Sands Care Morecambe Limited

The Sands Care Home

Inspection report

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Lancashire
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22 February 2016
23 February 2016
29 February 2016
07 March 2016

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This unannounced inspection took place on 22, 23, 29 February and 07 March 2016.

The Sands Care Home is registered to provide care and accommodation for up to 90 older people. The home cares for people who require nursing or personal care. Care is provided on a 24 hour basis by registered nurses and care staff. There is a lift to access all five floors of the building. The home is situated on the promenade overlooking Morecambe Bay. Eighty eight people were residing at the home on the day of inspection.

There was not a registered manager in place. The registered provider informed us they were in the process of applying for registration as the registered manager. 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 service was last inspected 17 May 2014. We identified no concerns at this inspection and found the provider was meeting all standards we assessed.

At this inspection carried out in February 2016, feedback from people who lived at the home, relatives and visitors was mixed. People, relatives and health professionals said staff were caring. People were aware of their rights to complain.

However two people were unhappy as sometimes they had to wait to have their needs met. Relatives and staff said staffing levels were not always conducive to meet people's needs. We observed staff rushing around and people having to wait to have their needs met. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Arrangements were in place to protect people from the risk of abuse. Staff had knowledge of safeguarding procedures and were aware of their responsibilities for reporting any concerns. Recruitment procedures were in place to ensure staff were correctly vetted before being employed.

Staff retention was good and relatives said people benefited from having regular staff. Staff were provided with training and supervision to support them in their role.

The home employed an activities coordinator who was responsible for developing social activities for people who lived at the home. People told us activities took place. Care staff said they provided social activities when they had time to do so.

Arrangements were in place for managing and administering medicines. However the registered provider was not consistently working within good practice guidelines. The registered provider took immediate

action to improve systems of medicines management. We have made a recommendation about this.

Feedback from health professionals was positive. People's healthcare needs were monitored and referrals were made to health professionals in a timely manner when health needs changed. The registered provider had built links with other health professionals. This allowed good practice to be shared and developed within the home.

The registered provider was working in liaison with the local hospice to promote end of life care and prided themselves on their achievements in this area of work. Health professionals commended the way in which they managed end of life care.

We found care plans covered support needs and personal wishes. However plans were not consistently reviewed and updated. Paperwork was incomplete and there were no audit systems in place to identify consistencies within paperwork. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Feedback on the quality of food provided was positive. People were happy with the variety and choice of meals available to them. Regular snacks and drinks were available to people between meals.

Staff were positive about the way in which the home was managed. They confirmed they were supported by the registered provider. Staff described teamwork as "Good," and described the home as a good place to work.

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 always safe.

Processes were in place to protect people from abuse. Staff were aware of their responsibilities in responding to abuse.

The provider had recruitment procedures in place to ensure staff were of good character.

Arrangements were in place for management of medicines, however good practice guidelines were not consistently followed.

Deployment of staffing did not always meet the needs of people who lived at the home. Systems were not in place for reviewing staffing levels.

Is the service effective?

Good

The service was effective.

People's needs were monitored and advice was sought from other health professionals in a timely manner. People who lived at the home told us their nutritional and health needs were met.

Staff had access to on-going training and supervision to meet the individual needs of people they supported.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and the relevance to their work.

Is the service caring?

Good

Staff were caring.

People who lived at the home, relatives and visitors were positive about the caring nature of staff.

Staff respected people's rights to privacy, dignity and independence.

Is the service responsive?

Requires Improvement

The service was sometimes responsive.

Person centred care was not consistently applied. Staff did not always respond in a timely manner.

People who lived at the home were aware of their rights to complain. When people did complain we saw systems were in place for dealing with complaints.

There was a range of social activities on offer for people who lived at the home.

Is the service well-led?

Requires Improvement

The service was sometimes well led.

The registered provider had good working relationships with the staff team.

Regular communication took place between management, staff and people who lived at the home as a means to improve service delivery.

The registered provider failed to have suitable audit systems in place to identify inconsistencies within service delivery.

The Sands 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 over four days on 22, 23, 29 February 2016 and 07 March 2016. The first day was unannounced. The inspection was carried out by two adult social care inspectors and a specialist advisor on the first day. One adult social care inspector returned to the home for two further days to complete the inspection. An inspection manager visited the home with an inspector on the final day to discuss the inspection process that had taken place.

Prior to the inspection taking place, information from a variety of sources was gathered and analysed. This included notifications submitted by the provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people.
We contacted the local authority and Healthwatch and received no information of concern.

Information was gathered from a variety of sources throughout the inspection process. We spoke with thirteen staff members at the home. This included the registered provider, the manager, eight staff that provided direct care, the cook and the person responsible for maintenance of the building.

We spoke with five people who lived at the home to obtain their views on what it was like to live there. We observed interactions between staff and people to try and understand the experiences of people who lived at the home.

We spoke with five relatives and three health care professionals to see if they were satisfied with the care provided.

To gather information, we looked at a variety of records. This included care plan files relating to nine people who lived at the home and recruitment files belonging to four staff members. We viewed other

documentation which was relevant to the management of the service including health and safety certification & training records.

We also undertook a tour of the building to ensure it was clean, hygienic and a safe place for people to live.

Requires Improvement

Is the service safe?

Our findings

We used this inspection to look at staffing levels to check that suitable numbers of staff were deployed to keep people safe.

Three relatives expressed concerns about the staffing levels in place. Comments included, "Staffing levels seem a bit understaffed." And, "They have been short staffed lately."

On the first day we observed staff rushing around to complete tasks. On two occasions we observed two staff members looking for support from other staff to assist them to carry out tasks. We saw a relative waiting to speak to a member of staff. As the staff member passed, the family member made comment about them rushing. The staff member replied, "Always rushing."

Feedback from staff about staffing levels was mixed. Seven staff said they felt staffing levels were not sufficient to meet need and impacted upon their work. One staff member said, "Since Christmas time we have had more people with higher level needs admitted. The [previous registered manager] used to keep an eye on how the floors were managed to make sure we could cope but this isn't happening." Another staff member said, "It's a lot busier now. We don't have right staffing levels." Another staff member described staff as, 'stretched.' One staff member told us they had not had chance to use the bathroom that morning as they had been busy.

We spoke with staff to ascertain how they responded to need. One staff member told us they could not always guarantee to be able to meet people's requests. This showed people's preferences could not be consistently met by the registered provider.

We discussed concerns raised about staffing levels with the manager. The manager said they had not received any formal complaints about staffing levels. They said they did not use a staffing dependency tool to calculate staffing levels. The manager said extra staff could be called upon when needed and if necessary they would provide hands on support. Whilst providing feedback the manager said they were going to monitor the staffing levels over the next week and then review them. We did not receive any confirmation following the inspection to confirm this review had taken place or the outcome.

We looked at how medicines were managed within the home. Medicines were stored securely on each floor in medicines rooms. Storing medicines safely helps prevent mishandling and misuse. Tablets were blister packed by the pharmacy ready for administration. Creams and liquids were in original bottles. Controlled drugs were kept in a separate controlled drug cabinet. However we found one controlled drug cabinet was missing a lock. This fault had been corrected at the end of the inspection.

We observed medicines being administered to people. Medicines were administered to one person at a time. Staff asked people to consent to taking the medicines and then observed people taking medicines before signing for them.

During the course of the inspection we noted two drugs which had expired were being stored in the medicines cabinet. We brought these to the attention of the manager who agreed they should have been returned to pharmacy for destroying. They agreed to ensure this was carried out immediately.

We noted good practice guidelines were not consistently followed throughout the home when handling medicines. We found medicines records did not have a photo of each person upon them. Having a photograph upon a medicines record minimises the risk of incorrect medicines being administered. Allergies were not consistently recorded on MAR sheets. The registered provider had a British National Formulary (BNF) book in place but this had expired in March 2014. BNF's are books which contain medicines advice about medicines and include side effects and contra-indications. Good practice guidelines suggest books should be no more than six months out of date. We noted thickening agents used to thicken fluids were being used communally and not solely for the person it was prescribed.

On the first day of inspection we noted food thickening agents were kept in communal areas and not stored securely. In February 2015 NHS England issued a Patient Safety Alert regarding the risks associated with inappropriate consumption of the agent. All NHS providers were required to assess the risks of their clients and identify systems in managing the risk. We spoke with the manager about this. They acknowledged they still needed to risk assess the thickening agent still needed to identify suitable storage away from people who used the service.

Thickening agents were being used communally and not solely for the person it was prescribed. We observed one tin of thickener being used for all people who required it. We discussed this with the manager who agreed this was not appropriate. They said they would inform staff to stop this practice immediately.

We relayed these concerns with the manager. They agreed to speak with the Care Home Support Team to seek assistance from their pharmacist to carry out an audit. We saw evidence this had taken place. The manager said action had been taken to remedy the concerns identified.

We looked at how safeguarding procedures were managed within the home. We did this to ensure people were protected from any harm. The manager told us staff received safeguarding training to increase awareness of safeguarding matters.

Staff told us they had received training in this area. They were able to describe the different forms of abuse and systems for reporting concerns. One staff member said, "I would report it to the qualified nurse on duty." Staff said they would ensure safeguarding concerns were followed through and reported as they would chase up progress with management. Staff said they would contact the Care Quality Commission if they felt concerns were being unheard.

We looked at recruitment procedures in place at the home to ensure people were supported by suitably qualified and experienced staff. To do this we reviewed four staff files. Records maintained showed full employment checks had been carried out prior to staff commencing work. The registered provider kept recruitment records for each person. They ensured each person had two references on file prior to an individual commencing work. Staff were given a copy of their job description at induction. This enabled staff to be aware of their roles and responsibilities.

The registered provider requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. A valid DBS check is a statutory requirement for all people providing a regulated activity within health and social care. Staff members confirmed they were unable to commence work until they received their DBS certification and verified this with the registered provider.

During the course of the inspection we undertook a visual inspection of the home. We did this to ensure it was adequately cleaned and appropriately maintained. We noted infection control processes were not consistently carried out. Slings for hoists were stored in communal bathrooms. Sling straps were trailing on the bathroom floor. Systems were not in place to ensure slings were cleaned and maintained to prevent cross infection. We spoke with the manager about these concerns. Action had been taken by the end of the inspection to address these concerns.

On the first morning of inspection we noted one toilet was stained with faeces. On the second morning we found this stain was still in the toilet. We brought this to the attention of the manager who agreed to find someone to clean it. The manager explained they had been short staffed that day as a member of cleaning staff had not turned up for work and juniors were carrying out the cleaning tasks. This stain in the toilet was not cleaned until the afternoon.

Following the inspection we made a referral to the infection prevention control team to support the home in developing infection control processes. The manager said they appreciated this input and welcomed the support of the infection prevention team. The infection prevention team have produced an action plan for the home to complete.

We looked at health and safety within the home to ensure working practices were carried out in a safe environment. The maintenance person confirmed they were in charge with maintaining fixtures and fittings. We looked at window restrictors in place at the home. The maintenance person and the registered provider were not aware of Health and Safety Guidance in relation to falls from height in care homes. We discussed this guidance with the registered provider on the first day. On the second day they confirmed they had consulted with the guidance and had assessed window restrictors in place as meeting the standards. We discussed this with the Local Authority Environmental Health team who visited the home after the inspection. The local authority made some recommendations to improve safety.

Sinks had thermostatic valves on them to prevent people from scalding. We checked the water temperature in several bedrooms and one bathroom. The water temperature was comfortable to touch.
Equipment used was appropriately serviced and in order. Patient hoists and fire alarms had been serviced within the past twelve months. Maintenance records showed gas safety and electrical compliance tests had been carried out and certification was up to date.
We looked at accidents and incidents that had occurred at the home. Records completed were comprehensive and up to date. Staff members on shift at the time of the accident were responsible for completing the forms. These were countersigned by a manager to show they were aware of the incident. Accidents and incidents were stored within the central office after completion. We were informed an administrator in the office was responsible for auditing these.

We recommend the registered provider refers to good practice guidelines and reviews systems and processes in place for the management of medicines.

Good

Is the service effective?

Our findings

People who lived at the home said they received effective care. One person said, "They monitor my pain for me and give me painkillers."

People visiting the home told us they were reassured their relative's needs were met by the provider. They said they were consulted with and updated regularly when there were changes to their relative's health. One relative said, "It's absolutely wonderful here. I can't fault it. It more than meets their needs." And, "Their health has been good since they moved in here."

Health professionals we spoke with had no concerns about care and praised the knowledge of staff and their ability to meet people's health needs. Two health professionals explained they visited the home frequently and had good relationships with the staff team. They said staff always responded appropriately and used their initiative in order to deliver good care.

The Sands Care Home worked closely with the Care Home Support Team to ensure standards of health were monitored and maintained. The manager said the relationship with the Care Home Support Team helped to improve quality of care by improving access to health care services. This included access to a physiotherapist and a speech and language therapist. (SALT)

Care records demonstrated health care needs were monitored and action taken to ensure health was maintained. A variety of assessments were in place to assess people's nutritional needs, fluid needs, tissue viability and mobility needs. Assessments were reviewed regularly and outcomes were recorded after each reassessment. Changes in assessed were recorded within a person's care plan.

People who lived at the home had regular appointments with general practitioners, dentists, chiropody and opticians. People were supported to hospital appointments when required. Health professional input was recorded in people's care notes. Relatives said staff were proactive in managing people's health and referring people in a timely manner. When there had been concerns about one person's health a meeting was held with relatives to discuss this.

We looked at how people's nutritional needs were met at the home. People's weights were recorded on a monthly basis. When people were at risk of malnourishment referrals had been made to the dietetics service. One person had been discharged from the dietician as they had gained weight with the support of the registered provider.

We spoke with the cook at the home. They told us they had received training to enable them to meet the diverse needs of people who lived at the home. They had worked in partnership with a dietician to develop menus for people who lived at the home. The cook said they received training in regards to diabetes and allergens. The cook was aware of people's individual needs and preferences and used this information when meal planning. They kept a list of allergen information when planning meals.

We asked people who lived at the home about the foods on offer. People we spoke with were satisfied with the quality and choice of foods available. One person said, "The food is alright. I eat it all. We get plenty of choice." Another person said, "The food is really good. They always bring us drinks." Another person said, "It's not too bad." And, "You can always ask for something else if there is nothing you fancy."
We observed people at the start of lunchtime. The dining room on the residential suite was pleasant to enhance the experience of eating. Tables were decorated with linen tablecloths and napkins. Lunch was not rushed and people were offered a variety of choices.

We observed the start of lunchtime on a nursing suite. We noted this room was cramped with fourteen people eating in there. We spoke with the nurse in charge of the floor about our observations. They explained they were aware of this and were looking for ways to improve the environment at meal times. They had tried using different tables but this had not worked. The manager said it was difficult to assess and manage as people's needs in regards to eating and drinking fluctuated. We noted people who required support with their meals were supported in a timely manner. If people wanted to eat meals in their bedrooms, staff supported them to do so.

People who required specialist equipment to assist them with eating were supplied with the equipment as required. This promoted peoples independence and dignity. Drinks were served at meal times too. A selection of drinks and snacks were offered throughout the day in between mealtimes.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Care records maintained by the provider addressed people's capacity when appropriate. We noted a capacity assessment had been carried out for one person. It determined the person did not have capacity and a best interests meeting was then carried out to determine how the health condition would be managed.

We spoke with staff to assess their working knowledge of the MCA. All staff we spoke with were aware of the need to consider capacity and what to do when people lacked capacity.

We spoke with the manager about the Deprivation of Liberty Standards. (DoLs.) The manager told us staff had completed DoLS training. We saw applications had been made to deprive people of their liberty when required.

We looked at staff training to ensure staff were given the opportunity to develop skills to enable them to give effective care. The manager said the registered provider had invested time and resources into improving staff training in the past few months. A new training room had been developed within the home. Two registered nurses at the home had been given responsibility for developing and implementing a staff training programme. This work was in its infancy.

We spoke with the two nurses responsible for developing the training programme. One nurse told us in the

past year the registered provider had supported them to complete their training certificate to enable them to provide training. They had been supported to learn new skills to support them to teach in varying areas. One of the nurses said they kept their own skills up to date by signing up to patient alerts and other networks.

One nurse explained when they did not have the required skills they would work collaboratively with other agencies to provide the training. Links had been established with the local college to deliver vocational training to staff without qualifications.

We noted the registered provider had just completed an End of Life Training Course from the nearby hospice. The manager said they had submitted their portfolio for the work and had received positive feedback from the course provider about their work.

The registered provider kept a log of training courses attended by each member of staff. Training for the next twelve months was in the process of being drafted by the two nurses with training responsibilities.

Staff told us they were happy with the training offered by the registered provider. One member of staff said training was 'good' and if they personally identified any training needs they could ask management for the training. They were confident if they asked it would be provided.

We spoke with two members of staff who were recently employed to work at the home. They told us they worked supernumerary alongside other members of staff on the commencement of their employment. They said management were supportive of them during the induction period.

We spoke to staff about supervision. Although documentation provided in staff files showed staff had not received regular supervision since 2014, staff confirmed they received regular supervision and were happy with the systems in place.

Good

Is the service caring?

Our findings

People were complimentary about staff providing care at the home. One person said, "They would wipe my nose if I asked them." Another person said, "They look after you here."

Three of the five relatives we spoke with gave positive feedback about the care provided at the home. One relative said, "The care is absolutely wonderful, we can't fault it." Another relative said, "Staff are friendly."

A health professional we spoke with described how the staff who worked at the Sands Care Home were compassionate when working with people at the end of their life. They praised the way in which staff worked with the family and the person at this difficult time.

We observed some positive interactions throughout the inspection between staff and people who lived at the home. Staff frequently checked the welfare of each person to ensure they were comfortable and not in any need. One person was being nursed in bed. Staff told us they ensured the person had regular visits to ensure they were not in need. We observed a staff member apologising when they had to leave as they needed to provide support to another person.

Privacy and dignity was addressed. Staff members knocked on people's doors and asked permission to enter rooms before entering. This showed staff were respectful about entering people's private space. We observed visitors spending time with people in their rooms. This promoted people's privacy. We observed one person being hoisted in a communal area. Staff took time to ensure they protected the person's dignity.

Staff spoke highly of the people they cared for. One staff member said, "I personally love my job. I like to be able to comfort people when they are in need." We heard one staff member talking in a gentle manner to a person they were interacting with.

Staff told us they helped people celebrate their birthday each year. When it was peoples birthdays the registered provider gave each person a card and cake and people were encouraged to choose a party tea of their choice.

We were informed staff turnover at the home was low. This enabled relationships to be built between people who lived at the home and staff. One health professional commended the low turnover of staff and said it contributed to positive relationships. They said people benefitted positively from support being provided by staff who knew people well. Relatives told us they often saw the same staff when visiting.

One of the relatives we spoke with commended the service provider on the hospitality provided. They said, "We are always made welcome."

Relatives praised the registered provider for keeping them informed. They said if any changes occurred to people's health they were informed in a timely manner.

Requires Improvement

Is the service responsive?

Our findings

Four of the five people who lived at the home said care provided was responsive to individual need and they were happy with the service provided. One person said, "I've never had to complain."

People who lived at the home were aware they could complain and were aware of who to complain to. One person said, "I would complain to the big fella. He is always about." Another person said, "I could complain to any member of staff."

Two relatives said they had never had any need to complain about the service provided. One relative told us they had made complaints but had never had any feedback in response to their complaints.

Posters were readily displayed throughout the home reminding people of their rights to complain. People were asked for feedback in regards to service provision. One person made an informal comment about the service expressing dissatisfaction. The manager highlighted their rights to make a formal complaint. This showed us the registered provider was open and transparent and willing to take forward and act upon complaints.

Staff told us they were aware of the organisations complaints procedure and said they would report complaints to the administrator's office who would deal with them accordingly. We looked at records kept by the registered provider and noted when a complaint had been made the registered provider kept a record of the complaint and outcomes.

We looked at how person centred support was provided to people who lived at the home. Two people said staffing levels did not allow them to have their needs carried out when requested. One person said, "Sometimes I have to wait when staff are busy." Another person said, "Staff don't always come when you ask for help. Sometimes they are too busy. They will say it's just a minute but sometimes it is an hour."

On the first day of inspection one relative approached us and told us they were unhappy as their relative needed to use the bathroom. Staff had been asked to attend to this person's needs but had not yet met the request. We spent time with the person who was becoming uncomfortable and distressed. We noted fourteen minutes passed until the relative had to go and seek help for a second time as staff did not respond. The relative became upset and said this was compromising the person's dignity. We spoke with the manager about this situation and they said staff had digressed with another task and had forgotten about the person.

We looked at care records belonging to nine people who lived at the home. The manager carried out a detailed pre-assessment of each person before offering a service. Relevant information relating to the care support requirements of the person was documented to enable needs to be met from the onset of the service.

Care plans addressed a number of topics including communication, mental capacity, medicines, nutrition,

pressure care, psychological need, personal hygiene and safety. Care plans detailed people's own abilities as a means to promote independence, wherever possible. There was evidence of relevant professional's and relatives being involved wherever appropriate, within the care plan. Seven of the nine care plans were reviewed and updated regularly. We saw evidence seven care records were updated when people's needs changed. Daily notes were completed for each person in relation to care provided.

Care records relating to four people's likes and preferences and life histories had not been completed and failed to contain this person centred information. We spoke with a nurse about this. They said these forms had not been completed as they had not had time to do so. They said it was just a 'fact of time.' Another staff member said, "We don't get a lot of time to get personal and life time histories." One member of staff said they were unsure what person centred care meant and they didn't have time to read care plans.

During the course of the inspection we found minor inconsistencies within care record documentation. Eight of the nine care plans had missing information. We found consent forms had not been signed by three people or their representatives. One person had experienced a fall but their care record had not been updated. Another person's falls risk assessment stated there had been a change in the person's mobility but the care plan had not been updated to reflect this. We noted one person's records for monitoring their blood sugars had not taken place twice on one day. This was a breach of regulation 17 of the Health and Social Care Act (2008) as the registered provider failed to maintain an accurate and complete record in respect of each person who lived at the home.

We discussed these findings with the manager. They explained it was sometimes difficult to construct person centred information as families did not always respond. They said they were going to engage with the Care Home Support Team for advice and guidance on how to improve on this piece of work to develop person centred records.

We looked at activities on offer at the home to ensure people were offered appropriate stimulation throughout the day. An activities coordinator was employed for four days per week to provide social activities. On the first day of inspection a bingo session took part for people to join in. We were told activities were organised on a regular basis and included beetle drives, music and reminiscence sessions. The manager said outside entertainers including local church group, singers and pantomime groups were regular visitors to the home.

Staff told us if they had time they would spend time with people who lived at the home playing games or talking with them. We observed a staff member supporting a person to choose a DVD to watch. Staff talked through all choices with the person to help them choose a film.

People who lived at the home told us activities took place. One person said, "I think activities go on but they aren't for me." Another person said, "Bingo was on today but I never went down."

We observed general interactions between staff and people who lived at the home and noted general interactions with people were sometimes limited. We observed people sitting in lounges with little staff presence and interaction. We discussed this with the manager. They said care staff did engage with people when they had time but care staff were not routinely employed to provide social activities. This was the job of the activities coordinator.

Requires Improvement

Is the service well-led?

Our findings

At the time of the inspection, there was not a registered manager in post. The registered provider told us they were intending to apply to become the registered manager and had commenced the process with the Care Quality Commission. Our database system confirmed this process had commenced.

Relatives, staff and healthcare professionals praised the registered provider for their continued presence and support at the home. One staff member said, "[Registered Provider] really cares for the residents. It's fantastic."

Staff told us the registered provider was keen to make changes to improve the quality of service provision. The manager told us the registered provider was committing resources to improve the living standards around the home. We noted a refurbishment plan was being undertaken whilst we visited.

Following adverse weather conditions in December 2015 which resulted in a loss of power, the registered provider had developed a business continuity plan. This plan included alterations within the building to prevent a repeat of incidents experienced in the adverse weather. We saw evidence of improvements being undertaken. This showed us the registered provider was committed to ensuring minimum disruption to people living at the home in future.

Staff described communication as good. They told us management held regular team meetings with varying teams within the home. Staff members told us they were openly asked for suggestions for improvement. When changes took place and no team meetings were scheduled staff were informed by written memo of relevant changes.

Staff said they could approach management at any time and described them as 'approachable.' One staff member said they wouldn't hesitate in approaching managers if they had a concern. Staff described team work as good. One staff member said, "We have a good team." Another staff member described teamwork as fantastic.

We discussed auditing of service provision with the manager. Documentation within the quality assurance file showed no one had audited medicines since July 2014. There was no evidence of any other audits taking place. The manager said they thought medicine audits had taken place since then but did not provide any evidence to demonstrate this. The manager said no one at present was responsible for carrying out audits as staff did not have the time. They said staff were due to undertake training in delivering audits. This was a breach of regulation 17 of the Health and Social Care Act (2008) Regulated Activities 2014 as the registered provider failed to have suitable systems in place to assess, monitor and improve the quality of services provided.

Following the inspection the manager said they were going to review audit systems in place. New audit forms had been designed and they were in the process of recruiting an extra administrator to work with the nurses to review and audit files. We were told a new person would commence as soon as the required

checks were in place.

The registered provider was committed to seeking views about the quality of service provision. Questionnaires were routinely sent out to residents and relatives. These questionnaires fed into the organisations nationally recognised quality assurance scheme.

We looked at residents meetings held at the home. Residents meetings for each floor were regularly organised. Residents meetings encourage people who lived at the home to give feedback about service provision. Minutes showed people were able to raise concerns about service provision and areas in which they would like to see improvement. We saw evidence of some improvements being made following suggestions from people.

The manager told us they worked in partnership with other organisations as a means to share ideas and improve practice. They told us they were involved in "Better care together" initiatives. This was to promote better care and reduce hospital admissions for people. The registered provider worked with the local university and provided student placements for nurses. The manager told us these links were beneficial to the home.

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 Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider failed to have suitable systems in place to assess, monitor and improve the quality of services provided 17 (2) (a) The registered provider failed to maintain securely an accurate and complete record in respect of each service user. 17 (2) (c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The registered provider failed to ensure sufficient numbers of suitably qualified, competent, skilled and experienced staff were deployed to meet the people who lived at the home. 18 (1)