Leamington Spa Nursing Home Limited

Royal Leamington Spa Nursing Home

Inspection report

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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**

Overall summary

This inspection took place on 23 April 2015 and was unannounced.

Royal Leamington Spa Nursing Home is an older style property, divided into two houses and over three floors. The home consists of two buildings identified as houses '14' and '16'. People living in house 14 were considered by care staff to have higher level care needs.

The home is registered to provide nursing or personal care for up to 46 older people. At the time of our inspection there were 38 people living at the home.

A registered manager was not in post as they had left the service in May 2013. 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

Summary of findings

and Social Care Act and associated Regulations about how the service is run. A new manager had been appointed and they planned to complete the process for registration.

Most people at Royal Leamington Spa Nursing Home had high level nursing needs. Many of them were cared for in bed and required two carers to support them. People told us they felt safe living at the home and their care needs were met, but they often had to wait for long periods for staff to assist them with their care.

Some people told us staff were respectful and kind towards them, however others said at times staff could be abrupt in their approach. They told us staff were not always caring and on occasions people's dignity was not respected.

Care plans contained some relevant information for staff to help them provide the care and treatment people required. However, we found these contained primarily medical information and little information about people's histories, preferences and interests. Risk assessments were minimal in their detail and did not identify risks clearly, and ways to reduce these or prevent them. This did not protect people from the risks associated with their high care needs.

Checks were carried out prior to staff starting work at the home to ensure their suitability for employment. A period of induction then enabled them to understand systems within the home and people's individual needs. We saw staff had training in areas considered essential to meet people's needs safely and consistently. Staff were encouraged to continue to develop their skills in health and social care by managers.

People told us they liked the food and we saw there were a variety of food and snacks available which people could access when they were hungry. However at times drinks were not always accessible. People with special dietary needs were catered for, and relatives could come and eat a meal with their family member if they wished to do so.

Most people we spoke with were positive about the management and the running of the home. We saw systems were in place to make sure the environment was safe for people that lived there. Records of complaints were not up to date so we were unable to see how they had been managed and whether people were satisfied with the outcome. Some people told us they did not feel their concerns had been addressed.

Medicines were stored securely and systems ensured people received their medicine as prescribed. People's health and social care needs were reviewed regularly with appropriate referrals made to other professionals.

Written consent forms had been completed for some areas of care, but we saw that often relatives had signed these on behalf of their family members. Many of these people had capacity to make their own decisions, so these were not being completed appropriately and within legal guidelines.

Staff responsible for assessing people's needs, understood the Mental Capacity Act, and we saw that when there were concerns about people's capacity, some assessments had been completed to determine people's ability to make certain decisions. Where people were assessed as lacking capacity, decisions were made in their 'best interests'.

The provider was not meeting the requirements set out in the Deprivation of Liberty Safeguards (DoLS). At the time of the inspection, no applications had been made under DoLS for people's freedoms and liberties to be restricted. The manager had not contacted the local authority in line with recent changes to DoLS to ensure people's liberties were not being restricted.

People were given choice about how they wanted to spend their day and were able to retain some independence in their everyday lives. Family and friends were able to visit without restrictions and staff encouraged relatives to maintain a role in the lives of their family members.

Some people told us they were supported to be involved in pursing their own hobbies and interests. Activities were available for people living in the home and one to one activities were provided for people who were cared for in bed. Some people felt more activities could be provided to meet their social needs.

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?

Requires improvement

The service was not consistently safe.

People told us they felt safe but there were not always enough staff to care for them. Risk assessments had minimal information to guide staff in how to protect people from identified risk. Some emergency plans were in place, however these were not individualised and some staff were unaware of them. Medicines were managed safely and people received these as prescribed. Staff told us they knew how to safeguard people from abuse and what to do if they had concerns. However, some could be abrupt with people and this had not been raised as a concern by any staff.

Is the service effective?

Requires improvement

The service was not always effective.

Some people had consented for their care to be provided however documents showed that family members had consented to care on people's behalf where they had capacity to do this themselves. Staff responsible for assessing people's needs, had some understanding of mental capacity but a limited understanding of DoLS. Where people did not have capacity to make decisions, support was sought in line with legal requirements. People enjoyed the food at the home and different dietary needs were catered for. A choice of food and drink was offered however drinks were not always available to people when they required them.

Is the service caring?

Requires improvement

The service was not always caring.

Several people at the home and their relatives told us some staff were not caring in their approach and we saw examples of this in the way staff interacted with people. People were encouraged to be independent where possible, however care was not always provided ensuring dignity and respect. Staff treated people as individuals and some staff knew people's needs well. People were given some choice and where possible their preferences were catered for.

Is the service responsive?

Requires improvement

The service was not consistently responsive.

Activities were available for people to enjoy, but many people were cared for in bed and their social needs were not always fully met. People had no formal opportunities to meet with staff and discuss any issues of concern; although their relatives had some opportunity to do this. Some complaints were recorded but it was not clear if they were dealt with to people's satisfaction. Some people told us they did not feel listened to by staff at the home.

Summary of findings

Is the service well-led?

The service was not consistently well led.

The manager had not sent notifications about the service or informed us about any significant events so we were unaware of any current information about the service. Staff told us the managers were approachable and issues they raised were addressed by them. However some people told us that they did not feel some concerns had been addressed. We saw systems to ensure the home was safe and the manager was 'hands' on in their approach to running the service. However the manager was unaware of the approach of some staff and how many people felt about this.

Requires improvement 

Royal Leamington Spa 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 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 23 April 2015 and was unannounced. The inspection team consisted of two inspectors.

We reviewed the information we held about the service. We looked at information received from relatives and other agencies involved in people's care. We also looked at the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We had not received any notifications from this service since October 2012. We spoke with the local authority but they did not share any information with us that we were not already aware of.

Before the inspection, we requested the provider completed 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 was not returned prior to our visit as the manager told us they had not seen this or been aware of this request.

We spent time observing care in the lounge and communal areas, however this was made difficult due to the limited space. We spoke with eight people who lived at the home and four visiting relatives. We spoke with 11 staff including the cook, activity co-ordinators, maintenance person, the deputy manager and the manager. We looked at five people's care records and other documentation related to people's care including quality assurance checks, management of medicines, complaints and accident and incident records.

Requires improvement

Is the service safe?

Our findings

Some people told us they felt safe and cared for at the home. One person told us, "I feel safe here. I would soon let them know if I wasn't happy with the way I was treated." Another person told us, "I feel safe, I don't have any worries in that respect."

However, when we looked at whether staffing levels were sufficient to meet people's needs, several people we spoke with told us they often had to wait for their care needs to be met and call bells were not answered quickly. One person told us, "If you mention having to wait to anyone, they tell you there are other people here who need care; you will just have to wait. This causes me distress and anxiety." Another person told us, "When you ask for help you always have to wait. Sometimes it's not too bad, about 10 to 15 minutes but sometimes it can take an hour for someone to come."

During our visit, we observed staff explain that they would be along shortly to support people with their care needs, but one person waited for 30 minutes before staff returned. Throughout the day, call bells rang continuously. The manager told us they aimed to answer call bells within five minutes but this was not always possible. We asked a staff member about the staffing levels and they told us, "Yes, there is enough staff, if they are not off sick". Another staff member told us, "Staffing levels are low; it could be a lot better". They told us sometimes there were only eight members of staff working. On the day of our visit, there were nine care staff and two nurses working with the manager and this was the planned staffing level. Due to the high level needs of people at the home, care took a long time to provide. Even when they were 'fully staffed', and despite staff covering each other if they were absent, there were not enough staff to care for people when they required help and they had to wait for assistance.

The manager told us the rota was based on a ratio of staff to people and took into account people's dependency levels, however they did not explain how often these levels were reviewed. There was no formal tool used to assess this. There was currently one staff vacancy at the home.

Many people had high level nursing needs which placed them at risk. One person's nutritional needs had been identified as being of concern and a dietician had been involved in supporting them. Another person's mobility levels had deteriorated recently, staff told us they were aware of this change but the risk assessments we saw only contained basic information. Nurses and keyworkers were responsible for updating risk assessments when people's needs changed or as a minimum, monthly. Staff had a basic understanding of how to minimise risks to people's health and care needs, but systems required improving to identify ways of reducing and preventing this. As staff were not always able to meet people's needs promptly this increased the risks further. A more comprehensive risk assessment would alert staff to any changes, so action could be taken quickly to keep people safe.

Staff we spoke with told us they understood what to do if they suspected people were at risk of harm or abuse. One member of staff told us, "If I had any concerns about abuse I would report them to the nurses or the manager. I have completed training in safeguarding". We asked one staff member about whistleblowing and they told us there was a whistleblowing policy and they knew what to do if they had any concerns about the home. We saw this displayed in the staff room and we were aware there had been a whistleblowing made about this service in the past. A different staff member said, "I would report any concerns" and told us they had done this once and the manager had reported it to the safeguarding team. Staff we spoke with were able to tell us about the different types of abuse which could occur and they had no concerns about anything in the way care was provided at the home, although we observed some staff were abrupt when providing care. Although staff told us they knew about some types of abuse and what to do about this, they did not feel that the way some staff talked to people at the home was of concern, and accepted this as part of the culture there. We saw one staff member being abrupt with a person and telling them they had to be patient when waiting for their care. Other staff witnessed this conversation however no one appeared to feel this was either concerning or unusual.

Processes for recruiting suitable staff meant that references were sought prior to them starting work and appropriate background checks were carried out. An organisation was commissioned to do these checks on behalf of the service. Nurse's pin numbers were verified to ensure nursing staff were qualified to work in this role and as a further check of staff credentials to keep people safe.

Requires improvement

Is the service safe?

People told us care staff supported them to take their prescribed medicines when required. One person told us, "Yes I get medicines when I should." Systems ensured people received their medicines safely from staff that were suitably trained. Medicines were stored in line with manufacturer's guidelines. Medicine administration records (MARs) confirmed each medicine had been administered and signed for at the appropriate time. No one currently self-medicated, however people had done so in the past. The manager carried out checks to ensure nursing staff were competent to administer medicines. One nurse told us they had recently had their competency check completed. Medicine audits were carried out at the service by a national pharmacy.

PRN (as required) medication was documented when given and a nurse told us, "We ask people" to see if they required this. If people were unable to say, staff used non-verbal signs to guide them and protocols were in place to inform them of this. Some homely remedies were given in discussion with the GP.

Records showed accidents and incidents had been recorded and where appropriate, people received support following this. There was no analysis of any of the accidents or incidents to identify trends or if any could have been prevented. We saw one person had fallen nine times in ten months, however there was no explanation of the reason why, or if any preventative action had been taken. We checked their care records and these showed basic information about falls prevention, however staff told us they knew the person's needs well, but it had not been documented.

Two part time maintenance staff worked at the home and we saw they had a system of checks to ensure the building was safe and these included water temperature and fire safety. One maintenance worker told us, "I think there are safe processes in place, we look after them (people) and ensure the environment is safe." They told us the cleaning staff were good and they worked as a team. Staff completed a maintenance book to communicate with them any work required. One staff member told us the maintenance staff arranged servicing of equipment and told us, "It's quite good really, it's checked regularly". A fire test was carried out weekly and staff received annual fire training. The maintenance person told us they had identified a problem with the fire escape recently and had now addressed this so it was safe to use in an emergency. Staff worked together as a team and were effective in their roles in keeping the building and equipment safe.

The manager told us plans were documented in case of fire or emergency and there were contingency plans to use another building if people could not return to the home. We asked the deputy manager about this, but they did not know what these plans were. The manager told us people had personal emergency evacuation plans (PEEPs) detailing people's care and mobility needs, however we were unable to see these as they could not be found by the manager. This meant that in an emergency, people at the home, most of whom had poor mobility levels, could not be assisted quickly, safely and effectively. Plans were not available or accessible for staff and emergency services to keep people safe.

Requires improvement

Is the service effective?

Our findings

Some people told us they usually received care and support from staff who had the skills and experience to care for them, but other people had different views. One person told us, "The staff understand my needs and they support me well with my health conditions." However another person told us, "The staff have no understanding about my health conditions. I would expect in a nursing home for staff to be knowledgeable about illnesses that affect people but I have to keep explaining to them what is wrong with me. I don't receive the support I need because they don't understand."

Staff spoken with told us they received an induction when they started work at the home. One staff member told us this lasted two weeks and they were provided with an induction pack of information about the home. Staff received training considered essential to meet people's health and social care needs. However, the manager told us they had identified all staff required further training updates to meet the specific care needs of the people who lived in the home. On the day of our visit, a training session was being held about Parkinson's Disease. One staff member told us they had received training in caring for people with dementia and said, "I found it really interesting, the different aspects of dementia; I understand how to approach people better". Another staff member had done end of life care training and told us, "If the person is really poorly, you don't want to 'push' them, you may need to leave them alone, make sure they feel secure or be with them, so they are not alone". Some staff were supported to do additional NVQ qualifications to further develop their skills in care.

Nurses had specialist additional training and the deputy manager was completing some management training and told us this helped them to be more effective in their role as it, "Made them more aware of the benefit of supervision and supporting staff". The manager kept a matrix of training to monitor what training staff had received and when updates were required so their knowledge was kept up to date. Observations of staff were completed by managers in day to day practice. Staff were supported in their day to day roles with 'one to one' meeting with managers and some 'group supervision'. These were around every three months and gave staff an opportunity to discuss any queries they had or raise any issues.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. This is a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe.

Staff we spoke with had limited understanding about MCA and DoLS as only senior staff had received this training. The senior staff were responsible for assessing people's capacity to consent to their care and they demonstrated an awareness of the MCA and DoLS. We found that some people had been formally assessed as 'lacking capacity' and there was a record of decisions made in their best interests. However, other people lacked capacity and there was no record of best interest decisions, and relatives made decisions for them.

One person told us, "I don't think I have ever been asked to consent to anything". The provider routinely asked relatives for consent to the sharing of information about people. We saw forms were signed by family members for photographs to be used on a care website, even though the people had capacity to consent for themselves. People were not supported to make decisions consistently and in line with their abilities to do so. We highlighted this to the manager and the manager agreed these would be reviewed.

The manager had limited understanding of DoLS and what this meant. Some people we saw at the home who met the criteria for assessment to decide if there was a deprivation of liberty, had not been considered for this. No one had a DoLS application for assessment submitted or authorisation in place. The manager agreed this would be reviewed.

We looked at DNAR (do not attempt resuscitation) forms. These had been completed with GP involvement. Forms we saw were completed correctly showing people's wishes. People were supported to make decisions regarding resuscitation consistently and in line with their abilities to do so.

People told us they enjoyed the food at the home. People could choose their meals and one person told us, "You choose each day what you would like to eat. The staff come round with a menu in the morning and ask us what we want. I think the food is good and I enjoy my meals." Another person told us, "There is plenty to eat and the meals are good." One relative told us, "The food is of an

Is the service effective?

excellent quality, the kitchen staff work hard to produce lovely meals." Comments from everyone we spoke with were consistently positive about the food. The inspection visit was on St George's day and a roast beef dinner was served to celebrate.

Some people had special dietary needs and the kitchen staff liaised with care staff to understand these. One person we spoke with told us they had seen a dietician for their nutritional needs to be assessed. They told us, "I saw the dietician as I can't eat well these days and I have lost weight. They gave me different supplements to try and now I have those every day in addition to whatever I can manage to eat." Some people had their food and fluid monitored where their intake had been identified as a concern. We saw someone had pureed food and this was made to look more appetising by being plated in individual coloured portions.

Food was available for people when they wanted this and staff told us if people did not want any choices on the menu, alternatives were provided. That day for lunch it was smoked fish but one person had requested an alternative and this was given. There were jugs of water and fruit juice available in the lounge, but people could not always reach these independently to help themselves. We saw drinks in some people's bedrooms were also out of reach. People could not always access drinks when they wanted to and staff did not appear to notice they were sometimes out of reach. This was highlighted to staff who addressed this.

We observed that people did not use the dining room for meals, some people took their meals in their rooms and the serving of meals went on into the afternoon. Other people had their meals on a small table in the lounge. One person told us, "I would like the opportunity to eat in the dining room. It is too small for people to use and people's mobility scooters are stored there. The staff hold meetings in there." Where people took their meals in the lounge they were cramped and we observed some staff knelt on the floor in front of people to support them with eating as there was limited space next to them. People were not supported to eat their meals in a comfortable or sociable environment and some told us they would prefer to eat in the dining room.

People saw other healthcare professionals when required and one person told us, "I visit the pain clinic. My condition has deteriorated recently and the GP visits regularly to review my care." Another person told us, "I have seen the optician and the doctor comes when you need them." People were able to access the local GP or could retain their previous GP. People were supported to access care and support when this was required from other professionals.

Requires improvement

Is the service caring?

Our findings

People had mixed views about whether the staff were caring at Royal Leamington Spa Nursing Home. People we spoke with told us that most staff were kind and caring but that there was a small percentage of staff that they found 'rude and unkind'. One person told us, "Most of the staff are kind but there are a few who are rude and disrespectful. I was told off this morning by a carer for not saying please and thank you enough. I don't call that respectful." Another person told us, "The staff are alright. They don't always come when you call them and if you keep calling they scold you for it."

We asked staff about how they cared for people to ensure dignity and respect. One staff member told us, "You always speak to people, not 'over' them" and another staff member said, "This is their home and we do everything we can". However, one person told us, "Most of the staff treat you with dignity and respect but not all of them. They can be short with me sometimes." One family member told us, "My relative has been shouted at by staff. Most of the staff are very good but there are a few who are inconsiderate and downright rude." We observed one person asking for support with their care. We saw the care staff tell them, "We are busy with another person at the moment, you will be next. I have told you before; you need to learn to be a patient patient." A different person told us they had used the commode but were only 'allowed' to do this for passing urine. They told us, "I accidentally did a 'number two' and was told off for it by staff".

We saw on a complaint form, someone had wanted to use the toilet at night and because they wore a pad the staff member had said, 'You have a pad on, use it, we'll be round in a bit'. Dignity was not provided for people in the care they received and people were not always being treated with respect by staff.

We raised these concerns with the manager who was surprised at the comments made by people living at the home and told us they were unaware of these concerns. The manager did not provide us with any further information about how these concerns would be investigated or addressed.

Following this visit we discussed our concerns with the local authority safeguarding team.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some examples were given of when staff were caring. One staff member bought a person a TV magazine each week, as they knew they liked it. Another staff member bought a person mint humbugs as they were aware it was their favourite sweet. A different member of staff bought a Chinese takeaway for someone who enjoyed Chinese food and a staff member purchased a 'dot to dot' book for someone out of their own money as they had told them they liked this. One staff member told us they knew people at the home well and if they seemed at all unhappy they would support them, "If you know them, you can tell if something is wrong, you can try to find out." Some staff were caring in the support they provided to people, however some others were not.

People told us most staff respected their independence and supported them to maintain their own relationships with others. Most of the people we spoke with told us they had the opportunity to be involved in the planning of their care. One person told us, "I have talked with the staff about my needs, I'm not sure what my care plan has in it but I get the care I need." Another person told us, "I try and maintain my independence as much as I can. I do what I want to do and I go out when I please." Two people went out independently on mobility scooters. People told us they were encouraged to be independent, and one person gave us an example of them washing their face and combing their hair themselves.

Staff we spoke with, told us people could decide how they spent their day and there was no set routine. People could get up and go to bed when they wished, have meals as they preferred and their decisions would be respected. There were some married couples at the home and staff told us they would check if they were happy to be together or not, before assisting with any care.

Rooms at the home were personalised and we saw people could bring in their own furniture and personal items if they wished. All of the people we spoke with told us their relatives could come at any time and there were no restrictions on visiting times. One person played bridge and their bridge partners came in weekly for a game. The manager told us there were portable phones available for people to use if they wished to speak with their relatives in private. One person told us they had family overseas but

Requires improvement

Is the service caring?

were not aware of this, and that their relative could call them at the home. This information had not been communicated to them to enable them to keep contact with their family.

One person at the home had an advocate from Age UK who assisted them in decision making around their finances. This had been arranged by the staff, who had recognised this person required some additional support in this area.

Requires improvement

Is the service responsive?

Our findings

Some people told us they were able to contribute to the planning of their care but other people did not feel they were listened to by staff. One person told us, "I have explained over and over about certain difficulties that I have but they take no notice." Another person told us, "I do have to wait for my personal care. They come and tell you they will be there in a minute but they don't come. I have been asking for three days now for help with shaving but I am still waiting." People did not always feel staff were responsive to their needs or listened to what they wanted.

People were assessed by the manager before moving to the home, to make sure they could meet their health and care needs. The manager told us they were responsible for completing all of the pre - assessments of care for people who moved to the service. On the day of our visit, a person was leaving the home to go to another nursing home as they were unhappy there. The manager told us they had been unable to meet their needs and in this instance, the pre - assessment had not identified the higher level needs of the person which the home was unable to meet.

Care records had minimal information about people's life histories, likes, dislikes or interests. One person's record said they liked cats but nothing further apart from medical information. Other people spoken with told us staff knew their likes and dislikes and how they wanted to spend their time. One person we spoke with said, "They know what I prefer. My interests are sport, I have books to read and I watch TV." Another person enjoyed plants and said staff helped them to replant an orchid which they enjoyed.

There were two activities co-ordinators and they told us they tried to find out about people's preferences at the home to help them decide what to arrange. One said, "We take into account the resident's likes and dislikes and follow their lead." They told us they spent some 'one to one' time with people, many of whom were cared for in bed, as their health needs were high and levels of mobility poor. An example was given of reading a book with one person who had sight loss and they would then discuss this, and poetry with another person who enjoyed this. Manicures were given for some people and games of dominoes or cards played. They told us they would encourage people to join in and gave an example of doing a jigsaw with someone, "I give [person] pieces so they can find it themselves". They explained it could be challenging at times and commented, "There is enough to do, but some of the people need lots of encouragement." They told us one person would often decline everything offered however the co-ordinator told us this decision was respected

There were some group activities available people could join in with if they wished and one person told us, "There are sessions of bingo and a quiz now and then. They try to encourage me to join in but it's not my cup of tea." A slide show was provided during the afternoon which was well attended and people appeared to enjoy this. Days out were arranged and relatives could join in if they wanted to; we saw a recent trip to the Herbert Museum including family members. Some people had their religious needs supported and the Catholic priest had visited in the past but we were unaware of anyone being supported at the home currently.

Whilst there were some group activities available, improvements were required with individual support for people, many of whom required this as they were cared for in bed. One relative told us they thought one to one activities could be improved and they would like, "A bit more stimulation", for their family member. Another person told us, "There is not much to do, no one has asked me what I would like to do." Some people did not feel they were listened to or consulted with in relation to their own needs and preferences so did not join in with the activities on offer. Activities staff felt there was enough to do for people and were unaware of this.

Many people told us they had no complaints about the service but other people told us they had, and their concerns had not always been listened to or acted upon. People told us they did not always feel they could complain and if they did, the response they received varied. One relative told us, "I have raised concerns but was made to feel as though I was making a fuss." A complaints policy was displayed in the hallway and the manager told us people could make complaints verbally, as and when they arose. Someone else told us, "I have made the same comments about having to wait for care over and over. There is no response." However, a different relative was positive about raising any queries and said, "I would go to [manager], [manager] is nice and will sit and listen". We saw a complaints book but this was not up to date as we were aware one person had complained recently. Some complaints were recorded but we saw no response or the action taken to address these.

Requires improvement

Is the service well-led?

Our findings

Management of the home consisted of a manager and a deputy manager. The manager had worked there for around three years. Most staff and relatives we spoke with were positive about the managers; however other people had concerns about the service. One staff member told us, "I think the managers are definitely approachable" and told us when they had a personal issue, the support they received from management was 'really good'. A different staff member told us, "I get on well with management." One person that lived at the home told us, "The home is very good actually".

However, there were issues of concern in the way the home was being managed and these were not being addressed. One relative told us, "I don't believe there is openness and transparency. Concerns are not always investigated. I have been fearful of making a formal complaint." Other negative comments were made by people and their relatives about the culture at the home and although staff felt supported, other people did not feel they were listened to. They told us some staff could be rude and abrupt with people at times and some people were fearful of complaining. This had not been identified by the manager as a concern and when we brought this to their attention, they were unaware that this was how some people felt.

The service was required to have a registered manager in post however the registered manager had left this service in May 2013. At the time of our visit a manager had been appointed and the process for registering them with us was beginning. This person had worked at the service originally in a different role. They told us they intended to apply for registration now but did not explain why this had not been done sooner. They told us the provider lived overseas but they did receive support from them.

The manager told us they understood their legal responsibility for submitting statutory notifications to us, such as safeguarding referrals or incidents that affected the service. This is so we are aware of information about the service that affects the safety of people using it, to enable us to monitor changes or concerns effectively. However, we had not received any notifications since October 2012 and none had been recorded or kept by the manager. There had been a safeguarding referral in 2014 and two in 2015, and during our visit we were told about a recent unexpected death. We had not been notified of these by the manager. The provider was not meeting their legal obligations to notify the Commission of incidents which occur.

During our visit, the manager did not offer an explanation as to why there were gaps in paperwork and poor systems within the home which were identified during the inspection. The manager told us they had emergency procedures for staff to follow, however these could not be found when requested. Risk assessments required improvement and accidents and incidents were recorded but not analysed. People who should have been considered under DoLs had not been, and some people who lacked capacity had not had this assessed.

People had limited opportunities to feedback about the service and if they did, we were unable to see if they received a response which was to their satisfaction or any response at all. Concerns raised with us about the poor attitude of some staff, had not been identified or addressed by the manager despite the fact that they told us that they worked alongside staff. Systems to receive feedback and listen to people's concerns and to evaluate and improve the service, were not in place.

People we spoke with told us there were no meetings held at the home to gain people's views about the service and any improvements they would like to see. One person told us, "I am not aware of any meetings for residents. I have not been asked for my views about the service." We were aware that surveys were carried out, but this person had not seen one. Another person told us, "The owner pops and sees me every now and then but they have never asked for my opinion about the service." There were meetings for relatives which were advertised. A family member told us they knew about these, but had not been to one recently as they had been unable to attend.

Satisfaction surveys were issued annually for people and their relatives to complete. The results for the 2014 surveys had positive comments, however where negative comments were made there was no response documented to this. We asked the manager about this, but they did not provide us with any additional explanation about the response given to the person or if any response had been given at all. The provider did not have systems that ensured concerns about the service were recorded, investigated and used as an opportunity for learning.

Requires improvement

Is the service well-led?

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

The manager told us they were supported by the provider to carry out their duties and had a deputy manager who supported them to make sure managerial tasks and day to day running of the home was maintained in their absence. The manager said the deputy manager had some protected time to carry out their managerial responsibilities and ensure they were completed.

We asked the manager what they were proud of at the home and they told us they were proud of the people who lived there and that people were comfortable to come to the home. They told us they had an open door policy with staff and, "I encourage staff contribution". The manager told us their approach was 'hands on' and they helped with care when this was required alongside care staff and sometimes administered medication.

A staff member told us they got, "Plenty of opportunities to discuss issues" and another staff member said about this meeting, "We all have our say". Staff told us they felt listened to by managers. Staff meetings were held three monthly and we saw minutes from these meetings. We saw many of the comments made at the meeting were by the manager informing staff of their expectations and issues they had.

Some staff highlighted a high level of staff absenteeism. We asked the deputy manager about staffing levels and cover, and they told us there had been a problem but did not know why there was a high level of sickness in the last few months. Several staff told us about this and that managers did not use agency staff to cover absence, other staff were asked to cover when there were staff shortages which placed additional pressure on them.

The manager told us they carried out various quality checks and audits of the service to look at the safety of the environment, equipment and health and safety. We saw spot checks were carried out by managers in areas such as infection control to ensure the home was clean and health and safety. The manager told us that concerns found were highlighted to staff.

Within the home, the environment was restrictive and walkways and corridors narrow, which made the manoeuvring of wheelchairs and equipment such as hoists, difficult. The manager explained there were plans to develop the service with wet rooms and they were supported by the provider with these decisions. Storage space was acknowledged as a problem and consideration was being given to a storage shed for the mobility scooters which were currently being stored in the dining room. The manager showed an awareness of the challenges of the environment and plans were underway to address these over the next few months.

On the day of our inspection the dining room was being used for staff training and people ate their meals in the lounge. The service had limited space for people to use and when they wanted to do this, staff meetings and training took priority. People were not able to use the home environment to suit them and some people we spoke with told us they would have liked to do this further. The restrictions placed on people due to the environment and staff decision making, meant that people could not enjoy living at the home as they would have wished to. A lack of opportunity to raise issues like this, meant that people were not being listened to when these concerns were highlighted.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect Service users were not always treated with dignity and respect when care and treatment was provided. Regulation 10 (1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems and processes were not established by the registered provider and operated effectively, to assess, monitor and improve the quality, welfare and safety of services. Regulation 17 (1) (2) (a) (b) (e)