The policy said people could leave their comments in a box. The registered manager said they had not checked the box for some considerable time. We asked why and they said, "We are worried what people might say." We checked the box which was empty. The registered manager's approach was not proactive in dealing with people's concerns positively and in a timely way. We spoke with one person and a relative who said the registered manager had responded to a concern they raised, but were concerned with the time it took to resolve.

We asked the registered manager how they sought people's views about the service. They said, "We used to send surveys to people and their families but this has not happened since 2014, and we used to have residents' meetings." They gave no reason why both had stopped. When we gave them a summary of what people had told us, they were upset that people felt this way and assured us they would look for ways to hear people's voice and feedback.

Staff felt supported and respected by the registered manager and each other. Staff said they could raise any issue with the registered manager and were confident that it would be addressed appropriately in a timely way. Staff said the registered manager was approachable and they could go to them anytime. Staff told us that staff meetings were held and they were productive. Most of the staff said they received one to one meetings, but were not frequent although staff said if they had a concern, they would approach the registered manager without delay. Staff said one to one meetings when held, were useful. They told us that feedback from the registered manager was constructive and supportive. The registered manager planned six one to one meetings each year with staff but had fallen behind because of other work pressures.

The registered manager knew their strengths and areas for improvement. We asked the registered manager what they felt the provider was getting right and what could be improved. They responded, "The care and quality people get here is my priority, we don't record what we check." They agreed the support they

provided was sometimes at the cost of the necessary day to day management and checks.

Speaking with the registered manager and reviewing their systems we identified a lack of proactive management and leadership which affected the quality of service provided. For example, we looked at the processes the registered manager used to make sure people received safe and effective care, from staff who were trained and qualified to provide that care. The system that monitored training had not been updated for some time. We asked for the latest copy and were shown a training schedule that showed almost all staff last received manual handling training in April 2011. The registered manager said staff had completed this, but they were unsure who still required specific training updates in other areas.

We looked at the management checks and audits that monitored quality and safety at the home and found they were not effective. For example, a recently completed infection control audit showed no issues were found. However we found items such as body lotion and shampoo which we were told were, "Communal" left in bathrooms. Maintenance issues that had potential infection control risks were not responded to in a timely fashion or reported. For example, one downstairs toilet had a large area of damaged plasterwork which we were told had been damaged for months, had not been reported. Also in this toilet, staff stored two baskets of clean towels. The registered manager said they were there because, "We don't have any storage areas." The infection control audit failed to highlight these concerns which had potential for cross infection.

One person told us a piece of equipment that monitored the effectiveness of their mattress, "Was beeping for days and staff have done nothing. I haven't slept." We brought this to the attention of the registered manager and it was replaced the same day, although they told us they had not been made aware previously.

Audits showed incidents and accidents had been recorded and where appropriate, people received the support they needed. The registered manager told us they had not analysed incidents for any emerging patterns or had taken effective measures to reduce the potential of further incidents. The registered manager told us their analysis, "Was not thorough enough and required improvement." We found one person had fallen three times during March 2016. One fall required paramedic intervention and the person received treatment for an open wound and blood loss. Part of our planning process was to check if we received any statutory notifications. We had not received a statutory notification for this incident which is a legal requirement. We asked the registered manager why they had not sent one to us and they responded, "I didn't know I had to."

Other regular audits such as care plan reviews and risk assessments that were reviewed monthly were not always accurate, detailed or consistent with people's individual care plans. We saw some care plans that had been reviewed in February 2016 contained a section called 'Current situation' which staff referred to for a quick summary. In some care plans, these were dated 2014 and 2015, and did not support people's changing needs. One person's mobility plan recorded they required two staff to transfer safely, using a hoist. The 'current situation' review said the person walked with the aid of a frame. This inconsistent information had potential to place people at risk.

Regular medicines audits were completed but these had not identified the concerns we found regarding stock balances, totals of medicine carried forward and controlled drug medicines. The registered manager acknowledged improvements were required and told us they would seek improvements as a priority. Care plans were not always updated and the registered manager told us this was a shared role with the deputy manager. They said the deputy manager provided them support by having 'supernumery' hours. We were told this did not always happen because they spent most of their time assisting staff and supporting people.

The deputy manager said, "It was difficult to get care plans updated because on the evening there is only two of us (care staff). I am helping with personal care, medicines, kitchen duties, laundry and ironing." We spoke with the registered manager about how they could ensure they had enough time to support them. They told us they would speak with staff, the provider and reassess staffing levels and staff deployment within the home to make sure it is completed.

People's individual care records were kept securely in a locked cabinet (although the key was kept in the lock at all times of our visit) so staff had access to those records. People's personal and sensitive information was not always managed appropriately and kept confidential. For example, in the communal lounge area we saw a chalk board recording 'Patches' and listed five names of people living at the home. We were told this helped staff know when people's patch medicines required changing. We asked how this affected people's privacy and dignity. The registered manager said, "It helps us" and "I had not thought about it until you have just said." The registered manager said the provider visited them but did not have a system of checks they completed that assured them, improvements were being identified and action taken. The registered manager told us they would approach the provider for support to improve the quality of service people received.

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

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicine management was not effective to protect people from potential harm. Regulation 12 (1)(2)(g).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems or processes were not robust, established and operated effectively to ensure risks to people were reduced and to provide a good quality service to people. Regulation 17 (1)(2)(a)(b)(e).