

Heltcorp Limited

Rotherwood Care Home

Inspection report

Doncaster Road
East Dene
Rotherham
S65 2DA
Tel: 01709 820025

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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?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

This inspection was carried out on 8 and 11 December 2015 and it was unannounced on the first day. At the last inspection, in May 2014, the service was judged compliant with the regulations inspected.

Rotherwood Care Home is situated on the outskirts of Rotherham close to local shops and public transport. It provides accommodation for up to 27 people who require personal care, nursing care is not provided. Care is provided for people who have needs associated with those of older people.

The service did not have a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The regional manager told us that they were looking to appoint a new manager in the near future. Since the

Summary of findings

registered manager left in September 2015 the service has been supported by the regional manager and another registered manager that works in another home owned by the provider.

People told us they felt safe living in Rotherwood. One person said, "Staff are here for you, they make you feel safe. It's nice living here." There were procedures to follow if staff had any concerns about the safety of people they supported.

The requirements of the Mental Capacity Act 2005 were in place to protect people who may not have the capacity to make decisions for themselves. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

People's physical health was monitored as required. This included the monitoring of people's health conditions and symptoms so appropriate referrals to health professionals could be made. For example, we saw visitors to the home included the district nurse, advanced nurse practitioner, chiropodists, dieticians and doctors visited people when needed.

The arrangements for handling and administering medicines required some improvements to ensure it was safe and people received their medicines as prescribed. We found the drugs store room needed some attention to ensure it was suitable for the storing of medication. There was no suitable arrangement for hand washing to prevent cross infection. We found some of the systems to record and store medication was not sufficiently robust. You can see what action we told the provider to take at the back of the full version of the report.

There were sufficient staff with the right skills and competencies to meet the assessed needs of people living in the home. Most staff were recruited safely, however the regional manager was unable to locate two staff members' files that we asked to see. You can see what action we told the provider to take at the back of the full version of the report.

Staff were aware of people's nutritional needs and made sure they supported people to have a healthy diet, with choices of a good variety of food and drink. People we spoke with told us they enjoyed the meals and there was always something on the menu they liked.

People were able to access activities. We saw posters advertising the Christmas party which was due to take place later in December. Regular entertainment took place each month which included 'Lost Chord' and movement to exercise classes.

We found the service had a friendly relaxed atmosphere which felt homely. Staff approached people in a kind and caring way which encouraged people to express how and when they needed support. One person said, "It feels like home living here." Another person said, "Staff are always there when you need help."

We found some people who used the service were living well with dementia. However, **we have made a recommendation** that the provider consider best practice guidance in relation to the flooring, lighting and throughout the communal areas of the home, and the use of contrasting colours on the corridors. This will enable people to orientate themselves around the home

Some areas of the home required improvements to ensure they were fit for purpose. The kitchenette used throughout the day was dirty. Equipment within the kitchenette required a deep clean to help prevent and control the risk of cross infection. You can see what action we told the provider to take at the back of the full version of the report.

Staff told us it had been a difficult period without a manager but they said the regional manager and the manager from another home had given support when needed. People told us they were aware of the complaints procedure and said staff would assist them if they needed to use it. We noted from the records that some concerns had been raised by the local council commissioners.

The systems to monitor and improve the quality of the service were ineffective. The regional manager was not able to produce audits that were completed by the registered manager before she left employment. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service required improvements to ensure it was safe.

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the homes procedures in place to safeguard vulnerable people from abuse.

People's health was monitored and reviewed as required. This included appropriate referrals to health professionals. Individual risks had also been assessed and identified as part of the support and care planning process.

There were enough qualified, skilled and experienced staff to meet people's needs. However, two personnel files could not be located. We saw when people needed support or assistance from staff there was always a member of staff available to give this support.

Some improvements were required to ensure the risk and control of infection was reduced. The arrangements for handling and administering medicines required some improvements to ensure it was safe and people received their medicines as prescribed.

Requires improvement



Is the service effective?

The service was not effective.

Each member of staff had a programme of training and were trained to care and support people who used the service safely and to a good standard.

The staff we spoke with during our inspection understood the importance of the Mental Capacity Act in protecting people and the importance of involving people in making decisions. We also found the service to be meeting the requirements of the Deprivation of Liberty Safeguards.

People's nutritional needs were met. The food we saw, provided variety and choice and ensured a well-balanced diet for people living in the home. We observed people being given choices of what to eat and what time to eat.

Some staff had received supervision although none had received their yearly appraisal.

Requires improvement



Is the service caring?

The service was caring.

People told us they were happy with the care they received. We saw staff had a warm rapport with the people they cared for. Relatives told us they were satisfied with the care at the home. They found the staff approachable and available to answer questions they may have had.

Good



Summary of findings

People had been involved in deciding how they wanted their care to be given and they told us they discussed this before they moved in.

Is the service responsive?

The service was responsive.

We found that peoples' needs were assessed prior to them moving in to this service. Visitors told us they had been consulted about the care of their relative before their admission to the home.

Relatives told us that communication with them was not always what they wanted. One relative told us the home without a manager meant there was "no one to lead the staff."

People could access activities that were planned both in the home and in the community, however people told us they were infrequent as the activity co-ordinator was not always on duty.

The service had a complaints procedure that was accessible to people who used the service and their relatives. People told us they had no reason to complain as the service met their needs.

The service was responsive.

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We recommend that the service explores the relevant guidance on how to make environments used by people living with dementia more 'dementia friendly'

Good



Is the service well-led?

Not all aspects of the service were well led.

There was no registered manager at the service at the time of this inspection.

Requires improvement



Summary of findings

The regional manager carried out some audits of service provision. However, records of some of these audits were not readily available as we were told they had been archived. This would make it difficult to ensure identified actions were followed up.

Accidents and incidents were monitored monthly by the regional manager to ensure any triggers or trends were identified.

Rotherwood 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 and 11 December 2015 and was unannounced on the first day. The inspection team consisted of an adult social care inspector.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the manager. We also contacted the local council's contracts compliance officer who also monitors the service. We looked on the NHS Choices web site to gather further information about the service. We spoke to the clinical commissioning group nurse who visits the home to review people's care needs.

Prior to our visit we had received a provider information return (PIR) from the provider which helped us to prepare for the inspection. 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.

At the time of our inspection there were 25 people using the service. We spoke with the regional manager, a registered manager from another home within the organisation, four care staff and the cook. We also spoke with eight people who used the service and four visiting relatives. This helped us evaluate the quality of interactions that took place between people living in the home and the staff who supported them.

We spent time observing care throughout the service. We also 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 looked at documentation relating to people who used the service, staff and the management of the service. We looked at four people's written records, including the plans of their care. We also looked at the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement. We also spoke to the food safety officer from the local council about our concerns about the cleanliness of the kitchen.

Is the service safe?

Our findings

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. People we spoke with told us they felt safe. One person said, "It's my home, I feel safe and staff look after us all." Another person said, "The staff are kind and considerate and look after us well. One relative we spoke with told us that they were confident in the staff's ability to keep their family member safe.

At this inspection we found improvements were required to ensure that people's medicines were safely managed. Medication was securely stored with additional storage for controlled drugs, which the Misuse of Drugs Act 1971 states should be stored with additional security. However, the room where the medicines were stored was full of boxes and pieces of wood and a fold down table. This made it difficult to access the medication fridge which was stored down two steps into the bottom of the cupboard. The store room was situated in the corner of the main seating area which meant staff had to walk in front of people who may have been watching the television. We discussed this with the regional manager who told us they would look to relocate where medication was stored.

We checked the controlled drug (CD) book against the actual drugs stored in the cabinet. We found errors on two people's records. One person's records for pain control medicine showed there should be four patches left in stock, however none could be found. The senior carer was unable to explain why the records and the stock did not match. On the second day of this inspection the senior carer was able to confirm to us that the patches had been found in the CD cupboard. We checked the stock and records and they were accurate. Another person's pain control medicine showed there was one in stock this was not stored in the controlled drug cabinet. We spoke with the senior carer who told us that the person had left the home and it should have been sent home with the person. The senior carer went on to say that the patch was in the returns box which meant it was not safely stored as required in line with current legislation.

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

We saw care plans included how each person preferred to take their medication and any allergies they may have had were also recorded. Staff had recorded if people had the capacity to consent to taking their medication and appropriate documentation was seen in relation to this.

During breakfast we observed the senior care staff administering medication. We saw they did this in a professional, low key manner. They locked the medicine cabinet every time they left it even if only moving to a nearby person. We heard the senior care worker ask people if they required pain relief and acted upon their wishes.

We saw the senior care worker followed good practice guidance and recorded medicines correctly after they had been given. Some people were prescribed medicines to be taken only 'when required', for example painkillers. We saw plans were available that identified why these medicines were prescribed and when they should be given. The senior care staff we spoke with knew how to tell when people needed these medicines and gave them correctly.

The regional manager showed us training records to confirm staff had the necessary skills to administer medication safely. An annual competency check was also undertaken. Monthly audits were undertaken to ensure medication was administered as prescribed. We noted that the last two audits had highlighted that photographs of some of the people who used the service was required to help identify them when senior staff were administering medications. We saw some of the medication administration records still required photographs. This meant the audits were ineffective, and could lead to the medication being given to the wrong person.

A safeguarding vulnerable adult's policy was available and staff were required to read it as part of their induction. We looked at information we hold on the provider and found there were no ongoing safeguarding investigations. The provider told us about a recent safeguarding which resulted in the dismissal of two members of staff. The provider had acted swiftly to ensure people's ongoing safety and protection.

We spoke with staff about their understanding of protecting vulnerable adults from abuse. They told us they had undertaken safeguarding training and would know what to do if they witnessed bad practice or other incidents that they felt should be reported. They were aware of the local

Is the service safe?

authorities safeguarding policies and procedures and would refer to them for guidance. They said they would report anything straight away to the senior or the regional manager, in the absence of a permanent manager.

Staff had a good understanding about the whistle blowing procedures and felt that their identity would be kept safe when using the procedures. We saw staff had received training in this subject.

The regional manager told us that they had policies and procedures to manage risks. There were emergency plans in place to ensure people's safety in the event of a fire or other emergency at the home. We saw there was a fire risk assessment which had been agreed with the fire safety officer. Risks associated with personal care were well managed. We saw care records included risk assessments to manage people who were identified at risk of falling. Staff were also vigilant when observing people moving around the home. For example, we saw staff responding quickly to assist people who were unsteady when getting up out of the lounge chair. Staff also gave guidance to people who walked using a walking frame for balance.

We looked at four staff recruitment files and found the provider had recruited staff safely. However we were made aware that two staff files could not be found by the regional manager. The regional manager contacted us after the inspection to confirm one staff file had been located in archived records. They told us that they were in the process of risk assessing the other member of staff and had made the decision to undertake a new Disclosure and Barring Service (DBS) check before allowing the staff member to work further shifts at the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults.

The four staff files we saw contained an application form, written references and evidence that formal interviews had taken place. All new staff completed a full induction programme that, when completed, was signed off by their line manager. Staff we spoke with confirmed the arrangements to ensure they were competent and confident to work unsupervised.

The regional manager told us that staff at the service did not commence employment until a DBS check had been received. This helped to ensure only suitable people were employed by this service.

We looked at the number of staff that were on duty on the days of our visit and checked the staff rosters to confirm the number was correct with the staffing levels they had determined. The regional manager told us they used a formula for calculating how many staff were required to keep people safe. They also used a dependency tool within the care records to help determine staffing levels. People who used the service and their relatives raised no concerns about staffing levels. One relative said, "There always seems to be sufficient staff working, but I sometimes worry when new staff are on duty because they may not know my relative's needs."

We looked around the home and found the home generally clean and tidy. However, the kitchenette used throughout the day was not hygienically clean and would not protect people from the risk of cross infection. We found a set of dentures were in a dish at the side of clean crockery. A waste bin at the side of the clean crockery exposed rubbish as the lid was not closed. The carpet was dirty with debris from waste food. The fridge, dishwasher and microwave were dirty and needed clearing of food debris. Cereals and bread was left on the side of the work surface and store cupboards needed cleaning. When we returned on the second day of the inspection the kitchenette had been thoroughly cleaned. However, the provider has considered the replacement of the floor covering so that it is impervious to enable it to be thoroughly cleaned.

There was a workstation along one wall in the kitchenette which was used for staff to write up their daily notes. This was untidy and confidential records were left for anyone to pick up and read. We were told visitors were also encouraged to use the facility to make hot drinks. Therefore records were not stored safely. We brought this to the attention of the regional manager. The area was cleared of confidential files later during this inspection.

We looked around the kitchen which was in the basement of the home and found areas which needed deep cleaning. A waste bin was rusty making it difficult to clean. The upright fridge had large amounts of ice which required attention to ensure food was stored correctly. The flooring was badly damaged which made it difficult to clean to a satisfactory standard. This meant that the premises may not be suitable to prevent the risk, prevention and control of infections. We have shared our concerns with the local authority who inspects food businesses. We were unable to locate the food safety certificate which should be displayed

Is the service safe?

in the home, but the regional manager told us that the last inspection by the food safety officer had downgraded the home to three stars which indicated that improvements were required.

This was a breach of Regulation 12 (2) (h) Safe care and treatment; of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service effective?

Our findings

People were supported to have their assessed needs, preferences and choices met by staff that had the right skills and competencies. People who used the service and the relatives we spoke with told us that the care provided was good. However, one relative told us that sometimes communication between staff could be better. The relative went on to say that they thought standards had fallen in the absence of a registered manager. We discussed this with the regional manager who told us they appreciated the comments being made and hoped that a new manager would be appointed in the near future.

We looked at the care records for four people who used the service and there was evidence that people were consulted about how they wanted to receive their care. Consent was gained for things related to their care. For example we saw people had consented to the use of photographs on care plans and medical records. People were also consulted about their continuing involvement in care plan reviews. We saw care records were evaluated monthly.

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.

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 are called the Deprivation of Liberty Safeguards (DoLS).

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 were aware of the Mental Capacity Act and the Deprivation of Liberty Safeguards. This legislation is used to protect people who might not be able to make informed decisions on their own. At the time of the inspection the regional manager told us they had made one application to the local council's supervisory body. We looked at the application which had been submitted but was still awaiting a decision.

Staff were expected to complete a full induction before commencing employment at the home. The regional manager told us they used face to face and on-line training. Training videos were also used to provide some refresher training in certain subjects.

The staff we spoke with told us they were encouraged to update their training on a regular basis and they felt they had the skills and competencies to meet people's needs. The training matrix confirmed staff had completed their mandatory training in the subjects of safeguarding, moving and handling, food hygiene and infection control. Some staff still needed to complete training in dementia awareness. We brought this to the attention of the regional manager. One member of staff we spoke with told us they had recently completed a more advanced course in dementia care and found the training beneficial as it gave them a better understanding of people living with dementia.

We looked at staff files and found some staff had received formal supervision (one to one meetings with their manager) from the regional manager. However, staff told us they had not received supervision for a long time prior to the regional manager offering her support to staff. The regional manager told us that annual appraisals of their work had not been completed. Annual appraisals provide a framework to monitor performance, practice and to identify any areas for development and training to support staff to fulfil their roles and responsibilities. Staff we spoke with told us that morale was quite low without a manager, although they said they continued to provide a good service to people who used the service.

This was a breach of Regulation 18 (2) (a) Staffing; of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had suitable arrangements in place that ensured people received good nutrition and hydration. We looked at four people's care plans and found that they contained detailed information on their dietary needs and the level of support they needed to ensure that they received a balanced diet. Risk assessments such as the Malnutrition Universal Screening Tool (MUST) had been used to identify specific risks associated with people's nutrition. These assessments were being reviewed on a regular basis. Where people were identified as at risk of malnutrition, referrals had been made to the dietician for specialist advice.

Is the service effective?

The cook told us they received training specific to their role, including food safety. The cook confirmed to us that the provider had not looked at the guidance from the 'Food standards agency.' This was in relation to the 14 allergens. The Food Information Regulation, which came into force in December 2014, introduces a requirement that food businesses must provide information about the allergenic ingredients used in any food they provide. The regional manager told us that they would consider the guidance in the near future. We have shared this information with the local authority who inspects food businesses.

We joined a group of people eating their meals. We carried out a SOFI during lunch on the first day of this inspection. We saw that people had a choice of hot and cold drinks, and squash and water. The majority of the people were able to eat their meals independently, where people needed support this was done discreetly by staff. We saw that people found it difficult to move around in the dining room because of the limited space. Walking frames had to be removed from the area which made it difficult to move away from the table when they had finished eating.

People's care records showed that their day to day health needs were being met. People had access to a designated GP who visited regularly for routine consultations and medicine reviews. Additionally, the district nurses visited the service on a regular basis for routine treatments, such as changing dressings and undertaking blood tests. Records showed that people were supported to attend other specialist services such as the diabetic clinic, audiology and dental services.

From the information we read about people and from our observations we noted that some people were living with dementia. However, we found the flooring in some of the communal areas was not dementia friendly. Corridor and kitchenette carpets had a pattern which could be disorientating and confusing. People living with dementia may mistake patterns as litter and may attempt to pick up what they are seeing. This may result in the person falling.

We have recommended that the provider finds out more information based on current best practice, in relation to the specialist needs of people living with dementia. In particular about the lighting, flooring and the use of contrasting colours on the corridors.

Is the service caring?

Our findings

People told us they were happy with the care they received. We saw staff had a warm rapport with the people they cared for. Our observations found staff were kind, compassionate and caring towards the people in their care. People were treated with respect and their dignity was maintained throughout. People who used the service and visitors were positive when describing interactions with the staff. One person said, "I am comfortable here; I like to have a lie in until lunchtime and then I get up. The staff help me into my wheelchair." Another said, "I can wash myself but staff help me, I am very comfortable here; its cosy." Relatives told us they were more than satisfied with the care at the home. They found the staff were approachable and available to answer questions they may have had.

Relatives and visitors to the home told us that there were no restrictions to the times when they visited the home. One relative said, "I visit regularly at different times and there has never been a problem. Staff always greets me in a friendly manner."

We saw there were designated dignity champions. The champion's role included ensuring staff respected people and looked at different ways to promote dignity within the home. We observed that people were treated with respect and dignity was maintained. Staff ensured toilet and bathroom doors were closed when in use. Staff were also able to explain how they supported people with personal care in their own rooms with door and curtains closed to maintain privacy. One relative we spoke with said, "They (the staff) are respectful and kind, they treat my relative in a dignified manner."

We looked at four care and support plans in detail. People's needs were assessed and care and support was planned and delivered in line with their individual needs. People living at the home had their own detailed and descriptive plan of care. The care plans were written in an individual way, which included family information, how people liked

to communicate, nutritional needs, likes, dislikes and what was important to them. The information covered all aspects of people's needs, included a profile of the person and clear guidance for staff on how to meet people's needs.

Some files we looked at contained a 'What if, celebrating my life'. This was a tool for relatives of people living with dementia to complete that let health and social care professionals know about their wishes at the end of their life. The information helped staff to better understand a person's needs, if the time came when they could not fully respond to the questions staff asked. Files also contained a 'My daily routine' document which gave staff an overview of the persons likes, dislikes and routines from getting up until going to bed.

The SOFI observation we carried out showed us there were positive interactions between the three people we observed and the staff supporting them. We saw people were discretely assisted to their rooms for personal care when required; staff acknowledged when people required assistance and responded appropriately. For example, one person said, "They are never far away when we're in the lounge."

People had chosen what they wanted to bring into the home to furnish their bedrooms. They had brought their ornaments and photographs of family and friends or other pictures for their walls. This personalised their space and supported people to orientate themselves. However, bedroom doors all looked the same and were the same colour which made it difficult for people to orientate around the home.

The regional manager told us they would assist people to visit the local churches if they wished. This ensured the spiritual and religious needs of those who considered them of importance were met on a regular basis. We saw one person being assisted to go to a local Church hall where a coffee morning was taking place. The person told us that it was important to them to continue to attend Church.

Is the service responsive?

Our findings

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The people we spoke with told us the standard of care they received was good. However, one relative told us they thought the standards had slipped since there had been no manager. We looked at copies of four people's assessments and care plans. They gave a picture of people's needs. They were person-centred in the way that they were written. For example, they included such information as people's preferences about their likes and dislikes in relation to food and leisure activities, and the times they usually liked to go to bed and to get up.

People were able to access activities. We saw posters advertising the Christmas party which was due to take place later in December. Regular entertainment took place each month which included 'Lost Chord' and movement to exercise classes. 'Lost Chord' are groups of musicians that visit care home so that they can experience a wide range of musical instruments. We did not observe any activities during the two days of this inspection and people spent most of their day sat watching television. Staff had very little time to interact and spend time with people. Most of the interactions we saw were task orientated, for example taking people for their meals and to use the bathroom. People that we spoke with told us there were very little opportunities for them to take part in activities in the home, but they enjoyed entertainment when it was provided in the home.

When we arrived for the second day of this inspection we saw the home was decorated ready for Christmas. People that used the service were pleased with the efforts of staff to make the home look festive. Appropriate festive music also played in the background. The regional manager told us that on Fridays the home sent out for fish and chips from a local takeaway. It was clear from people's comments that they thoroughly enjoyed the takeaway meal.

We found the home had a friendly relaxed atmosphere which felt homely. Staff approached people in a kind and caring way which encouraged people to express how and when they needed support. One person said, "It feels like home living here." Another person said, "Staff are always there when you need help."

We saw that copies of Rotherwood's complaints policy were displayed throughout the home. People we spoke with mostly said they had no complaints but would speak to staff if they had any concerns. The regional manager showed records of concerns and complaints. We noted that most concerns came into the home via the local councils contracting team. We looked at four recent contract concerns which were in relation to hydration, medication, trips and the skills and competencies of staff in relation to dementia care. We saw the completed records which had been returned to the local council's contract officer with the details of how the home had investigated the concerns.

Is the service well-led?

Our findings

The home did not have a registered manager at the time of this inspection. The regional manager told us that the registered manager left after a period of absence in August 2015. The service was being supported by regular visits from the regional manager and another manager from another home belonging to the organisation.

From our observations and speaking to relatives and staff the home currently lacked direction. Staff told us that the morale in the home was low and although the regional manager had given some support and direction this was not on a day to day basis. Relatives told us that the standards had slipped without the leadership of a manager.

Staff we spoke with told us they had received a recent supervision from the regional manager but it had been a long time prior to this when they had the opportunity to discuss work and development issues. We found some staff had received supervision, but none had received their yearly appraisal.

The regional manager told us that the systems and records to demonstrate quality monitoring could not be found. The regional manager said she thought the previous registered manager had taken some key documents home. However, they had not been able to contact them to have the documents returned. The regional manager was unable to locate two staff files along with records which would demonstrate that regular monitoring of the home had taken place. We saw examples of medicines audits. Although medicines were being audited these showed the same issue in the last two audits regarding photographic

identification of service users and improvements were required but no action had been taken to address the issues. We also found some of the systems to record and store medication was not sufficiently robust and this had not been identified through a robust quality monitoring system.

We asked the regional manager if she carried out monitoring checks at the home. She confirmed that she visited the home regularly but was unable to produce any written reports of her visits. We asked how the home managed health and safety risks, for example checks on water temperatures and general maintenance of the building. She told us that the provider carried out these checks but was unable to produce reports of the checks.

We checked health and safety certificates to ensure essential safety equipment had been properly maintained. This included fire safety, portable appliance equipment checks, gas, mechanical hoist, and lift safety certificates. These were all within the dates required for servicing.

We asked to see a copy of the service's Statement of Purpose. A Statement of Purpose is a document that registered providers are required by law to have, and to keep regularly under review. When we checked the document, we found that it did not hold all the information that it was legally required to have. The information about external regulators required updating and information about how to make a complaint also required some amendments.

This was a breach of Regulation 17 Good governance; of the 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 legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to record and store medicines appropriately.</p> <p>People were not protected against the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated.</p> <p>Regulation 12(1)(2)(f)(g)(h)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>People who used the service were not protected against the risks of inappropriate care by means of the effective operation of systems designed to regularly assess and monitor the quality of the service.</p> <p>Regulation 17.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>Staff should receive appropriate ongoing or periodic supervision in their role to make sure competence is maintained.</p> <p>Regulation 18(2)(a)</p>